anding physician. as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

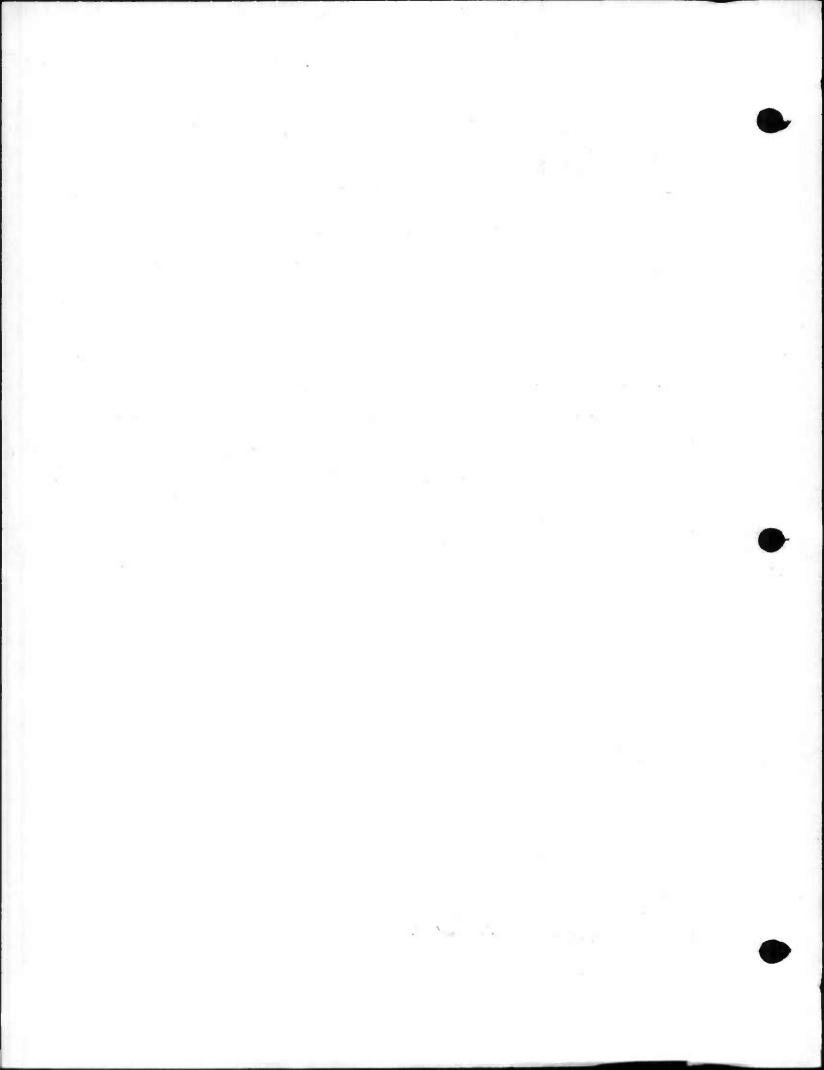
atte	Se	
al or	lor u	
spit	hed	- 4
e ho	etac	nce
by th	20	# #
per	PIN	Pe
efair	Sho	otto
9	ge 5	9
may	r, pa	st b
9	recto	E
Pag.	al di	ner
eath.	uner	E
Br de	the t	6
s aft	by of	dica
hour	or he	Ē
7	y fill	the
Ath	letel	H.
A pa	al. c	Š
mecut	bun	atic
90	ian a	E
ate !	ysic	=======================================
rtific	iene	the
h ce	Hvo	0.0
deat	atte	7,
the	y the	in
that	th an	эту
lires	sign	5
requ	een	sho
MB!	Dept Dept	23
Ę	tate tate	tem
NAI	rtific he S	-10
JIS.	is ce	ed,
40	日本	ark
NIQ	Afte	S .
TEN	TOR after	28
R A	IREC	E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-1% hours after death. Page 6 may be retained by the hospital or attentions to the company of the comp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be fleed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or remonal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER.	Ë
유	F	TAI
포	THE BEST	PO
P	23	Ξ

										0)5	2400	
	FOR	STATE OF I	WARYLAND /	DEPAR	TMEN	T OF H	FAITH	AND	MENTAL HYGIE				•
	1 - STATE REGISTRAR					E OF			REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEAT	гн
	ALDA LOUISE	BRINCE									995	5:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les				7. DATE OF BIRTH (Month, Day, Year)		B. BeRTH Country	PLACE (State or Fo	preign		
	214-01-0315	1 M 2 X F	78	8 YRS. MONTHS DAYS HOURS MIN.				June 13, 1917 Ohio					
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN O	R LOCATION	ON OF DE	ATH	9c. CO	UNTY OF D	EATH	
5	8709 38th Avenue College Park Prince Ge									George's	3		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10c.									10d. INSIDE CITY			
<u>E</u>	Maryland Prince George's College Park									LIMITS?			
	10e. STREET AND NUMBER	e deorge	5	LCOI	rege		. ZIP CODI	F		100 00	TIZEN OF W	1 X YES 2 THAT COUNTRY?	NO
FUNERAL	8709 38th Avenue	1					0740			_	A.	THAI COUNTRY?	
I K	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13				IIC ORIOIN? (Specify Y			- American indi	
	1 Never Married 2 Married	FORCES? 1	YES 2 XI	NO	"	If yes, spe	cify Cuba 2 NO	n, Maxica	n, Puarto Rican, atc.)	ea or No	Black	, White, stc.	jn,
B	3 🔀 Widowed 4 🗌 Divorced		WIT OIL DATES			1 1113	2 X NO	Specif	γ.		Specif	White	e
8	15. DECEDENT'S EDU (Specify only highest grade	JCATION e correleted)	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	ON at an working	20	16b. KIND OF B	USINESS/IN	DUSTRY		
19	Elementary/Secondary (0-12)	College (1-4 or 5	+) H/o.	. Do NOT u	se retired.)				ł				
COMPLET		2	Adm	inis	trat	ive .	Assi	stan	t Univer	sity	of Ma	aryland	
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maide	,			
H	Frederick Ward W	laigand							e Ethel C				
2	19a. INFORMANT'S NAME (Type/Print)	C4 - 1 1 T							Route Number, City or To				
	Calvin M. Brince	rield, J						tree	t, Adelph				}
	20a, METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Rem	noval from State	20b. PLACE A	AND DATE	OF DISPO ther place,	SITION (Na	me of		DATE 20c. L	OCATION -	- City or To	wn, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENTEE	Fort	Linco	oln	Ceme	tery	07	/25/95 Br	entwo	od, N	laryland	
	Ole o	CENSEE O	n 1-	_	F	ranc	is G	asch	's Sons F	unera	1 Hor	ne. P.A.	
	Juarles +	- 130	ly		4	739	Balt:	imor	e Ave., H	yatts	ville		
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications the	t caused the de	ath. Do i	not ente	r tha mod	da of dyl	ing, suc	h aa cardlac or rea	piratory a	rreat,	Approxim	ata
	IMMEDIATE CAUSE (Final	12	1 (9		,	\circ	0	^			Onset and	
	disease or condition resulting in death)	. WEL	as lat	W	He	na	2	iel	2 ca	nc	ω	mon	do
		DUE TO	(OR AS A CONSEC	OUENCE O	F):								
N N	Sequentially list conditions,	b											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
길	CAUSE (Disease or injury	c	(OR AS A CONSEC	OHENCE O	n.								
Ē	that initieted events reaulting in deeth) LAST	502 10	(On AS A CONSEC	JUENCE O	r):							i	
Ü		d										+	
A.	PART II. Other significant condition	na contributing to	death but not r	eaulting	In the u	nderlying	ceuse g	given in		N AUTOPSY	24b.	WERE AUTOPSY FI	
MEDICAL									1-2-2	NO		AVAILABLE PRIOR COMPLETION OF	
Ä										+	- 1	1 TYES 2 TH	HO
ż	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	s 🗆	NO 🗆	UNC	ERTAIN	洒				20
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEA									
Si	1 TES 2 NO	1 Inpatient 2	ER/Outpetlent 3	□ DOA	OTHE	R: raing Home	5 XR.	sidence	6 Other (Specify)	1050	2106	0	
F	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJU			28d. DESCRIBE HOW	INJURY O	CURED		
ВУ	Natural 5 Pending Investigation				М		ES 2	ON [
	3 Suicide 8 Could not be	28a. PLACE C building,	F INJURY — At ho atc. (Specify)	me, farm,	street, fac	tory, office			281. LOCATION (Street City or Town, State	and Number	or Rural A	loute Number,	
	4 Homicide determined												
COMPLETED		ICIAN: To the best of	my knowledge, de	ath occum	ed at the	time, data	and place,	, and due	to the cause(a) and m	anner as ste	ited.		
O									time, data and place, a			and manner as s	tated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUN	IBER	29d. DA	TE SIONED	(Month, Day, Year)	\neg
00	marie a E	medos	neD				DZ	99	23	▶ f	May	195	
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CALL	SE OF DEATH STEE	M OT Com	Christi		<u> </u>	- , !			History	10	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

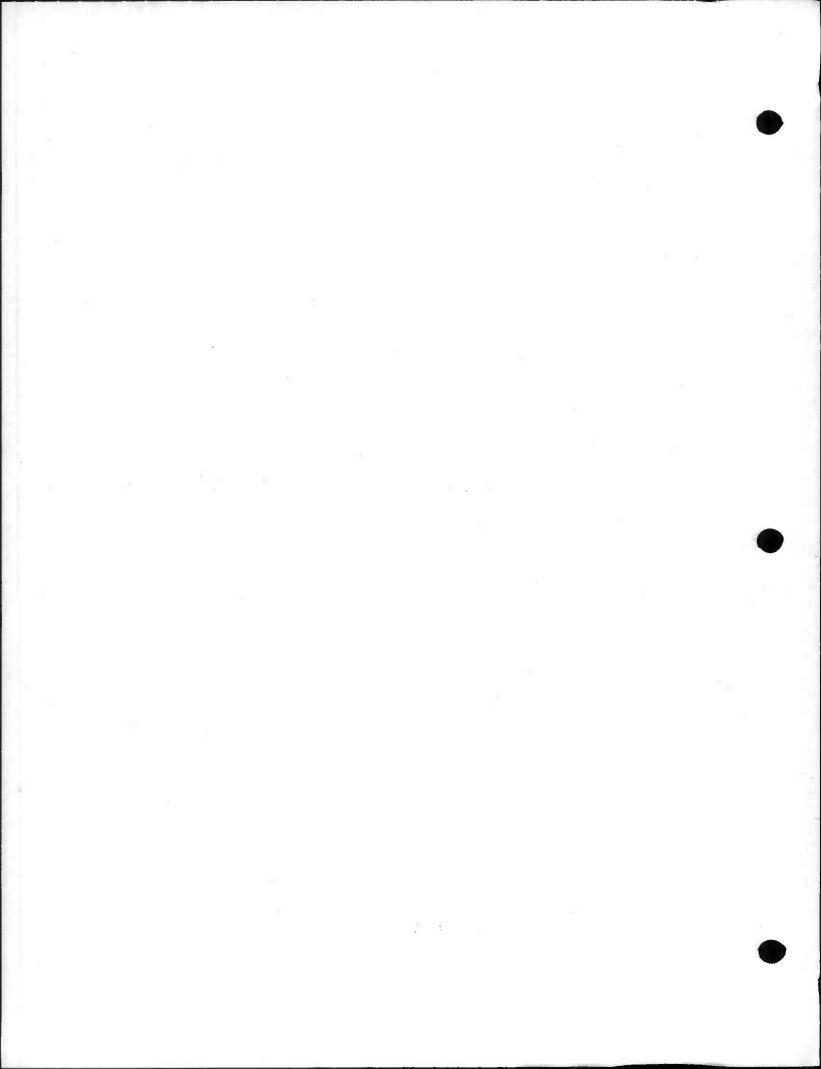
M.D.

Marie A. Dobyns,



FOR STATE	STATE OF MARYLAND / DEPARTMENT O	F HEALTH
REGISTRAR	CERTIFICATE (OF DEAT
ECEDENT'S NAME (First, Middle, Last)		

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYG			
Vector	1. DECEDENT'S NAME (First, Middle, Last) Berneice Anderso	n Bartosiewi	cz			2. DATE OF DEA MONTH July 20	TH DAY	YEAR	TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 410-30-8474	5. SEX 6. AGE 1 M 2 K 7	r 26,1	Country)	ACE (State or Foreign				
OR	99. FACILITY NAME (if not institution, give a 12421 Kemmerton L			96. CITY, TOWN BOWLE	OR LOCATION OF D	EATH	9c. cou Pri	nty of DEA	eorge's
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT Maryland Princ	e George's		Y, TOWN OR LOCA	ATION				Dd. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 12421 Kemmerton L	ane		11	20715		7.2		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2- NO	If yes, s	CENDENT OF NISPA pecify Cuben, Maxic S 2 NO Speci	en, Puarto Rican, et	fy Yes or No-	14. RACE -	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Completed) College (t-4 or 5+)	(Give kind of life. Do NOT u.	usual occupat work done during m se retired.) tical Cl	ost of working		F BUSINESS/INC		nent
BE COM	17. FATHER'S NAME (First, Middle, Last) Teddie Bode Ander				18. MOTHER'S NA Dollie	AME (First, Middle, M McCracke	elden Surname)		
10	John Joseph Barto	siewicz	196. MAILING 12421	Kemmert	and Number or Rural on Lane	Bowie, M.	or Town, State, Zip larylan	d°2071	.5
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	novel from State cer	b. PLACE AND DATE netery, cremetory or o ryland V	eterans	Cemetery	07/24/9	c. LOCATION —		, stata am, Marylan
-	> H Constan	ee Jase	h	Franc 4739	nd address of FA cis Gasch Baltimor	's Funer e Ave. H	lyattsv:	ille,	Maryland
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	d the deeth. Do i each line.		ode of dying, aud	ch as cardiac or	respiratory ar	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE O	F):					
. I	PART II. Other algnificant condition	d	out not resulting	In the underlying	ng ceuse given in		S AN AUTOPSY		ERE AUTOPSY FINDINGS
MEDICA						1 _ Y	RES 2 NO	01	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
SICIAN:	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	RIBUTE TO CAUSE O	26. PLACE OF DEA			NØ			
בוחו	1 VES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 ER/Out	28b. TIM	4 Nursing Ho	JURY AT DRK?	6 Other (Specify 28d. DESCRIBE N		CUREO	
ED BY	t) Netural 5 Pending investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, stc. (Spe	/ — At home, term,	M 1 🗆	YES 2 NO	28f. LOCATION (S City or Town,	treet and Number State)	or Rural Rou	le Number,
COMPLET	29e. CERTIFIER Check only	ICIAN: To the best of my know							
200	29b. SIGNATURE AND THE OF CERTIFIES	R: On the besis of examination	en and/or investigation	on, in my opinion,	29c. LICENSE NU	MBER			onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WN					4730		741	
	Dr. Kai-Yiu Yeung	M.D., F.A.		26 Wood	yard Rd.	Clinton	n, Mary	land	20735
	JUL 26 1995								W



20	
BOX	
000	
ш	
P.O.	
\circ	
- "	
10	
47	
=	
Œ	
$\mathbf{\circ}$	
()	
RECORDS,	
ш	
~	
4	
OF VITAL F	
⋖	
1.	1
Part of	- 1
	1
>	
	á
ш	1
	d
\circ	
Z	
~	-
U	
-	1
CD	ı
=-	
-	
-	
DIVISION	The second secon
	ı
	ı

Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, DIRECTOR MALCOLM GROW HOSPITAL (AAFB) CAMP SPRINGS RESIDENCE OF DE 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE'S LANDOVER permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit 1511 ROOSEVELT AVENUE 20785 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2XXMerried BY 3 Widowed 4 Divorced ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) during most of working (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +) 12th COMP 17. FATHER'S NAME (First, Middle, Last) JOE WALKER notified at BE 19e. INFORMANT'S NAME (Type/Print) 2 THOMAS H. BLUE/ HUSBAND Pe 20a METHOD OF DISPOSITION

1 N Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must LINCOLN CEMETERY 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral hours after death. completely filled in by the rial, cremation, or removal. medicai shock, or hasrt failure. List only ona csusa on sach lina. IMMEDIATE CAUSE (Final the disease or condition GRAM NEGATIVE SEPSIS event, 1 reaulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF) burial. other traumatic CERTIFICATION physician and Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 8 prior C. GASTRIC CARCINOMA
DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events attending resulting in death) LAST 0 Mental shows any injury, the MEDICAL signed by the PHYSICIAN: Dept. has t 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) tem certificate HOSPITAL OTHER 1 YES 2 NO 1X Inpetient 2 ER/Outpatient 3 DOA the 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT with is marked, this INJURY 1 Natural м 1 YES 2 NO death BY 2 Accident Investigation After 28s. PLACE OF INJURY - At home, farm, street, factory, office 3 Suicide 6 Could not be COMPLETED DIRECTOR: after 4 Homicide 28 item 29e. CERTIFIER FUNERAL 1 within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 띪

32. REGISTRAR'S SIGNATURE

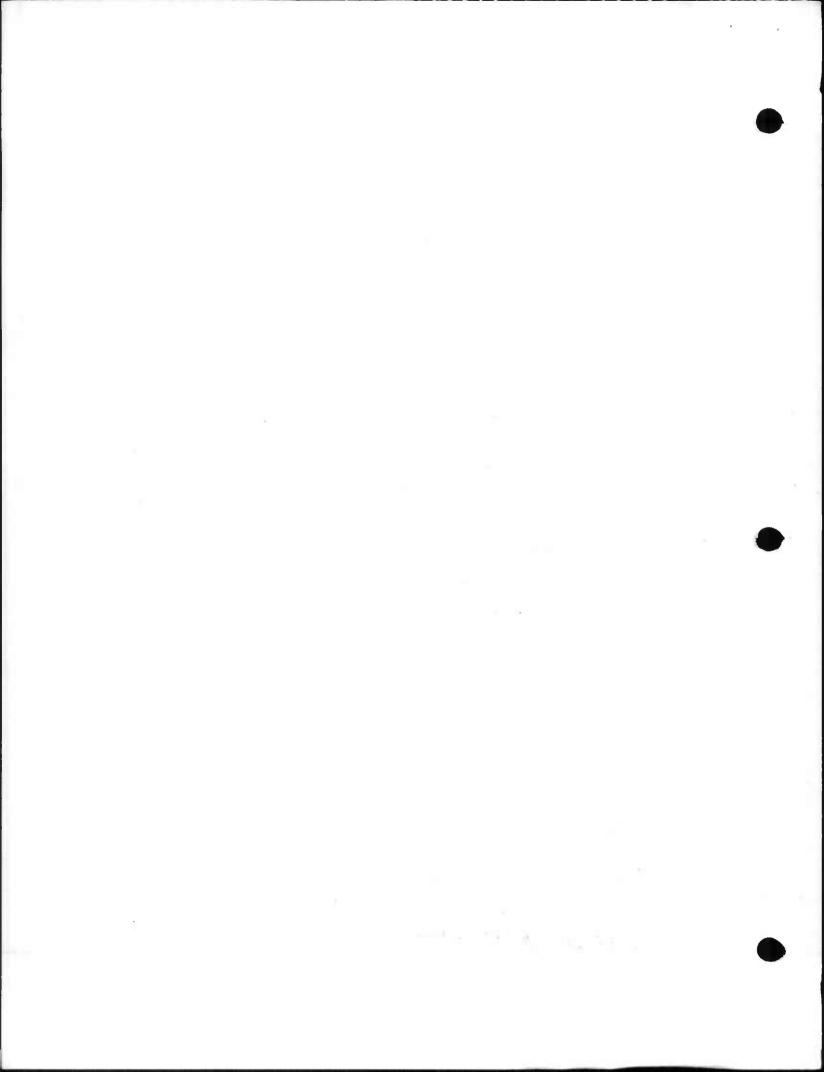
FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CLEMENTINE (NMN) BLUE JULY 1995 17:40 PM 24 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 210nth AUG 1929 65 YRS. DAYS HOURS 071-26-4022 1 M 2 X F WINDSOR, NC 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S 10d. INSIDE CITY XX YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 11 yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: Specify: BLACK 16b. KIND OF BUSINESS/INDUSTRY PHYSICAL THERAPIST AID PRIVATE 18. MOTHER'S NAME (First, Middle, Maiden Surname NANNIE SPELLER 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code, 1511 ROOSEVELT AVENUE LANDOVER, MARYLAND 20c. LOCATION - City or Town, Stata DATE 7-28-95 SUITLAND, MARYLAND 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME 7474 LANDOVER ROAD LANDOVER, MARYLAND 20785 23. PART I. Enter the diseases, or complications that caused the feath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between **Onset and Death** & RECURRENT METASTATIC BREAST CARCINOMA PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 1 NO OF DEATH? 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN ng Home 5 - Residence 8 - Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) alle NY 167273 ▶ 24 JULY 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 89 MDG ANDREWS AIR FORCE BASE RONALD S. WATTS, MAJ, USAF, MC 1050 W PERIMETER RD SHITE C1-7 AAFR 20331-6600

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



31. DATE FILED (Month, Day, Year)

JUL 26 1995



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

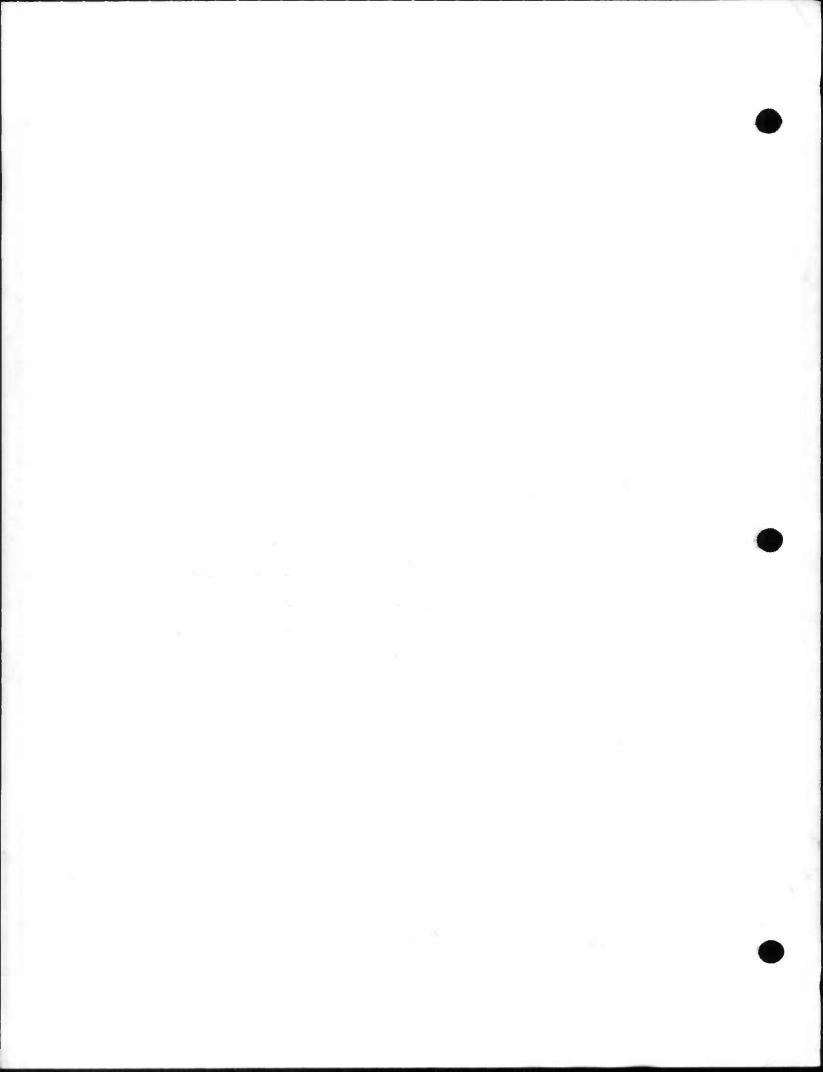
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attention obtains	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.
--	--

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	_	REGISTRAR		CER	TIFICATE	OF DE	ATH	REG. N	0.		
	,	1. DECEDENT'S NAME (First, Middle, Leat)	odauk					2. DATE OF OEATH	DAY X3/	QQS YEAR	3. TIME OF DEATH
	,	7.77		in yrs. lest birti		YEAR IF UND	DER 24 HRS. 8 MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign
		9a. FACILITY NAME (If not institution, give stree	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								USTRIA- HUNGARY
DIRECTOR		NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO									
1 2	2	10a. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	- 1		GOMERY CO. BETHESDA								LIMITS?
FIINERAL		100. STREET AND NUMBER 6710- RENIX	101. ZIP CODE 10g. CITIZEN							J.S.A	HAT COUNTRY?
ě		11. MARITAL STATUS 1 Never Married 2 Married 3 💢 Widowed 4 Divorced	☐ Married FORCES? 1 ☐ YES 2 X NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						14. RACE Black, Specify	- American Indian, White, etc.	
FTED		15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDE	ENT'S USUAL OCC	CUPATION PROPERTY OF MANY	rkina	16b. KIND OF B	USINESS/IN	DUSTRY	
ā			College (1-4 or 5+)	Iffe. Do f	NOT use retired.) OUSEWI		, Director	AT	HOME	E	
at once.		17. FATHER'S NAME (First, Middle, Last) LOUIS MASLAN	√YK			16. MC		ME (First, Middle, Maide ZA KUTEN			
TO BE	, II	19a. INFORMANT'S NAME (Type/Print)		19b. MA	AILING ADDRESS	Street and Numi	ber or Rural A	oute Number, City or To	wn, State, Z	ip Code)	
De no		MRS. KATHERINE (LA.,	BETHES	DA,M	ID.20	817
must		20a METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ramovi 4 Donation 6 Other (Specify)	al from State UK	PLACE AND E	DATE OF DISPOSIT	HODOX	CEM.	7/27 NO	OCATION —	MPTO	n, State
miner		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			AME AND ADDR	RESS OF FAC	HLITY			.,,
еха		W. M. N	Sons			1300-	- N S	O., INC. STREET, N	W,	WASH	.,DC
other traumatic event, the medical examiner must be notified at once. TIFICATION TO BE COM		23. PART I. Enter tha diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	and	iD y	sul	ha mode of d	dying, auch	as cardlec or rea	piratory si	rreat.	Approximata interval Between Onset and Daeth
natic ev		Sequentially list conditions, the Due to join as a consequence of: Due to join as a consequence of:									
or other traumatic		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	att	~~	6 de	ler	05.5				Vrs
TTIE		that initiated events resulting in deeth) LAST	DUE TO (OH AS A	CONSEQUEN	CE OF:	ter	4	-lisa			11-
5 0	1	DADT II Other elections are discovery	C0 10	, ,	7 4		/	70000	-		1/35
s any injury,		PART II. Other significant conditions	contributing to death bu	it not resul	ting in the und	erlying ceuse	e given in F	Part I. 24a. WAS A PERFO	N AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shows		DID TOBACCO USE CONTRIL	RUITE TO CAUSE OF	E DE ATU	VEC II N		ICEDTA IN				T YES 2 NO
N A		25. WAS CASE REFERRED TO MEDICAL	2	_	DEATH (Check or		ICERTAIN				
5 >	- 11	1 TYES 2 NO	OSPITAL:	ntient 3 🗆 D	OTHER:	ng Home 5 🗆	Residence 6	Other (Specify)			
marked, BY PH		27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	286	D. TIME OF INJURY	Bc. INJURY AT WORK? 1 YES 2	□ NO	28d. DESCRIBE HOW	INJURY OC	CURED	
28 IS		2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, fi	arm, street, factor	y, office		28f. LOCATION (Stree City or Town, Stat	and Numbe	or Rural Ro	ute Number,
ANT: If Item COMPLET			AN: To the best of my knowle On the bests of examination								and manner as stated.
POR	1	299. SIGNATURE AND TITLE OF CENTISEES	eh)./(a)	rott	N		CENSE NUMI				Month, Day, Year)
≧ ဥ		30. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEA	TH (ITEM 27)	(Type, Print) EIRS DI	RIVE,	ROCK	VILLE, M	D/20	850	17 17 TO
		31. DATE FILED (Month, Day, Year) JUL 26 1995	32. REGISTRAR'S SIGNA	Market	4	·					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an internal director, page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR					OF DEAT		REG. N	IV.			
	1. OECEDENT'S NAME (First, Middle, Last)	•						2. DATE OF DEATN			3. TIME OF DE	EATN
- 9	Leander A.	Brooks,	Jr.					July 20.	1995	YEAR	2:05	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 Y	EAR IF UNDER		7. DATE OF BIRTH		8. BIRTI	NPLACE (State or	1
	577-40-8522	1 ☑ M 2 ☐ F	63	YRS.	MONTHS	AYS HOURS	MIN.	(Month, Day, Year)		Count	ry)	
	9e. FACILITY NAME (If not institution, give s	treet and number)	- 03		9b, CITY, TO	OWN OR LOCATIO		<u>March 24</u>		NTY OF D	<u>elaware</u>	
Œ												
5	1905 Wintergreen	Ave.			L L	istrict	Hei	ghts	Pri	nce	George	S
DIRECTOR	10e. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR	LOCATION					10d. INSIDE CI	ITY
F	Maryland Pri	nce Georg	At s		Diate	ict Uci	a h + -				LIMITS?	
7	10e. STREET AND NUMBER	nee dedrg	CS		DISCI	ict Hei			10-017	2011 001	1 X YES 2	
FUNERAL		A							10g. CITI	ZEN OF V	WHAT COUNTRY	7
Ä	1905 Wintergreen		10100			2074					JSA	
5	1 MARITAL STATUS 1 Merried 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 1	RMEO NO	13. WA	S DECENDENT O	F NISPANIO	ORIGIN? (Specify Puerto Rican, etc.)	Yee or No-	14. RACI	E — American In k, White, etc.	dian,
В	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			YES 2XXNO		, , , , , , , , , , , , , , , , , , , ,		Spec	ffv:	
	192 11 11 11 11			-							Black	
1	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	ECEDENT'S	VSUAL OCCU	JPATION ng most of working	g	16b. KIND OF	SUSINESS/INC	USTRY		
H	Elementary/Secondary (0-12)	College (1-4 or 5 +)) I									
₹ I		4	Man	power	. Mgmt	Analy	st	Feder	al Gov	ern	nent	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					16. MOTN	ER'S NAM	E (First, Middle, Maid	en Sumame)			
BE (Leander	r A. Broo	ks, Sr.				Ma	rguerite	John	Son		
	19e, INFORMANT'S NAME (Type/Print)			b. MAILING	ADORESS (S	treet end Number	or Rural Ro	ute Number, City or 1	own, State, Zio	Code)		
2	Joy L. Cromwell			3162	Glads	tone Ct	. W:	aldorf,	Marvla	nd 2	20602	
	20g: METHOD OF DISPOSITION				OF DISPOSITION			OATE 20c.				_
	1 Buriel 2 Cremation 3 Remo	oval from State					7/	25/95 C1	LOCATION —	City or 10	wn, State	
	21. SIGNATURE DEFUNERAL SERVICE AND	ENGE	I Kesu	irrec					inton,	Mai	ryland	
	. 11.11.11	- Contraction				Orga P		un as Funer:	al Hor			
	► 100M / XILL	3									<i>(</i> 1 207	, -
	23. PART i. Enter the diseesea, or o	omplications that	ceused the de	ath. Do r	ot enter th	a mode of dvis	ng Buch	1 Rd. Ox	on HII	<u> </u>		
	shock, or heart fallure.	List only one ceus	se on aach line	a.	or one or	o mode or ayn	ng, eden	as cardiec or les	piratory arr	eat,	Approxi	Between
- 1	IMMEDIATE CAUSE (Final											100 11
- 1	disease or condition	0.55	0.00		2.1						Onset a	nd Death
	disease or condition resulting in death)	RE5	PIRA	TOF	24	FAI	LIU	RE			2 h	
	disease or condition resulting in death)	DUE TO (OR AS A CONSE	OUENCE O	F):						2 /	Υ
N	resulting in death)	MET	OR AS A CONSE	OUENCE O): C						2 /	Υ
TION	Sequentially list conditions, if any, leading to immediate	MET	PIRA OR AS A CONSEC TAST OR AS A CONSEC	OUENCE O	7: C	DISE	ASI	=				Υ
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. MET	OR AS A CONSE	OUENCE OF	7: C	DISE	ASI	=			2 /	Υ
IFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF): C		ASI	=			2 /	Υ
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF): C	DISE	ASI	=			2 /	Υ
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	OR AS A CONSECUTION OF AS	OUENCE OF	7): -7):	DISE	ASI	=)MA			2 /	Υ
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	OR AS A CONSECUTION OF AS	OUENCE OF	7): -7):	DISE	ASI) M A	IN AUTOPSY	24b.	2 h	los 128
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	OR AS A CONSECUTION OF AS	OUENCE OF	7): -7):	DISE	ASI	ert i. 24a. WAS / PERF	ORMED?	24b.	2 h	los 128
EDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	OR AS A CONSECUTION OF AS	OUENCE OF	7): -7):	DISE	ASI) M A	ORMED?	24b.	2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSEC	OUENCE OF	r): C): F):	DISE CARC	ASI INC	BIT I. 24a. WAS / PERF	ORMED?	24b.	2 h	PRINDINGS IN TO F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT	DUE TO (OR AS A CONSECUTION OR AS A CONSECUTION OF AS	OUENCE OF COUNTY	The under	DISE ARC	ASI	BIT I. 24a. WAS / PERF	ORMED?	24b.	2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) A CONTRIBUTE TO CAL	OR AS A CONSECUTION OR AS A CONSECUTION OF AS	OUENCE OF COUNTY	The under	DISE ARC	ASI INC	BIT I. 24a. WAS / PERF	ORMED?	24b.	2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE	DUE TO (OR AS A CONSECTOR OF DEA	OUENCE OF OPEN	The under S NC N (Check only OTHER:	DISE ARC	OS I	BIT I. 24a. WAS / PERF	ORMED?	24b.	2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTI	DUE TO (DUE	OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT DEADLES OF DEA 28. PLACER/Outpettent 3 NJURY	OUENCE OF OPEN	F): The under t	DISE ARC Trying couse g UNCI One) Nome 5 Red C. INJURY AT	OS I	BIT I. 24a. WAS / PERF	ORMED? 2 [X NO		2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OBATN 1 Natural 5 Pending	DUE TO (DUE TO	OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT OR AS A CONSECT DEADLES OF DEA 28. PLACER/Outpettent 3 NJURY	OUENCE OF OPEN	F): The under t	DISE ARC Tlying ceuse g UNCI	S I N C	DOTHER (Specify)	ORMED? 2 [X NO		2 h; 6 M 2 c WERE AUTOPSY AMAILABLE PRIO COMPLETION OI OF DEATH?	PRINDINGS IN TO F CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation	DUE TO (DUE TO (DUE TO (DUE TO (C. PRO DUE TO (A. CONTRIBUTE TO CAL HOSPITAL: 1 Inpetient 2 280. OATE OF I (Month, De) 280. PLACE OF	OR AS A CONSECTOR OF AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONS	OUENCE OF OPAN INJ	F): The under t	DISE ARC Trying couse g UNCI One) Nome 5 Rev WORK? YES 2	S I I N Z iven in Pa ERTAIN eldence 6	DOTHER (Specify)	ORMED? 2 X NO / INJURY OCC	CUREO	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH?	PRINDINGS IN TO F CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTI	DUE TO (DUE TO (DUE TO (DUE TO (C. PRO DUE TO (A. CONTRIBUTE TO CAL HOSPITAL: 1 Inpetient 2 280. OATE OF I (Month, De) 280. PLACE OF	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	OUENCE OF OPAN INJ	F): The under t	DISE ARC Trying couse g UNCI One) Nome 5 Rev WORK? YES 2	S I I N Z iven in Pa ERTAIN eldence 6	BRT I. 24a. WAS / PERF- 1 VES Other (Specify) Red. DESCRIBE NOV	ORMED? 2 X NO I INJURY OCC	CUREO	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH?	PRINDINGS IN TO F CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (DUE TO (DUE TO (DUE TO (C. PRO DUE TO (A. CONTRIBUTE TO CAL HOSPITAL: 1 Inpetient 2 28e. OATE OF I (Month, De) 28e. PLACE OF building, e	OR AS A CONSECTOR OF AS A CONSECTOR AS A CONSECTOR AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR	OUENCE OF OPEN THE TEN	F): The understanding the street, factory,	DISE ARC Alying ceuse g DI UNCI One) Nome 5 Rec C. INJURY AT WORK? YES 2	S I N C	art i. 24a. WAS / PERF 1 YES Other (Specify) Red. DESCRIBE NOV Ref. LOCATION (Street City or Town, Ste	2 X NO INJURY OCC It and Number	CUREO or Rural F	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH?	PRINDINGS IN TO F CAUSE
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation Nomicide Nomicid	DUE TO (DUE	OR AS A CONSECTOR OF AS A CONSECTOR	OUENCE OF OPEN THE PROPERTY OF	The under the un	DISE ARC Tlying ceuse g D UNCI One) Nome 5 Rec C. INJURY AT WORK? Office	INC	art i. 24a. WAS / PERF 1 YES Other (Specify) Red. DESCRIBE NOW Ref. LOCATION (Street City or Town, Ste	2 X NO I INJURY OCC It and Number In anner as state	or Rural F	2 h; 6 M 2 c . WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	PRINCIPLE TO THE TOTAL T
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation Nomicide Nomicid	DUE TO (DUE TO (DUE TO (DUE TO (C. PRO DUE TO (A. CONTRIBUTE TO CAL HOSPITAL: 1 Inpetient 2 28e. OATE OF I (Month, De) 28e. PLACE OF building, e	OR AS A CONSECTOR OF AS A CONSECTOR	OUENCE OF OPEN THE PROPERTY OF	The under the un	DISE ARC Tlying ceuse g D UNCI One) Nome 5 Rec C. INJURY AT WORK? Office	INC	art i. 24a. WAS / PERF 1 YES Other (Specify) Red. DESCRIBE NOW Ref. LOCATION (Street City or Town, Ste	2 X NO I INJURY OCC It and Number In anner as state	or Rural F	2 h; 6 M 2 c . WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	PRINCIPLE TO THE TOTAL T
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation Nomicide Nomicid	DUE TO (DUE	OR AS A CONSECTOR OF AS A CONSECTOR	OUENCE OF OPEN THE PROPERTY OF	The under the un	DISE ARC Trying ceuse g UNCI One) Nome 5 Red C. INJURY AT WORK? YES 2 office date end place, on, death occurs	INC	Other (Specify) Other (Specify) Red. DESCRIBE NOW Ref. LOCATION (Street City or Rown, State) the cause(e) end man, date end place,	2 X NO INJURY OCC It end Number anner as stete end due to the	or Rural F	2 h; 6 M 2 c . WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	FINDINGS IN TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTINES WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANISR OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSK MEDICAL EXAMINER	DUE TO (DUE	OR AS A CONSECTOR OF AS A CONSECTOR	OUENCE OF OPEN THE PROPERTY OF	The under the un	DISE ARC Trying couse g UNCI One) Nome 5 Rec C. INJURY AT VES 2 office date end place, ion, death occure	ERTAIN Sidence 6 NO 2 and due to det the lir	DOTHER (Specify) Cother (Spec	2 X NO INJURY OCC It end Number anner as stete end due to the	or Rural F	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH? 1 YES 2 And Amaria Service of the Completion of Death of Dea	FINDINGS IN TO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation	DUE TO (DUE TO (DUE TO (DUE TO (C. PRO DUE TO (DUE TO (A. C. PRO DUE TO (A. C. PRO DUE TO (DUE TO	OR AS A CONSECT OR AS A CONSEC	OUENCE OF OPEN THE PROPERTY OF	The under the un	DISE ARC Trying ceuse g UNCI One) INOME 5 Rev WORK? YES 2 Office dete end place, non, deeth occurs 29c. LICEI	ERTAIN Sidence 6 NO 2 and due to be det the life	DOTHER (Specify) Control (Specify) Control (Street City or Town, State of the cause(e) and man, date and place, ER	2 [X NO 2 [X NO 4 INJURY OCC 2 et end Number 2 eanner as state 2 end due to the	or Rural F	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH? 1 YES 2 Amaria Source Number, indicate Number, in	FINDINGS IN TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER O FOATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSK (Check only one) 2 MEDICAL EXAMINET 29b. SIGNATURE AND TITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WIN WAShington.	DUE TO (DUE	OR AS A CONSECTOR OF AS A CONSECTOR AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF AS A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF A CONSECTOR OF A CONSECTOR	OUENCE OF OUENCE OUEN	F): In the unde S NC N (Check only OTHER: 4 Nursing E OF URY M 1 Street, factory, ad at the time, n, in my opini	DISE ARC Trying ceuse g UNCI One) INOME 5 Rev WORK? YES 2 Office dete end place, on, deeth occure	ERTAIN Sidence 6 NO 2 and due to be det the life	DOTHER (Specify) Control (Specify) Control (Street City or Town, State of the cause(e) and man, date and place, ER	2 [X NO 2 [X NO 4 INJURY OCC 2 et end Number 2 eanner as state 2 end due to the	or Rural F	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH? 1 YES 2 Amaria Source Number, indicate Number, in	FINDINGS IN TO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significent condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation	DUE TO (DUE	OR AS A CONSECTOR OF AS A CONSECTOR AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF AS A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF A CONSECTOR OF AS A CONSECTOR OF A CONSECTOR OF A CONSECTOR OF A CONSECTOR	OUENCE OF OUENCE OUEN	The under the un	DISE ARC Trying ceuse g UNCI One) INOME 5 Rev WORK? YES 2 Office dete end place, on, deeth occure	ERTAIN Sidence 6 NO 2 and due to be det the life	DOTHER (Specify) Cother (Spec	2 [X NO 2 [X NO 4 INJURY OCC 2 et end Number 2 eanner as state 2 end due to the	or Rural F	WERE AUTOPSY AMARIABLE PRIOR COMPLETION OF DEATH? 1 YES 2 Amaria Source Number, indicate Number, in	FINDINGS IN TO

STATE OF B

Amended #1, 1/28/95, LH., Fred. CO.

1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		KIIF	CALE OF	DEATH	REG. N	O			
	1. DECEDENT'S NAME (First, Middle, Last) Bradity Bradity Bradle	y Car	Iton Br	andenburg	2. DATE OF DEATH MONTH	DAY 5	YEAR 13:08	м	
	4. SOCIAL SECURITY NUMBER S. BEX T. AGE (IN yes. Mart		F UNDER : YEAR WONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year)	1920	8. BIRTNPLACE (State or Foreign Country) Maryland	,	
	9a. FACILITY NAME (If not institution, give street and number)	_	9b. CITY. TOWN	OR LOCATION OF DI			9c. COUNTY OF DEATH		
DIRECTOR	University of Maryland Hospita			ltimore		96. COON	City		
EC	10a. STATE 10b. COUNTY	10c, CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY		
	Maryland Frederick		Frederick				LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 7019 Arbor Drive		,	21701			Inited States		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM		13. WAS DE	CENDENT OF NISPAI	NC ORIGIN? (Specify Y	-	14. RACE - American Indian.		
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES)	If yes, e	Black, White, atc. SpecifyWhite					
8	15. DECEDENT'S EDUCATION 16a. DECE (Specify only highest grade correleted) (Give	EDENT'S U	SUAL OCCUPAT	ION	16b. KIND OF B	USINESS/INDU	JSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Do NOT use	ork done during in retired.) Operato		Paol	Const	ruction		
Š	17. FATHER'S NAME (First, Middle, Last)	der	oberan				raceton		
BE CC	Bradley Claytus Brandenbu	rg			ME (First, Middle, Meide h M. Will:				
10 B		MAILING A	ADDRESS (Street	and Number or Rural i	Route Number, City or To	wn, State, Zip (Code)		
۲	Audree Mullinix Brandenburg 7	019	Arbor I	rive, Fr	ederick, l	fd. 21	701		
	20a. METHOD OF DISPOSITION 1 I Burlai 2 □ Cremation 3 □ Removal from State 20b. PLACEAN complex crem	ND DATE OF	DISPOSITION (N			OCATION - C	ity or Town, State		
1	4 Donation 6 Other (Specify)	unt				reder	ick, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY OLin L. Molesworth, P.A.								
_	Jehn L. Molswall		2640	l Ridge	Rd., Damas	scus,	Md. 20872		
	23. PART I. Enter the diseases, or complications that caused the deat shock, or heart failure. List ohly one cause on each line. IMMEDIATE CAUSE (Final disease or condition				h as cardiac or res	piratory arre	Approximata interval Betwee Onset and Dea		
	resulting in death) SEP 5/5 DUE TO (OR AS A CONSEDU	abd	OMINA						
ō	Sequentially list conditions, if any, leading to immediate	JENCE OF):	11/01/1	JULIUNE				-	
3	cause. Enter UNDERLYING	15, 1	LOWER	61 B/E	Ed 20 ille	ad En	tisk 17 days	~	
CERTIFICATION	CAUSE (Disease or injury that initiated events	JENCE OF):	FISHU	4.			1	\neg	
EH	resulting in death) LAST								
	PART II. Other eignificent conditions contributing to deeth but not rec	eulting In	the underivis	ng couse given in	Part i. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINOING	OS.	
EDICAL			,		PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE	,	
		-			1 □ YES	2 DE NO	OF GEATH?		
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	H YES		UNCERTAIN	<u>-</u>		1 YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL 26. PLACE		(Check only one		101			\dashv	
Sic	EXAMINER? 1 YES 2 NO		OTHER:	ne 5 🗆 Rasidenca	8 Cher (Speciful			\neg	
PHYSICIAN:	27. MANNER OF DEATN 28s. DATE OF INJURY	26b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE NOW	INJURY OCCU	JRED	\dashv	
ВУР	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUI		ORK? YES 2 NO					
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home building, etc. (Specify)	e, farm, str	eet, factory, offi	ca	28f. LOCATION (Street		or Rural Route Number,	\dashv	
1	4 Nomicide detarmined				City or Town, State)			
7 [29e. CERTIFIER (Check only 1) CERTIFYING PNYSICIAN: To the best of my knowledge, desti	h occurred	at the time, dat	and place, and due	to the cause(s) and m	nner ee state	4	\neg	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or inv							.	
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM			SIGNED (Month, Day, Year)	\dashv	
BE	Dandy Parker 1 1	10		The state of the s					
29	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATN (ITEM	27) (Type, P	Print)				1		
	CANDRA PARKER UNIVERS	174	OF M	PARYLA	ND1 552	outh	Grant Strat	4	
	31. DATE FILED (Month, Day, Year) 32. REDISTRAR'S SIGNATURE A WALLEY TO	really							

-

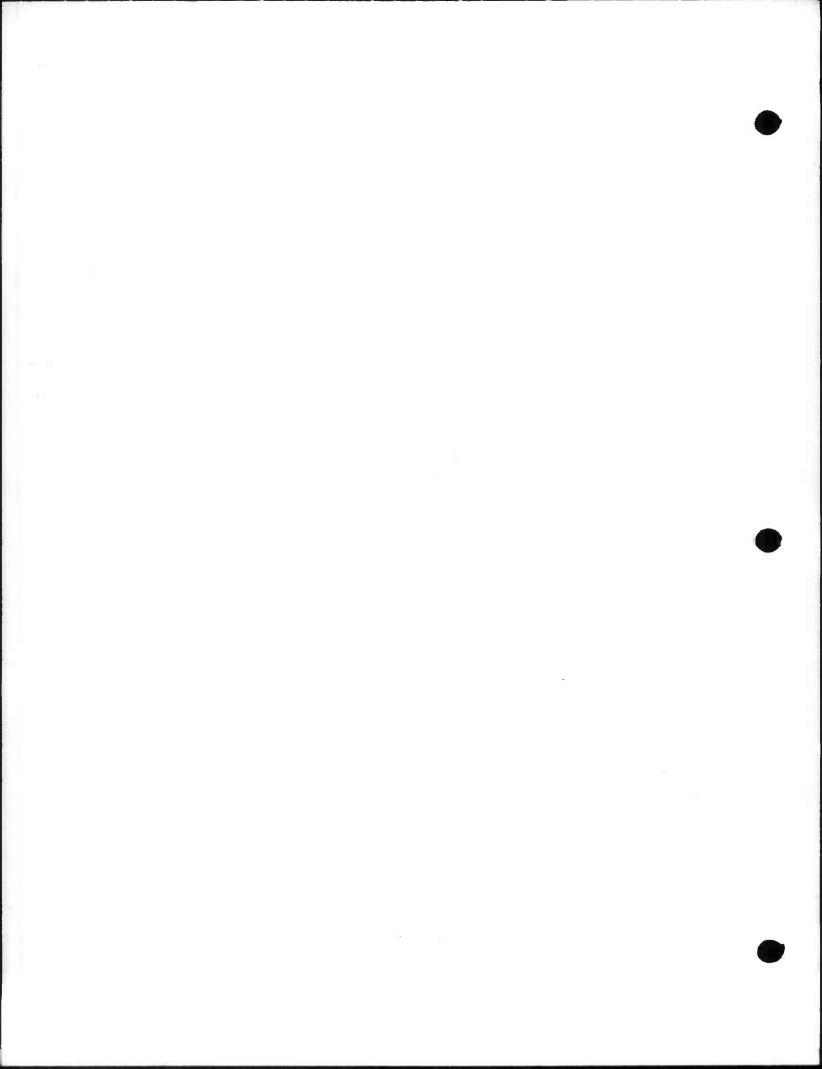
8
9
<u></u>
68760
J
BOX
\approx
щ
0
~
0
Ś
0
œ
ō
RECORDS
ш́.
Œ
ITAL
-
5
l e
OF
\simeq
Z
DIVISION
S
=
=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withhere? hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		:	3. TIME OF DEATH	
	Ronald Clyde Boyd	1				July			95	11:30 m	
		5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTN h, Day, Year)		Country)		
	9n. FACILITY NAME (If not institution, give street		YRS.	h CITY TOWAL	OR LOCATION OF D		. 16,			land	
DIRECTOR	7015 Edgemont Road							DEATH Sc. COUNTY OF DEATH Frederick			
) H	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION				1	Od. INSIDE CITY	
	Maryland Frederi	.ck	Frede	rick					1	LIMITS?	
FUNERAL	10e. STREET AND NUMBER			100	. ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?	
N.	7015 Edgemont Road	12. WAS DECEDENT EVER I	ulle source		1701			USA			
	If I plant west the S West land							or No-	Black,	– American Indian, White, etc.	
ВУ									Specify:	White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	THON ompleted)	16a. DECEDENT'S US (Give kind of work	t done durina mo	ON st of working	168	. KIND OF BUS	SINESS/INDU	ISTRY		
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborer	etired.)			1 a m a 4 m.				
₩ O	17. FATHER'S NAME (First, Middle, Last)		Laborer		18. MOTNER'S NA		onstru		1		
BE C	Andrew Boy	rd			Nannie	THE IT HOL,		ranks			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AC	DRESS (Street a	nd Number or Rural	Route Num					
F	James Boyd		7015 E	dgemont	Road,	Frede	rick,	MD 2	1701		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remove		PLACE AND DATE OF I			79/2	20c. LO	CATION - C	ity or Town	n, Stata	
	4 Donation 6 Other (Specify)	J	acobs Lut	heran C	emetery	1199	5 Leck	rone,	Pen	nsylvania Homes, PA	
1 3	PREBB.	Mack	1	1621 C	possumt	own P	ike, F	r Fun reder	ick,	MD 21702	
	23. PART I. Enter the diseases, or con	mplications that caused	the death. Do not	enter the mo	de of dying, suc	ch aa can	diec or respi	ratory arre	at,	Approximate	
	ahock, or heart failure. Lie IMMEDIATE CAUSE (Final	et only one ceuse on e	ech line.						,	interval Between Onset and Death	
	disease or condition resulting in death)		Lung	Car	cer	,					
		OUE TO (OR AS A	CONSEQUENCE OF):							190	
No.	Sequentielly list conditions, 6.	0115 70 (00 40 4	CONSEQUENCE OF):								
FA.	if any, leading to immediate ceuse. Enter UNDERLYING	ODE TO (OR AS A	CONSEQUENCE OF):								
E E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							<u> </u>	
CERTIFICATION	resulting in death) LAST										
	PART II. Other algolificent conditions	contributing to deeth b	ut not resulting in t	he underlying	Ceues given in	Part i	24e. WAS AN	AUTODOV	T 045 H	ERE AUTOPSY FINDINGS	
CAL				and distallying	Codes given in	rait.	PERFOR	MED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE	
MEDIC							1 YES 2	NO	٥	F DEATH?	
2	DID TOBACCO USE CONTRI	BUTE TO CAUSE O	F DEATH YES		UNCERTAI	\Box			,	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF OEATN	Check only one)							
YSI		HOSPITAL:	etlant 3 DOA 4	THER: Nursing Nome	5 AResidence	6 🗆 Othe	r (Specify)				
표	27. MANNER OF DEATN 1 Manual 5 Pending	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME O		JRY AT RK?	28d. OES	CRIBE NOW I	JURY OCCU	REO		
B	2 Accident Investigation	28e, PLACE OF INJURY			ES 2 NO						
ETED	3 Suicide 6 Could not be 4 Nomicide detarmined	building, etc. (Spec	— at nome, term, etre-	et, tectory, office	1	28t. LOC City	ATION (Street e or Town, State)	nd Number o	r Rural Rou	ite Number,	
片	29e. CERTIFIER (Check only	#I: To the beat of my knowl	edge, death occurred a	t the time, data	and place, end due	to the cas	rse(a) and man	ner as stated	1.		
COMPL	one) 2 MEDICAL EXAMINER									nd manner as stated.	
U U	296. SIGNATURE AND TITLE OF CERTIFIER	1111			29c. LICENSE NU					fonth, Day, Year)	
00	100				026	49	9	D 7/	23	195	
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pri					/	1		
	Dr. Komald to	Miller	40	ylwel	1 Dr	1	n+ 4	inu	, n	10 21771	
	JUL 2 8 1995	32. REGISTRAR'S SIGN	Ger Randall						/ /		



_	
	١
	į
$\overline{}$	
×	
2	
~	
3	
w.	
BOX 68760	
$\overline{}$	
\simeq	
Ш	
P.0.	
0	
٠.	
۵.	
S	
0	
_	
RECORDS,	
$\tilde{}$	
<u> </u>	
ш	
œ	
_	
_	
⋖	
—	į
_	
>	
	i
_	1
0	
_	
Z	1
$\overline{}$	
\simeq	1
(A)	
-	
>	
DIVISION OF VITAL	Contract of the contract of the contract of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR		CERTIF	ICALE	OF DEATH	REG. NO).		
		1. DECEDENT'S NAME (First, Middle, Last)	T Y THORN				2. DATE OF DEATH MONTH D	AY YI	3. TIME OF DEATH	
		SUE CAROL BO					JULY 2	1, 199	95 2:50 ₽ ^м	
		4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	AUG. Day, Year)		BIRTHPLACE (State or Foreign Country)	
9		444-60-3065	1 🗆 M 2 💢 F	40 YRS.			SEPP. 30,	1954	MICHIGAN	
binoris	~	9a. FACILITY NAME (If not institution, give st				OWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN	
2, 3	2	N.I.H. CLINICA	L CENTER		BE	THESDA		MON.	TGOMERY	
es 1	EC	RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c.								
2	DIRECTOR	OKLAHOMA TUI	SA		rth.	ULSA			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
permit. Pages		10e. STREET AND NUMBER				10f. ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?	
	ER/	4906 S. 72nd	EAST AVE.			74145			100	
physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS		NIC ORIGIN? (Specify Yes		J. S. A.	
		1 Never Married 2 Merried	FORCES? 1 Y		If ye	is, specify Cuben, Mexic YES 2 🔯 NO Speci	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
as the	ВУ	3 Widowed 4 Divorced				, 120 2 20 110 120 130	,,		WHITE	
	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S		IPATION ng most of working	166. KIND OF BU	SINESS/INDUST	RY	
. 0 -		Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	e retired.)	0.0000000000000000000000000000000000000				
the hospital detached to once.	COMPLET		4	RESPIT	RATORY	THERAPIST	H	OSPITAI		
	ပ္ပ	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surneme)	347	
ed by	BE	DONALD R.	MONROE						LIOTT	
s retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)	aren a				Route Number, City or Tow			
. 4 8 0	[DARRELL BOLLIN		1008					AHOMA 74017	
6 may ector, pa		20s. METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Remo	oval from State	20b. PLACE AND DATE comptery, crematory or o	OF DISPOSITION (Ther place)			CATION — City		
		4 Donation 5 Other (Specify)		WOODLAWN				CLAREMO	ORE, OK.	
death. Pag tuneral di. i. examiner		* Allalia	1 1	2	22. NAI	ME AND ADDRESS OF FA	KCILITY			
0 = 0		W.W. Cha	mena	M00091	W. V	. CHAMBER	S CO., RIVI	ERDALE,	MD. 20737	
ours after d in by the or removal		23. PART I. Enter the diseeses, or c ahock, or heart feliure. I	omplications that cou	sed the death. Do	not enter the	mode of dying, suc	ch as cardiac or reapi	iratory arrest	Approximate	
		IMMEDIATE CAUSE (Final		and the control of th	,				Interval Between Onset and Death	
									12 hours	
ted within completely ial, cremati		i dading in dading	DUE TO (OR)	A CONSEQUENCE O	P: /		-		6 days	
and corr buriat,	NO.	Commence of the contract of th	Dulmon	OCA hyd	renter	15wm			6 days	
8 " o F	일	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR A	A ODNSEOUENCE OF	F):					
ficate be physician ne prior t	RTIFICAT	CAUSE (Disease or Injury	ympi	roma					1 year	
5 8 5 E	닅	that initiated events resulting in death) LAST	DUE TOYOR A	AS A CONSEQUENCE OF	F):				U	
- E B -	55									
the death y the atte of Mental		PART ii. Other significant conditions	contributing to deat	h but not reaulting	in the under	rlying ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS	
# 6 5 -	EDICAL						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Sign Sign K							120 123 2	. U NO	OF DEATH? 1 ☐ YES 2 M NO	
e law requires been so Dept. of H	Σ	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH YE	s \square NC	INCERTAL	<u>п</u> П		1 150 2 M	
SICIAN: The law requestrificate has been the State Dept. of the 3 should be supply or item 23 should be supply or item 23 should be supply to supply	IAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT						
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State D tem 28 is marked, or item	SICI	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Specify)			
rSICIA certif th the	РНҮ	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yea		E OF 280	c. INJURY AT	28d. DESCRIBE NOW I	NJURY OCCUR	ED	
NG PHYS fter this c eath with marked	ВУ	1 Natural 5 Pending 2 Accident Investigation	(MORAN, Day, 166	in in in	M 1	WORK?				
NDING I: After r death is mar	8	3 Suicide 8 Could not be	28e. PLACE OF INJU- building, etc. (5	JRY — At home, term, a	treet, factory,	office	281. LOCATION (Street a	and Number or F	lural Floute Number,	
OR ATTENDING DIRECTOR: After hours after death	ETE	4 Nomicide determined	ounding, etc. (c	spacity)			City or Town, Stete)			
OR A DIREC hours	2	290. CERTIFIER (Check only	CIAN: To the beat of my kr	nowledge, death occurre	ed at the time.	date and place, and due	to the cruse(e) and mer	oner se stated		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 P	COMPL								use(e) end menner as stated.	
FUN WITH		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				
THE fled	BE	Rollo X 1	300 0 - O	M.O.		#D30	A 1 - CO	DATE SI	GNED (Month, Day, Year)	
≒ 5 3 ₹	유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	Print)	+000	112 MD	07/	44/13	
		ROBERT L. DANNER,				TILE PIKE	, BETHESDA,	MD	20002	
		31. DATE FILED MANTA DE 1995	A. AEGISTBAR'S S	IGNATIONE # ##	2.5010	- LUDU TIKE	, DETHEOUA,	MD.	20892	
	. !	JUL 24 1995	free dance	explandally						
	الـــــــــــــــــــــــــــــــــــــ	<u> </u>								

. = = 📆 . .

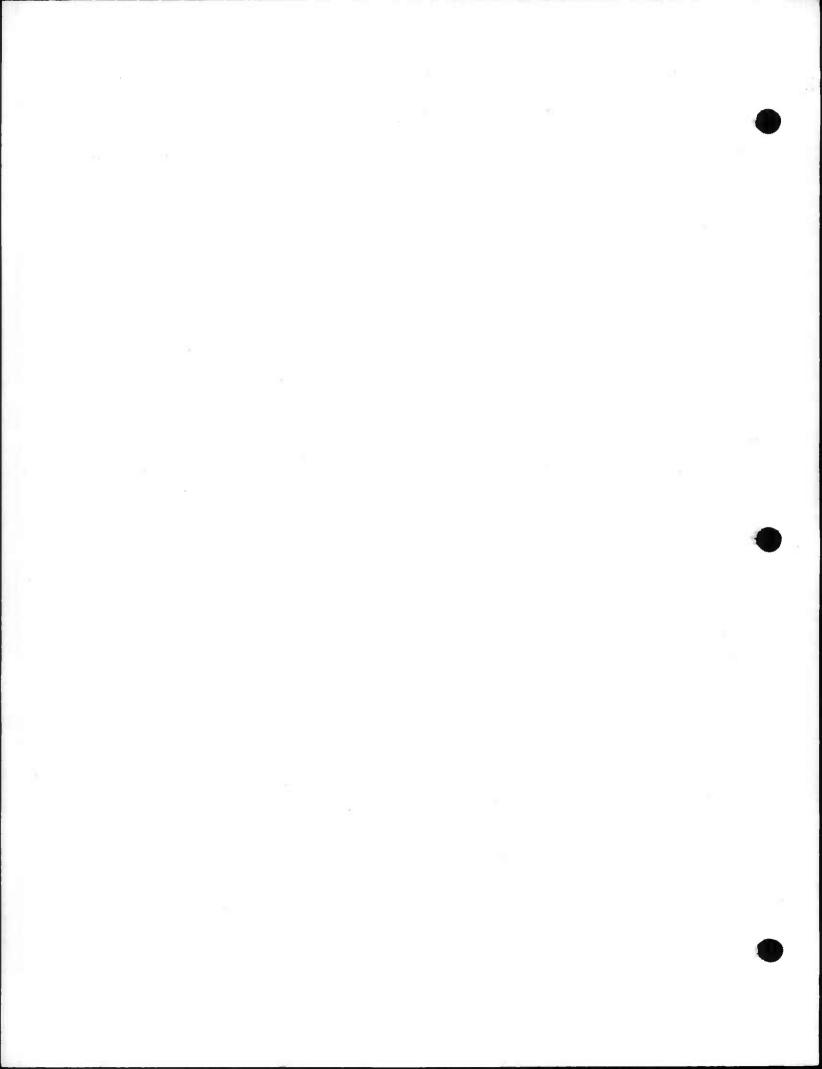
BALTIMORE, MARYLAND 21215-0020 for clean Page 6 may be entailed by the household of properties of pr

DIVISION OF VITAL

20	after
	hours
	74
	Chief.
2	W
9/89	executed
Z C Z	8
7.C. B.	certificate
7	death
~	the
<u> </u>	that th
VII AL RECORL	requires that the di
5	W.
4	The
>	
5	DR ATTENDING PHYSICIAN
NO SELVICE	NDING
2	TE
2	DR A
_	_

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be felled with the State Debt, or theath and Mental Hygiene prior to burial, certainon, or removal.	IMPORTATIVE, I ITELI SO IS HIGHER, OF THE 22 SHOWS ANY HIGHES AND ANY HIGHER COVER, THE HEADEN EXAMINET MUST DE NOTINE AT DAG.
--	--

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT	OF H	EALTH A	AND M	IENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)					DEAT.		2. DATE OF DEATH	0.		3. TIME OF DEATH
	E	llen Saphro		- 1	July 20,	1995	YEAR	7:30 A M			
			n yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24		7. DATE OF BIRTH	1775	A. BIRTH	IPLACE (State or Foreign
	513-38-6657	□ M 2 🛛 F	92 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Feb. 22,1	903	Countr	Y)
	9a. FACILITY NAME (If not institution, give stree	I and number)		9b, CITY.	TOWN C	R LOCATION					ISAS
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH Prince Georgespent										
EC	10a. STATE 10b. COUNTY		10c. CITY	, TOWN O	R LOCAT	ION					10d. (NSIDE CITY
		George's				Hyatt	tsvi.				LIMITS?
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WI		
N	6707 Queens Chapel					20782				ed S	tates
	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13. V	WAS DEC	ENDENT OF	HISPANK Mexican,	C ORIGIN? (Specify Y Puerto Rican, etc.)	es or No-	14. RACE Block	- American Indian, White, atc.
BY	3X Widowed 4 □ Divorced	IF YES, GIVE WAR OR DAT	TES	1	_ YES		Specify:	,		Speci	
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S	IISUAL OC	CLIBATIC	MAI.		16b. KIND OF B	1	1100000	White
H	(Specify only highest grade con	mpleted)	(Give kind of w	rork done d e retired.)	furing mo	st of working		160. KIND OF B	USINESS/IND	DUSTRY	
PLI	12	College (1-4 or 5 +)	Farmer					Far	ming		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			,			D'C MAM	E (First, Middle, Maide			
	George Sti	tes						a Glover	m Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	/Street a			ute Number, City or To	Chata 7/a	Code	
7	Laura D. Dinsmore							Bethesda			d 20817
	20a. METHOD OF DISPOSITION	20h J							OCATION -		
	1 Burief XXCremation 3 Remove 4 Donation 5 Other (Specify)	from State come	PLACE AND DATEO Itery, cremetory or of NTGOMERY	her place)	Jul	ÿ 24,	199	DATE 20c. L			ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22.1	NAME AN	D ADDRESS	OF FACI	UTY Robert			rey Funeral
	91.00	2-11		Ho	me/E	Bethes	sda-(Chevy Cha	se, I	nc.	7557
	Thickele 3.	Julie	M0034	8 Wi	scor	nsin A	Aveni	ue, Bethe	esda,	MD 2	0814-3501
	23. PART I. Enter the diseases, or com shock, or heart fellure. Lie	iplications that caused t only one cause on es	the death. Do no ch line.	ot enter	the mo	de of dying	g, such	as cerdisc or ree	piratory err	est,	Approximate interval Between
	IMMEDIATE CAUSE (Finel							Onset and Death			
	disease or condition American Metastatic Carcinoma of Liver									5 months	
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, b.	Adenocard									5 months
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
2	CAUSE (Diseese or Injury \$ c	DUE TO (OR AS A	20110501151105								
Ē	that initiated events resulting in deeth) LAST	DUE TO (OH AS A C	CONSCOUENCE OF	} :							
ä	d				_						
AL (PART II. Other eignificant conditions c	ontributing to deeth bu	t not reaulting in	n the und	derlying	ceuse giv	en in Pa	art 1. 24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
2	Ischemic Card:	iomyopathy						PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE
밀								- 1 125	2 24 10		OF DEATH?
-	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	sПN	ло П	UNCE	DTAIN				1 YES 2 ANO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE OF DEAT			J. 10L					
Sic		OSPITAL:	tient 3 DOA	OTHER	ing Home	X Bast	dance d	Other (Specify)			
Ξ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME	OF	28c. INJU	JRY AT		Bad. DESCRIBE HOW	INJURY OCC	URED	
	1 Natural 5 Pending	(Month, Day, Year)	INJU	JRY M	WOI						
BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY -	- At home, farm, st	reet, facto				28f. LOCATION (Street and Number or Rural Route Numb			
Ĕ	4 Homicide datarmined	building, atc. (Specify	y)					City or Town, State)		
COMPLETED	29a. CERTIFIER X CERTIFULIO BUYENE	N: Yo the best of	des I di es								
MP	(Check only 1 CERTIFYING PHYSICIAI	N: To the best of my knowle	and or lower trans	In the tir	me, deta	and place, a	nd due to	the cause(a) and m	nner sa stat	ed.	
8		X	- The state of the	7 my op	errion, de	ern occured	st the tin	ne, ome and place, a			
8	296. SIGNATUME AND TROPE OF CENTIFIER	1 sha	1 67			29c. LICENS	SE NUMB	ER C			(Month, Day, Year)
5	Henney	1200	ay			1)0-	179	18	J	uly	20, 1995
	38. NAME AND ADDRESS OF PERSON WHO'D				-			400		-	
	J/Blaine Fitzgera		ZIS Wisc	onsı	n Av	enue,	Sui	te 408,	Bethe	sda,	MD 20814
	31. DATE FILED JUL 25 1995	37 PEGISTINAS SIGNAT	Kardall								



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

7	
0	
9	
6876	
9	
×	
$\tilde{\sigma}$	
6.0	
0	
٣.	
ο.	
ທົ	
ഗ	
RDS,	
=	
<u> </u>	
Ö	
\sim	
O.	
111	
=	
ш.	
TAL	
⋖	
-	
_	
>	
4	
OF/	
_	
7	
_	
\Box	
_	
S	
>	
_	

Patricia Bowie 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 TF HOURS 227 36 2625 64 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Suburban Hospital Bethesda RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY Maryland Montgomery Chevy Chase permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 120 Grafton Street 20815 Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Norried BY 3 Widowed 4 Divorced 15e. DECEDENT'S USUAL OCCUPATION

(Cham kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only hig (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker once. 17. FATHER'S NAME (First, Middle, Last) K R. O'Brien BE Katherine notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edward L. Bowie Pe 20e. METHOD OF DISPOSITION
1 Buriel 2 AJ Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Alexar of 24, 1995 DATE cappetery, crematory or other place) must cemetery crematory or other place JULI 24, 1990 Montgomery Crematorium, Inc. 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. M00689 medical 23. PART I anter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. 9 IMMEDIATE CAUSE (Final the disease or condition the death certificate be executed within 24 Kespuatory Kcute reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): prior to burial, hronic Obstructi CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) has been signed by the attending physician Dept. of Health and Mental Hygiene prior to cause. Enter UNDERLYING Jsthma CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL ysulin Dependent Diabete, Mellitus Failure DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗵 UNCERTAIN 🗆 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) t: After this certificate hir death with the State [tem HOSPITAL: OTHER: ATTENDING PHYSICIAN: 1 TES 2 NO Oinpetient 2 ☐ ER/Outpetient 3 ☐ DOA irsing Home 5 - Residence 5 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending М 1 YES 2 NO BY vestigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 60 3 Suicide ETED. 8 Could not be DIRECTOR: after 4 Homicide 28 hours OR COMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE medad Clymer D05120 2

95 240 0 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH July 23, 1995 7:55 7. DATE OF BIFTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Nov. 13,1930 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Own Home 18. MOTHER'S NAME (First, Middle, Malden Surname) Wade Junkin 120 Grafton Street, Chevy Chase, Maryland 20815 20c. LOCATION — City or Town, State Bethesda, Maryland 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, MD 20814-3501 Approximate Onset and Death Dwecks. 20453 20453

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated,
one)	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s

s) and menner se stated. 29d. DATE SIGNED (Month, Day, Year)

CERTIFICATE OF DEATH

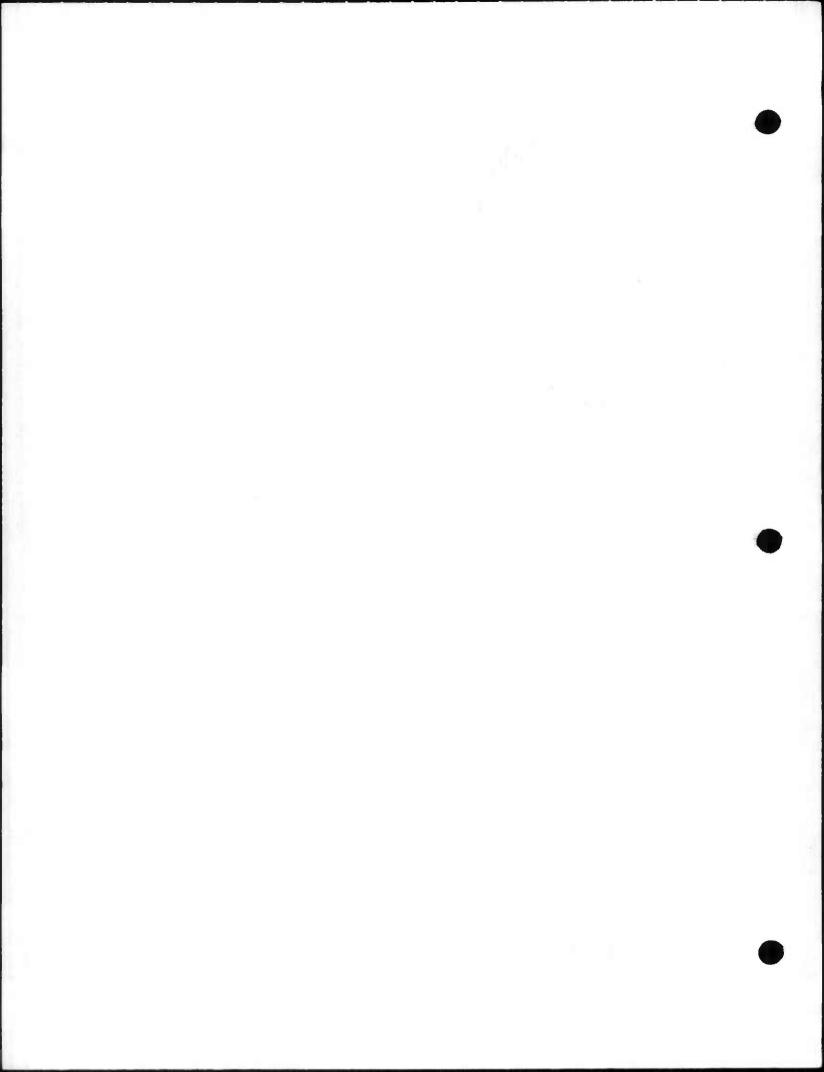
30. NAME AND ADDRESS OF PERSON WHO COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael Emmer, M.D. 6316 Democracy Blvd., Bethesda, MD 20817-1664

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Jahr dhudsor Raylall

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

-	,
0	
\approx	
Ψ	
BOX 68760	
ထ	
(0)	
_	
\times	
~	
O	
m	
ш	
\cap	
<u> </u>	
ດໍ	
щ.	
- 0	
m	
~	
~	
_	
О.	
$\overline{}$	
U	
RECORDS, P.O.	
-	
<u> </u>	
_	
ď	
-	
-	
>	
ш.	
OF VITAL	
$\overline{}$	
_	
_	
0	
\cup	
DIVISION	
U)	
>	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ST frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			ERIIF	ICALL	C	DEA	П		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	IAN ROBI	MACH DO						2. DATE OF MONTH	DEATH DA	NY.	YEAR	3. TIME OF DEATH
- 1							_JUL\	JULY 20 1995 7:54 P					
	4. SOCIAL SECURITY NUMBER 456-48-7207	5. SEX 1 M 2 F	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF Month, P May 2	BIRTH W. You' 93	30	6. BIRTHE Country New	York
	9a. FACILITY NAME (If not institution, give st		9b. CITY	, TOWN	OR LOCATION	ON OF GE				NTY OF DE	ATH		
DIRECTOR	NATIONAL NAVAL MEDICAL CENTER				BETHESDA MON'					ONTGO	MERY		
F	10s. STATE 10b. COUNTY				Y, TOWN (TION						10d. INSIDE CITY LIMITS?
	Virginia Fair	rax		Vı	enna						-		1 YES 2 NO
FUNERAL	10005 Garrett Str	eet				101	2.218		10g. CITIZEN OF USA				HAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	_	14. RACE	- American Indien,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1		NO		If yes, sp	2 ZI NO	n, Maxica	n, Puarto Rica	in, etc.)		Specify	White, atc.
田	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(1	ECEDENT'S Give kind of	work done	CCUPATH during mo	ON ast of workin	ng	16b. KI	ND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	F)	omema						Home			
OM	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First, Mide		Surname)		
BE C	Donald M. Robinso	n							Godf				
10 B	19a. INFORMANT'S NAME (Type/Print)								loute Number,				
۴	J. Charles Bowden			10005	Gar	rett	St.	, Vi	enna,	Va.	2218	1	
	20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramo 4 Donellon 5 Other (Specify)		20b. PLACE cometery. cr Arlin	emetory or of	of dispos Nati	ona]	me of L Cem	eter	y7/25	20c. LOC Arli	ngto	on, V	irginia
	21. SIGNATURE OF FUNERAL SERVICE LIC	E STA			22. MO	NAME AN	& KT	NG V	TENNA	FIINE	RAT.	HOME	, INC.
	* GMUSI L	Illye	w		17	1 W.	. Мар	le A	ve.,	Vienn	na, V	a. 22	
	23. PART I. Entar tha diseases, or complications that caused tha daath. Do not antar tha mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause on each ilns. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. VENTRICILIAR FAILURE OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequantisity list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CHRONIC MITRAL VALVE DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
2	PART II. Other aignificant conditions	a contributing to	death but not	rasulting i	in the un	derlyin	Cause o	tiven in	Part I 24	a. WAS AN	ALITOROV	245	WERE AUTOPSY FINOINGS
EDICAL			oddin out not	radorung i	in the un	ioe iyiii	y cauda y	Jiveii III		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 1	YES 2	V NO	- 1	OF OEATH?
Σ	DID TOBACCO USE CONTR	RIBUTE TO CA	USE OF DEA	ATH YE	s 🗆 ı	NO [UNC	ERTAIN					1 - YES 2 - NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			CE OF DEAT	TH (Check	only one)							
įs I	1 ☐ YES 2 X NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		e 5 🗆 Re	aldenca	8 🗆 Other (S	pecify)			
ВУ РН	MANNER OF DEATH	28b. TIM	E OF URY M		URY AT RK? (ES 2	NO	28d. DESCR	BE HOW IN	JURY OC	CURED			
	3 Suicide 8 Could not be determined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, ferm, a	treet, fact					OCATION (Street and Number or Rural Route Number, ifty or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)												
8	MEDICAL EXAMINER		camination and/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the t	lime, data end	f place, and	dua to th	a cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4 4						NSE NUM			29d. DATI	E SIGNED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CALL	E OF OFATH #==	M 270 /7 -	Dele-1				6986		0	7/2	1/43
	1		SE OF DEATH (ITE	:m 27) (Type,	rrint)				L NAVA				TER
	B. JAKLIC, LT, M. 31. OATE FILEO WHOPITH, Day, Year)	C USNR 32 PREGISTRA CONTROL	R'S AGNATURE			-	BET	HESD.	A MD 2	20889	-560	0	

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 nours after death. Page 6 may be Pages 1, 2, 3 should

permit.

the burial-transit

as

use

Q

detached

2

phoods

page 5 s

funeral director,

filled in by the

completely

and (

attending physician

6

cremation.

burial

2

prior

Hydiene

Mental

Health a

Dept.

State

the

WITH this

death DIRECTOR: After

hours after

FUNERAL | within 72 h

signed by the a Health and Men

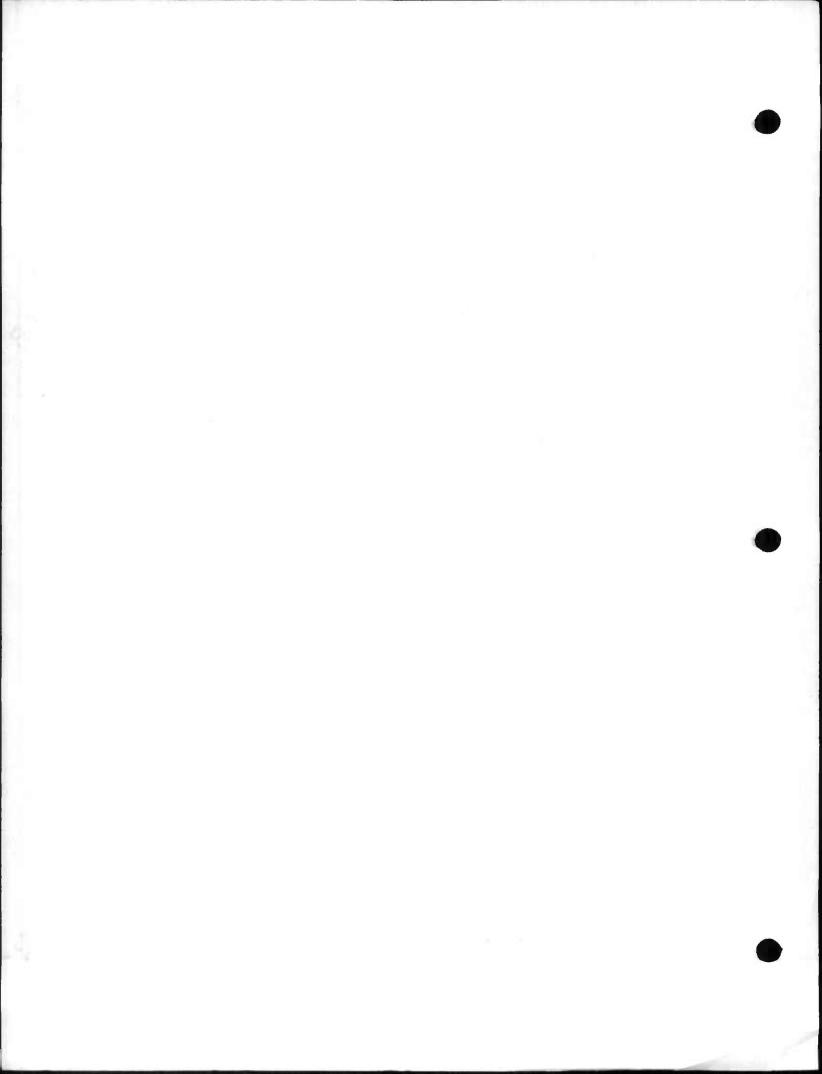
peen Jo

certificate has

	Nours
Œ	
09	1 with
BOX 68760	executed
6	2
.O. B(certificate
S, D	death
Ö	the
OR	that
3EC(requires
_	W.
Z	N: The
DIVISION OF VITAL RECORDS, P.O. E	PHYSICIAN:
VISION	ATTENDING
5	8
_	HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR RANK 1995 30 JULY 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign JULY 14 053-12-6354 1 1 2 F 85 1910 NEW JERSEY 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHARLOTTE HALL VETERANS HOME CHARLOTTE HALL ST. MARYS RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1105 TIFFANY ROAD 20904 UNITED STATES 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 💢 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify Specify WHITE В 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) 4+ MANAGEMENT CONSULTANT GOVERNMENT 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 7 SAMUEL BAIRD BE ZELDA MANDELBAUM notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARION BAIRD (WIFE) 1105 TIFFANY ROAD SILVER SPRING MARYLAND 20904 pe 20e. METHOD OF DISPOSITION
1

■ Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must JUDEAN MEMORIAL GARDENS 4 Donation 5 Other (Specify) 7/23 DLNEY, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY- GOLDBERG MEMORIAL CHAPELS INC. lann 170 ROCKVILLE PIKE ROCKVILLE MARYLAND 20852 the medical 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line intarval Between IMMEDIATE CAUSE (Final **Onset and Death** disesse or condition resulting in death) · COMPLICATIONS OF ADVANCED MULTI- IN FARCT DEMENDA Y FAMES event, ATTHERD SCLEROTIC CARDIOVASCULA DISFAST YEARS traumatic NO Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CERTIFICATI Y FACI DIAGETTS MELLITAGE CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TYES 2 T NO OF DEATH? 1 TYES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO [] 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER 1 | YES 2 | 40 1 Inpatient 2 ER/Outpatient 3 I DOA e 5 🗆 Reeldence 6 Other (Specify) 50 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural INJURY Pending Investigation 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, strest, fectory, office building, etc. (Specify) Suicide 69 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAIs: To the best of my knowledge, desth occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one) Ξ 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and menner as stated. TO THE HOSPITA
TO THE FUNERA
DE filed within 7. FITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 26358 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) IGET PRINC FREDGRICK 32 REGISTRAR'S SIGNATURE (Month, Day, Year) 25 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

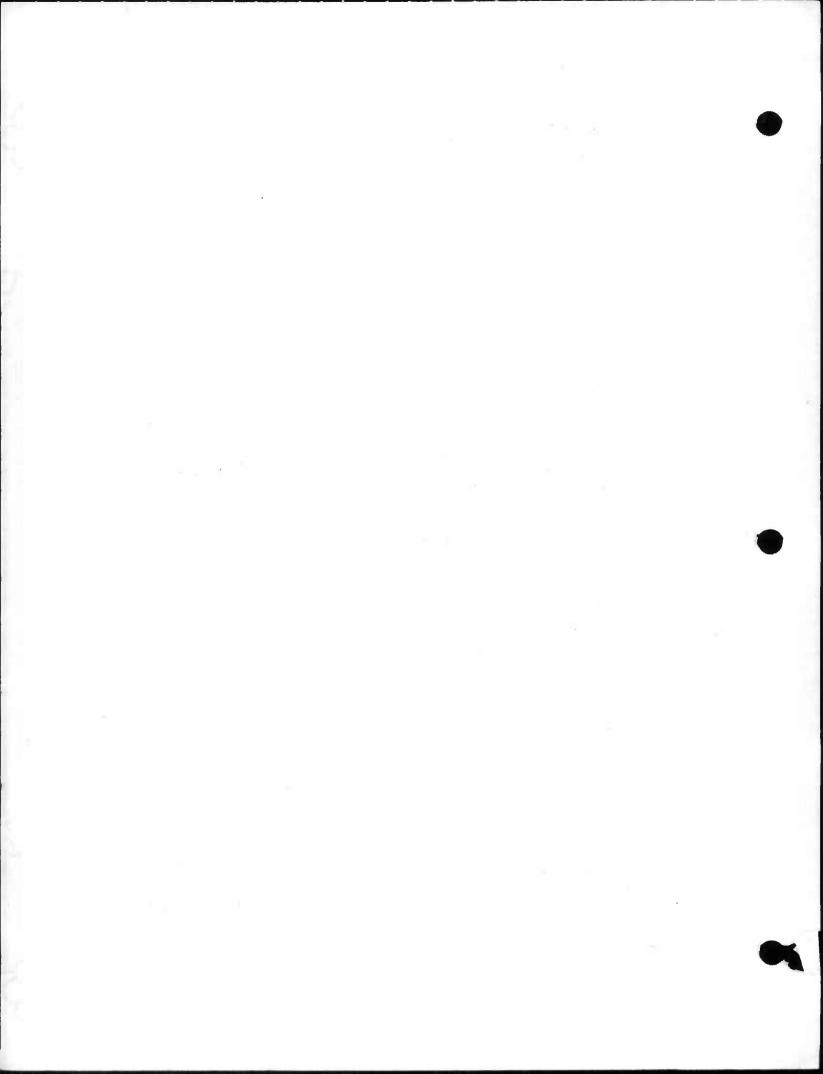
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or set so the law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH				
	Eleanor A. Burkey	2V					, 1995	1:35 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. 1	BIRTHPLACE (State or Foreign Country)		
	577-18-8645 1 M 2 X	95	YAS.			Aug 7,		Idaho		
œ	9a. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF D		9c. COUNTY	OF DEATH		
15	Carriage Hill Nursing	Home		Silve	r Spring	<u> </u>	Mont	gomery		
DIRECTOR	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
	Maryland Montgomery		Si	lver Spr				1 X YES 2 NO		
FUNERAL				10	f. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?		
N.	12 906 Stonecrest Dr	DENT EVER IN U.S. /	ADMED	40 140 05	20904		USA			
	1 Never Married 2 Married FORCES?	1 TYES 2 TE WAR OR DATES	NO	If yes, sp	ecify Cuban, Mexico	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.		
D BY	3 Widowed 4 Divorced	L IWAT ON DATES		1 12	NO Specif	ry:		Specify: White		
單	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. (DECEDENT'S (Give kind of	USUAL OCCUPATI vork done during ma as retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUST	RY		
COMPLETE	Elementary/Secondary (0-12) College (1-4 or	3+)								
NO.	17. FATHER'S NAME (First, Middle, Last)		lomema	ker	18. MOTNER'S NA	Own Ho				
BE C	Harry Anderson					Johnson	,			
0	19a, INFORMANT'S NAME (Type/Print)				and Number or Rural	Floute Number, City or To				
-	Doris Ely					, Silver S	pring,	MD 20904		
	29e-METNOO OF DISPOSITION 143/Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)	cemetery, c	cremetory or o				OCATION — City			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	L Unio	n Cem	22. NAME A	ND ADDRESS OF FA	Tuil 24 B				
	Dan 1: Donn	ell				Hines-		Funeral Home r Spring, MD		
	23. PART I. Enter the diseases, or complications	hat caused the	dasth. Do r							
	MMEDIATE CAUSE (Final	suse on sach ili	na.		0		matory arrest,	interval Batwean Onset and Dasth		
	disease or condition - s. Confeshive Near Failure >14 car									
	disease or condition resulting in death) s									
NO NO	Sequantisity list conditions,	TO (OR AS A CONS		77/26	LINSIM					
CAT	cause. Enter UNDERLYING	,		,						
TIE	CAUSE (Disease or injury that initiated events DUE resulting in death) LAST	TO (OR AS A CONS	EOUENCE OF	7:						
CERTIFICATION	d									
A	PART II. Other significant conditions contributing	to death but not	rasulting i	n tha undarlyin	g causa givan in	Part 1. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC						1 YES		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME							,	1 TYES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO (S NO Check only one)	UNCERTAI	и 🗆 📗				
SICI	EXAMINER? HOSPITAL:	2 ER/Outpatient	T	OTHER:		Yes a very a little				
Ϋ́	27. MANNER OF DEATN 26a. DATE	OF INJURY	26b. TIM	E OF 28c, IN.	URY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE NOW	INJURY OCCURE	D		
ВУР	Natural 5 Pending	, Day, Year)	INJ		YES 2 NO					
	3 Suicide 6 Could not be detarmined	E OF INJURY — At I	home, farm, a	traat, factory, offic	•	281. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,		
E	an opposition									
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: Cn the beat of MEDICAL EXAMINER: Cn the beat of the b									
	29b. SIGNATURE AND TITLE OF CERTIFIER /	CARTIFICATION ENGIN	* Ilivestigatio	n, in my opinion, c						
BE	Ceramananily				D434	196	29d. DATE SIG	INED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C	AUSE OF DEATH (IT	ЕМ 27) (Туре,	Print)	12.1	aspring	1 01	10010		
	MOHAMMAS KHALID L	299-69.	mbell	m 281	e Solu	Gulsder	mb 2	0402		
		PAR'S SIGNATURE								
	JUL 26 1995 Julied	imarroc Nov	blall							

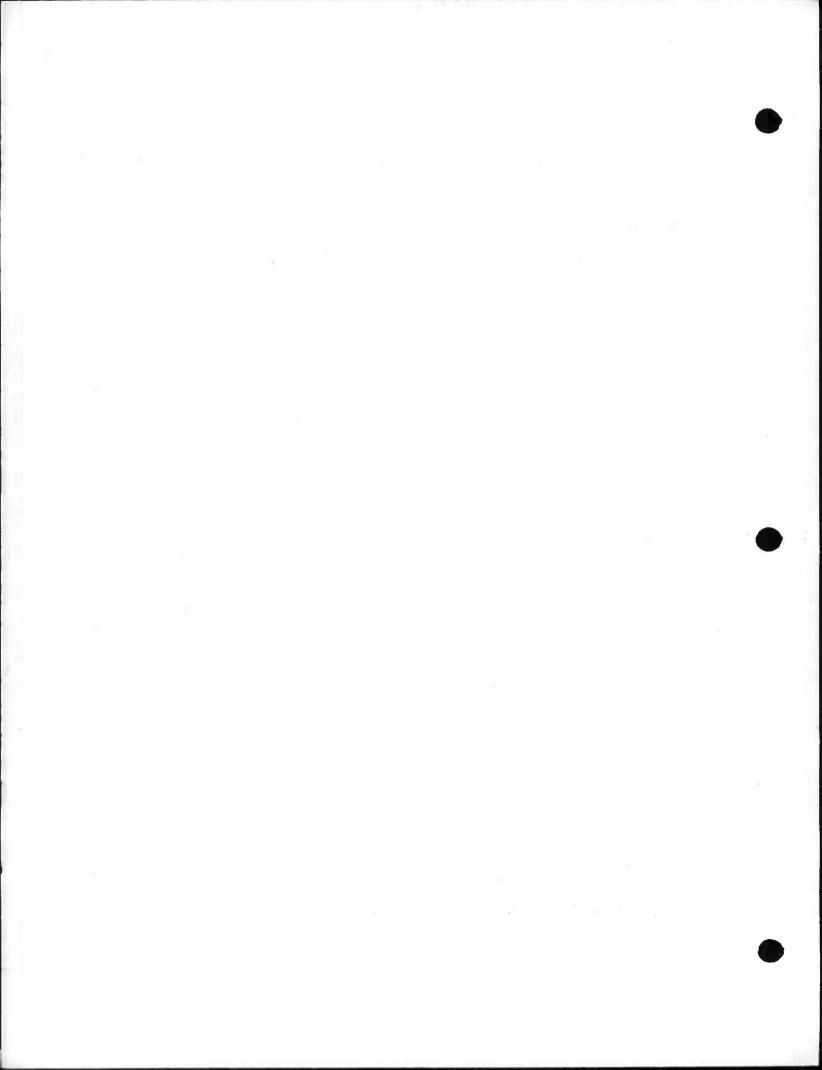




	Æ
	5
9	be executed with
~	Z
00	Š
9	8
-	8
	2
O	-
8	law requires that the death certificate
	9
0	핕
٧.	짱
Ω,	5
	8
S	ō
	2
~	-
4	E .
\circ	===
O	ě
ш	3
~	ě
	2
_	fü
4	The
\vdash	-
>	×
ш	23
0	32
0	풊
Z	ATTENDING PHYSICIAN
$\overline{}$	2
\simeq	9
S	Ē
	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR A
$\overline{}$	8
L	_
	M
	0
	8
	¥

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Rudo1ph 1995 J. Battle Ju₁v 20 10:30 A M 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 64 241-32-2143 1 X M 2 | F 1, Sept. 1930 North Carolina permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 13155 Cabinwood Drive Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Silver Spring Maryland 1 VES 2 NO FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 13155 Cabinwood Drive 20904 use as the burial-transit USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 1 TYES 2 NO BY Specify 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only his funeral director, page 5 should be detached for College (1-4 or 5+) 12 Photo Processor CIA 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) Levi Battle Fostina Perry BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 13155 Cabinwood Drive, Silver Spring, Maryland 20904 Clementine Battle 24 hours after death, Page 6 may be a filled in by the funeral director, page \$ on, or removal. pe 20a. METHOD OF DISPOSITION

14 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State Gate of Heaven Cemetery 7/26 Silver Spring, Maryland 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HINES-KINALDI FUNETAL HOME 11800 New Hampshire Avenue Silver Spring, Maryland event, the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death cremation, diseese or condition resulting in death) signed by the attending physician and completely in the atth and Mental Hygiene prior to burial, crematic Esophageal Cancer
DUE TO (OR AS A CONSEQUENCE OF): 7months traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 Injury, PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? shows any -Tracheal - Esophageal Fistula 1 YES 2 X NO 1 YES 2 NO certificate has been a DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item OTHER:
4 □ Nursing Home 5 Nesidence 8 □ Other (Specify) 1 YES 2 NO 1 ☐ Inpatient 2 😾 ER/Outpatient 3 ☐ DOA 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 1 YES 2 NO DIRECTOR: After the hours after death with 28 is mark BY 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner es stated. TO THE HOSPITAL OF TO THE FUNERAL D be fled within 72 ho 2 Fi MEDICAL EXAMINER: On the on end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner as stated. 296. SIGNATORE AN TITLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D31204 7/21/95 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print Arthur N. West 106 Irving St. N.W. #319 Washington, D.C. 20010 31. DATE FILED (Month, Day, Year) 32. HEGISTRAJI'S SIGNATURE 1995



1, 2, 3 s

-	
0	
9	
$\overline{}$	
687	
8	
w	
\mathbf{Y}	
BOX (
0	
m	
<u>е</u> О	
0	
₾.	
_	
ŝ	
97	
0"	
ECORE	
1	
$\mathbf{\mathcal{C}}$	
щ	
~	
_	
d	
~	
_	
>	
10	
_	
0	
_	
Z	
$\overline{}$	
\cup	
70	
U)	
_	
_	
_	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filled within 72 hours after death with the State Dept. or thesit with the State Dept. or the state of th	THE TOTAL OF THE T
--	--

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN BUSTAMANTE 07-20-1995 MARIA 07:30 A SOCIAL SECTIOITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 5 SEX IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign BOLIVIA HOURS 1 M 2 F None 9a. FACILITY NAME (If not institution, give SILVER SPRING 9c COUNTY OF DEATH SILVER HOSPITAL HONTEOHER HOLY Cross DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Olney 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17821 Lochness Circle 20832 Bolivia 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

V YES 2 NO Specify: 1 Never Married 2 Married Specify: Bolivian IF YES, GIVE WAR OR DATES Specify: Hispanic BY 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTED ntary/Secondary (0-12) College (t-4 or 5+) 12 Homemaker At Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Nathaniel Bustamante Isabelle Terrazas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Teresa Pena 4600 Duke Street #1423Alexandria, Virginia22304 20e METNOD OF DISPOSITION
1 ABurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Gate of Heaven Cemetery 7-24-95 4 Donation 5 Other (Specify) Silver spring, Maryland 21. SIGNATURE OF FIRENAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
Hines-Rinaldi Funeral Home 11800 NewHampshireAve.SilverSpring, M.D. 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate heart failure. List only one cause on each line. Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSEQUENCE OF) EDEMA reaulting in death) FAILURE ONGESTIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate THEROSCLEROTIC cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO X UNCERTAIN I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1, Inpetiant 2 ER/Outpetiant 3 OTHER: 1 YES 2 NO DOA Ing Home 5 - Realdence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М t YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide t 🔀 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 田田 D 20678 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALL ARLA H.D. 3904 07-20-1995 2

32. REGISTRAR'S SIGNATURE

CLEVELAND ST. KENSINGTON

A part of the property of the

Aivi208 30-80-31 39 X

HOLY GIOSE HOSPITAL SILVER SPRING. HONTBOHERY

AMBAL YARMOMINI CONSESSIVE REART FRICTURE ATHERSOLEROTTIC HEART DISERSE

EDWARDA M. BUDA, H.D. 3904 CLEVELAND ST. HENSINATON M.

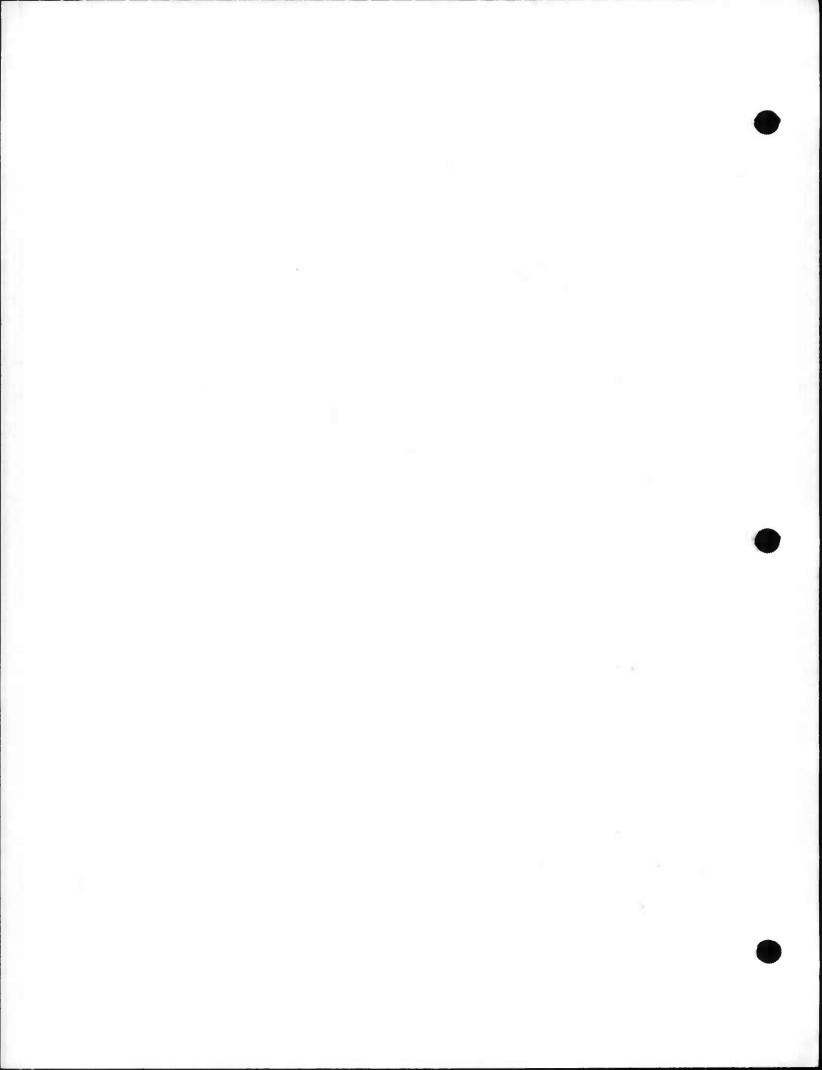
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21213-0020	withing hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.
Consider of the County, T.O. Box 68/64	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-124 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Deor, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLE REGISTRAR	AND / DEPARTMENT OF HEALT CERTIFICATE OF DE		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH
	Sollie L.	Barnes	July 25. 1	995 3:15 p M
		(In yrs. last birthday) IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR	IDER 24 HRS. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
1		8 YRS.	Dec. 8,1916	
Œ	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOC		DUNTY OF DEATH
DIRECTOR	1402 Wheaton Lane	Wheat	on MC	ONTGOMERY
H H	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
	Maryland Montgomery	Wheaton		1 N YES 2 NO
RAL	100. STREET AND NUMBER	101. ZIP C	100	ITIZEN OF WHAT COUNTRY?
FUNERAL	1402 Wheaton Lane			U.S.A.
	1 Never Married 2 Married FORCES? 1 YES	21200 If yes, specify Co	IT OF HISPANIC ORIGIN? (Specify Yea or No- uban, Mexican, Puerto Rican, etc.)	Black, White, etc.
B	3 ★ Widowed 4 Divorced IF YES, GIVE WAR OR D	ATES 1 TYES 2 🔀 N	NO Specify:	Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo	16b. KIND OF BUSINESS/II	NDUSTRY
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)		
A P	17. FATHER'S NAME (First, Middle, Last)	Security Office		useum Center
5 3	Walter Barnes	18. M	OTHER'S NAME (First, Middle, Malden Surmarne) Estella Howell	
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Num	nber or Rural Route Number, City or Town, State, 2	The Control
5	George Barnes (son)		Lane, Wheaton, M	
TO BE COM		PLACE AND DATE OF DISPOSITION (Name of		- City or Town, State
	4 Donation 5 Other (Specify)	ärklawn Mem. Par	ck 7/29 Rock	ville, MD
	21 SIGNATURE OF FUNERAL SERVICE LICENSES	22. NAME AND ADD SNOWDEN	N FUNERAL HOME,	РΔ
	Senge K. Anomal	ROCKVII		
	23. PART I. Enter the diseases, or complications that ceuse ahock, or heart failure. List only one ceuse on a	the death. Do not enter the mode of	dying, such as cerdlec or respiratory a	
	IMMEDIATE CAUSE (Finel	,		Interval Between Onset end Death
	disease or condition a. Curului	regulatory Ar.		min
gyell,	DUE TO (OR A9)	CONSEQUENCE OF	scular Acude	6 2.15
ATION	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):	saut Mande	4 30/15
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	tes Mellitus	•	12 125
TIFIC	that initiated events resulting in death) LAST	CONSEQUENCE OF):		12/12
	d			•
AL CER	PART II. Other significant conditions contributing to deeth t	ut not resulting in the underlying ceus		
	Chrome Kenal Fr	alle	PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC				1 YES 2 NO
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE C	F DEATH YES NO UN	NCERTAIN 🗆	
SIC /	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Check only one) OTHER:		
14S	1 ☐ YES 2 ☐ NO	etlent 3 DOA 4 Nursing Home 5	Residence 8 Other (Specify)	
	1 Netural 5 Pending (Month, Day, Year)	28b. TIME OF 26c. INJURY AT WORK? M 1 YES 2		CCURED
	2 Accident Investigation 3 Suicide 6 Could not be building at Con	- At home, farm, street, fectory, office	281. LOCATION (Street and Numb	er or Rural Route Number
TED	4 Homicide determined building, atc. (Spec	elf(y)	City or Town, State)	
P.E.	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my keep	Age, death occurred at the time, date and pla	ecs, and due to the cause(s) and manner as at	ated.
BE COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of stampers			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	30c. L	ICENSE NUMBER 29d. DA	ATE SIGNEO (Morin, Day, Year)
TO B	Hours / was		20388 10	7/26/95
15	30. NAME AND TORRESS OF PERSON WHO COMPLETED CAUSE OF GE			1
	Howard S. Goldstein, M.D		Rd., Rockville	, MD 20852
	31. DATE FILED (MONTH, Day, Year) JUL 27 1995 JUL 27 1995	chardall		
	W1 1000 P			





	dea
٥	after
	hours
	t
5	with
5	8
T.O. BOA 0010	executed
5	pe
ń	9
	ji ji
5	EL.
	0
VI AL NECONDO, I	death
Ś	ap.
	hat
?	S
)	uire
	e
j	WB
ζ	Je J
-	Ξ
•	PHYSICIAN
	2
	PH
	9
)	S
5	EN
-	E
	OR /
1	0
-	-

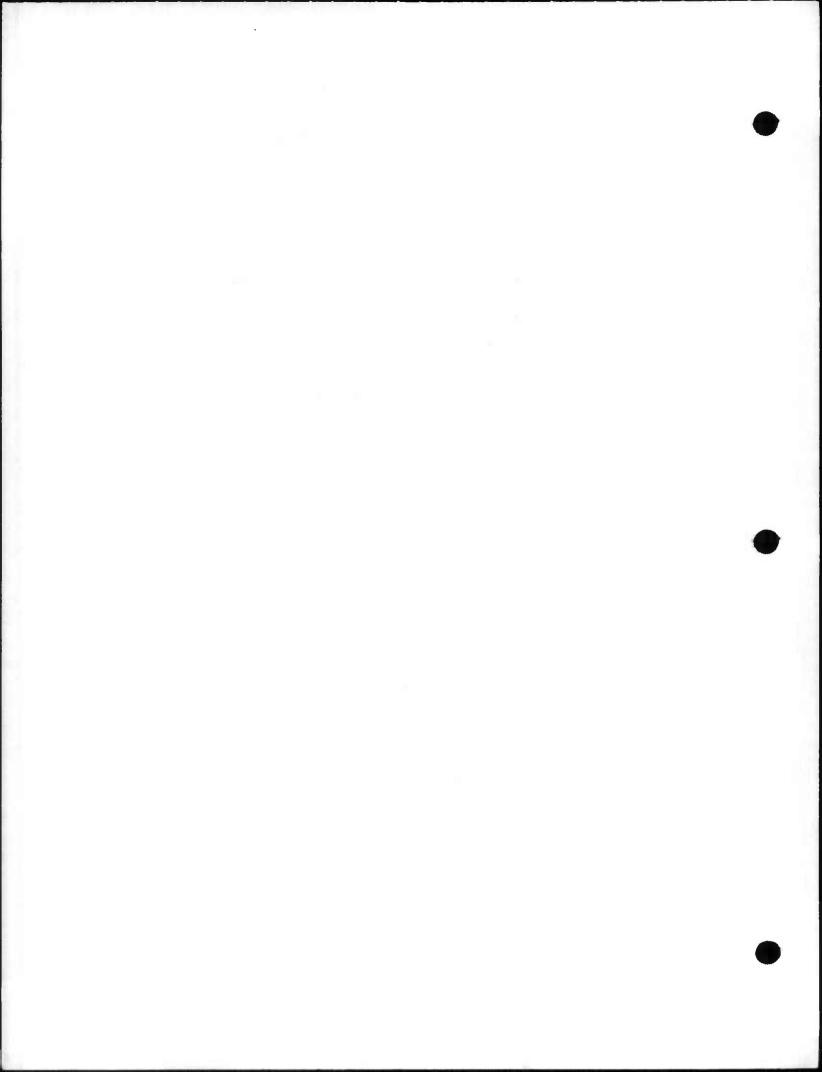
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	NY.	YEAR	3. TIME OF DEATH
	Ann Trevor Blumhardt						1995	12/11	7:55 A M
		rs. lest birthday)	IF UNDER 1 YEAR	-	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	139-30-1483 1□ M 2 🔀 F 61	YRS,				May 3, 19	34		w Jersey
~	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	OR LOCATION	N OF DEA	тн	9c. COUR	NTY OF D	EATH
٥	Suburban Hospital		Be	hesda			Mo	ntgo	mery
D	100. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	ATION					10d, INSIDE CITY
DIRECTOR	Maryland Montgomery	6	aithers	hura					LIMITS?
	10s. STREET AND NUMBER		azener.	10f. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	9601 Napoleon Way			2087	79		IIn	ited	States
15	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.		13. WAS 0	ECENDENT OF	HISPANIC	ORIGIN? (Specify Yes Puerto Ricen, atc.)		14. RACE	- American Indian, k, White, etc.
8Y	1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:			ES 2 X ND		Puerto Ricen, atc.)		Speci	tty:
ED 8	THE PROPERTY OF THE PROPERTY O	DECEDENTIC	USUAL OCCUPA	71011		T	1		White
	(Specify only highest grade completed)	(Give kind of v	vork done during	most of working		16b, KIND OF BUS	SINESS/IND	USTRY	
2	Elementary/Secondary (0-12) College (1-4 or 5+)	Regist	ered Nu	ree		Nur	sing		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	2108200	ozed Me		R'S NAM	E (First, Middle, Malden			
BE C	Vincent S. Budny			-		a Burkett			
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street			ute Number, City or Town		Code)	
F	Paul Blumhardt	9601	Napoleo	n Way,	Gai	thersburg	. Mai	rvla	nd 20879
	III 1 M Buriel 2 □ Cremetion 3 □ Flemoval from State cemeter	ACE AND DATE O	OF DISPOSITION	Neme of	10		CATION		
	4 □ Donation s □ Other (Specify) Par 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						kvil]	le, 1	Maryland
	0: 0 - 11	M0083	Robe	AND ADDRESS	Pump	hrey Fune 300 We 11e, Mary	ral I	lome	/
		rence	Aven	ue, Ro	ckvi	ile, Mary	st Mo land	ontgo 208	omery 850-2805
	23. PART I. Enter the deseas, or complications that ceused the shock, or heart fellure. List only one cause on each	e deeth. Do n	ot enter the i	node of dyln	g, auch	as cardlec or respi	ratory arm	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final)					Onset and Daath
	disease or condition resulting in death)	man	J NI	rot					
	DUE TO (OR AS A CO	Thensu	1 1 1	- 12	toot	0,000			
NO.	Sequentially list conditions, if any, leading to immediate		- 1	- 100	evvi	Disease			
8	cause. Enter UNDERLYING	alex							
Ē	that initiated events DUE TO (DR AS A MO		7:						
CERTIFICATION	reaulting in death) LAST								
	PART II. Other algorificent conditions contributing to deeth but r	not resulting i	n the underly	ng ceuse gi	ven in P	ert I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL		4mb		4		TOM X NES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
율	7-7 -05	4740		77//	RZ C	TOWN LINES 2	□ NO		OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF E	DEATH YE	S 🗆 NO	UNCE	RTAIN	<u>-</u>			TURTES 2 HD
¥.	25. WAS CASE REFERRED TO MEDICAL 28.		'H (Check only or						
PHYSICIAN:	EXAMINER? 1 YES 2 ND HOSPITAL: 1 Appatient 2 ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Reel	dence 8	Other (Specify)			
E	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT YORK?	- 2	28d. DESCRIBE HOW II	NJURY OCC	URED	
₩	2 Accident Investigation		M 1	YES 2	NO				
ED	3 Suicide 8 Could not be 4 Homicide determined	At home, ferm, s	treet, factory, of	lice	1	28t. LOCATION (Street e City or Town, State)	nd Number	or Rural R	loute Number,
H									
AP.	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledg								
COMPLET	MEDICAL EXAMINER: Cin the beels of examination an	d/or investigatio	n, in my opinion	death occured	at the tie	me, date end place, en	d due to the	e ceuse(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICEN	SE NUMB	ER	29d. DATE	SIGNED	(Month, Day, Year)
0	Joseph Sauch	Veg)		IVID-	100	2781	> 7	. 1	4-95
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			7		A STATE OF THE STA			
	John W. Barrett, M.D. 4927 At	uburn A	venue,	Bethes	sda,	Maryland	208	14-2	641
	JUL 27 1995 Juli Davilen K	27							
	AAT CITAAD BUTT OF MARKEY	Ortall.							



YEAR

9c. COUNTY OF DEATH

Montgomen

10g. CITIZEN OF WHAT COUNTRY?

United States

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

White

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

26195

COMPLETION OF CAUSE

interval Between

Onset and Death

Illinois

hull

REG NO

of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end manner ee stated.

29c. LICENSE NUMBER

15200 Shady Grove Road #305 Rockville, MD 20850

B3069

05

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

	1	ly fil	ation	ŧ
000	with	pletel	rem:	ent,
26	Pel	EO.	a,	5
68	lnoe	pur	Duri	atic
×	83	an	0	틍
õ	ie b	Sici	prio	ţ
ш.	fica	£	ane	her
o.	Les	ding	Ž	0
0	ath	ren	a H	0
Ś	de	9	Aem	E S
0	the	y th	P	Ξ
6	that	D D	h ar	any
ŭ	res	ign	eaft	80
Ш	edni	en s	100 H	100
-	*	s be	H.	3 8
₹	9	has	0	1 Z
\vdash	-	cate	State	9
		Links	~,	
>	S	E	å.	0
OF VI	YSICIAL	is certi	ith the	ed, o
N OF V	3 PHYSICIAI	or this certif	th with the	arked, o
ON OF VI	DING PHYSICIAL	After this certi	death with the	s marked, o
SION OF VI	TENDING PHYSICIAL	OR: After this certif	fter death with the	8 is marked, o
VISION OF VI	ATTENDING PHYSICIAL	ECTOR: After this certif	rs after death with the	n 28 is marked, o
DIVISION OF VI	. OR ATTENDING PHYSICIAL	DIRECTOR: After this certi-	hours after death with the	item 28 Is marked, or
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ITAL OR ATTENDING PHYSICIAL	RAL DIRECTOR: After this certi-	72 hours after death with the	If item 28 is marked, or
DIVISION OF VI	DSPITAL OR ATTENDING PHYSICIAL	INERAL DIRECTOR: After this certif	thin 72 hours after death with the	INT: If item 28 is marked, or
DIVISION OF VI	E HOSPITAL OR ATTENDING PHYSICIAL	E FUNERAL DIRECTOR: After this certification	d within 72 hours after death with the	RTANT: If item 28 is marked, or
DIVISION OF VI	THE HOSPITAL OR ATTENDING PHYSICIAL	THE FUNERAL DIRECTOR: After this certit	filed within 72 hours after death with the	PORTANT: If item 28 is marked, or
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 10LA WULFF BERNHARDT MONTH 07 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR 338-01-1227 (Month, Day, Year) DAVE 1 - M 2 - F YRS. 89 Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Villag MEdiples Montgome DIRECTOR Gaithersburg mol RESIDENCE OF DECEDENT 10a STATE 10h COUNT 10c. CITY, TOWN OR LOCATION Gaithersburg Maryland Montgomery FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 19310 Clubhouse Road #413 20879 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 1 Never Married 2 Merried BY 1 YES 2 K ND Specify: 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) 8 Accountant U.S. Tobacco Company once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) notified at John Henry Gerstenschlager Mary Nellie Hawthorn BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 17633 Wheatfall Drive, Derwood, MD 20855 Marlene B. Tomlinson 90 20a. METHOD OF DISPOSITION
1 □ Burlal 2 CX Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Metropolitan Crematory 7/26/95 4 Donation 5 Other (Specify) Alexandria, Virginia medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home funeral hours after death. 10 East Deer Park Drive Gaithersburg, MD 20877 Michae Gons the 1 filled in by the fion, or removal. 23. PART I. Enter the diseases, or complications that ceused the daeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** cremation, the disease or condition 1670S70TIC Lung Rouncer completely resulting in death) traumatic event, DUE TO (DR AS A CONSEDUENCE OF) Hygiene prior to burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) If any, leading to immediate attending physician 2 cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Cerebraiscular president any listory 16 1 YES TO NO Shows this certificate has been with the State Dept. of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The The EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE DF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending Investigation м 1 YES 2 NO After t BY ATTENOING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide COMPLETED 6 Could not be DIRECTOR: / 28 4 Homicide detarmined Hem OR CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. (Check only one)

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 BEGILTRAR'S SIGNAFORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

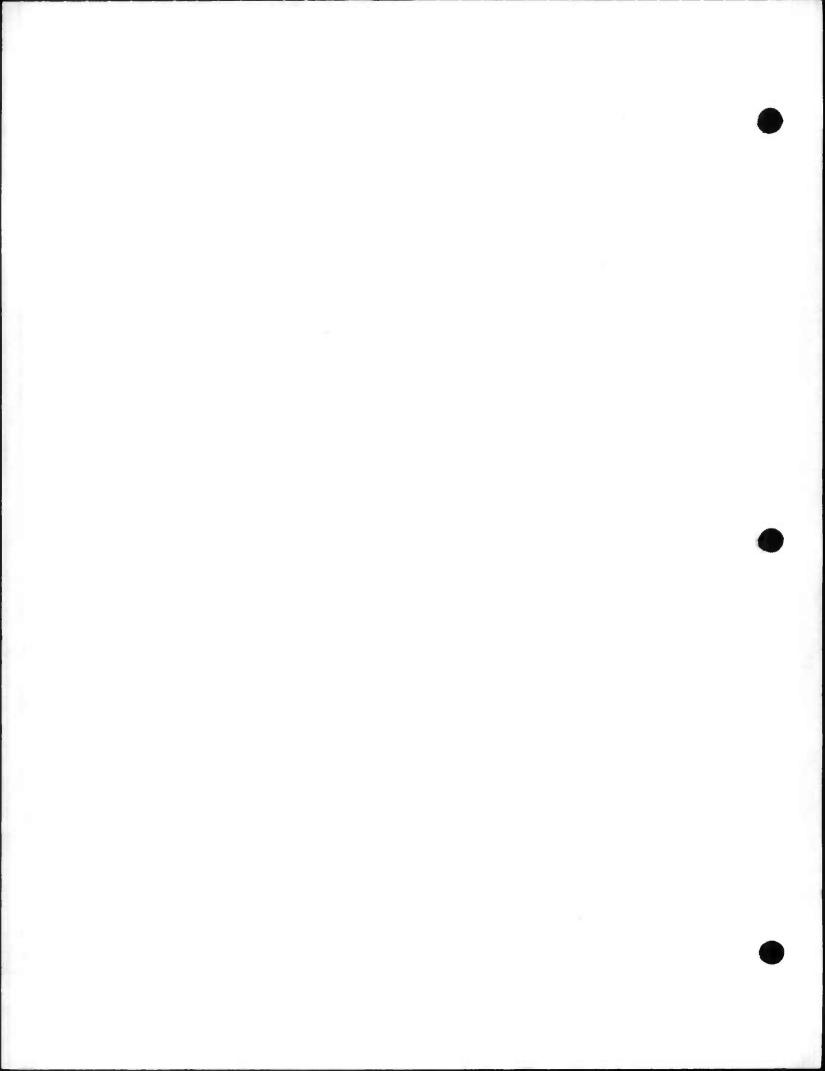
BE

2

Gabriel A.

Berrebi

MD

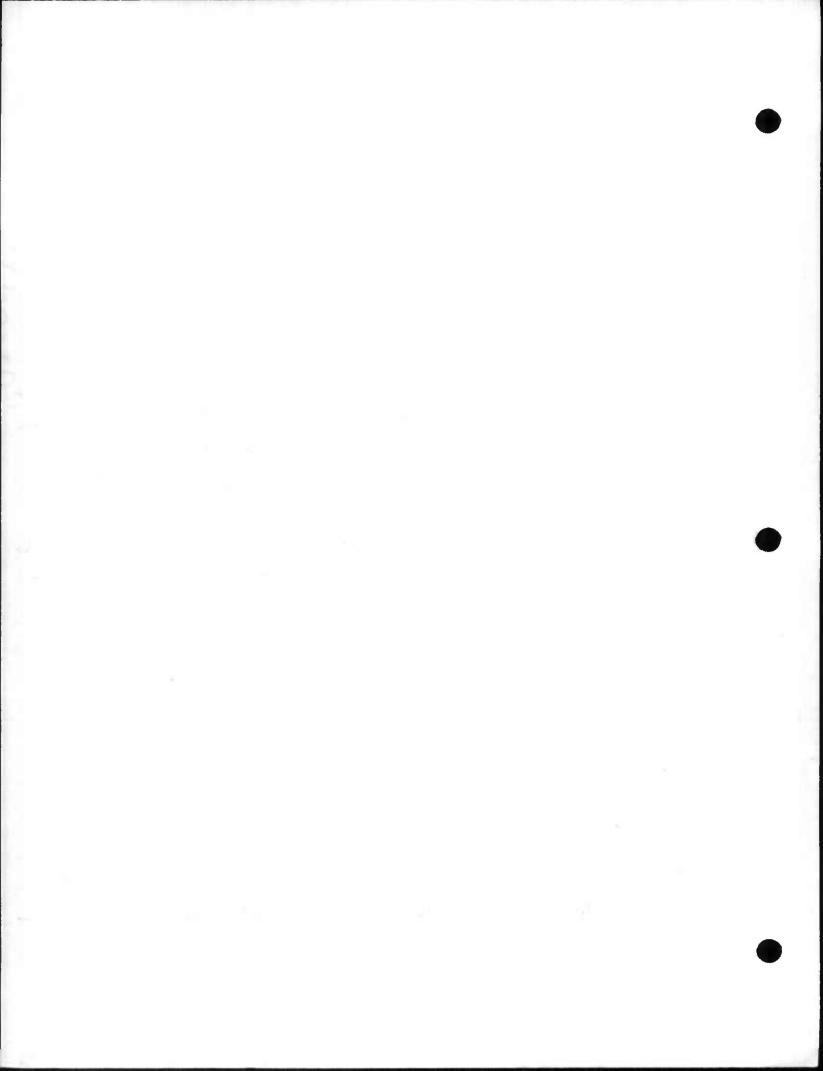


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

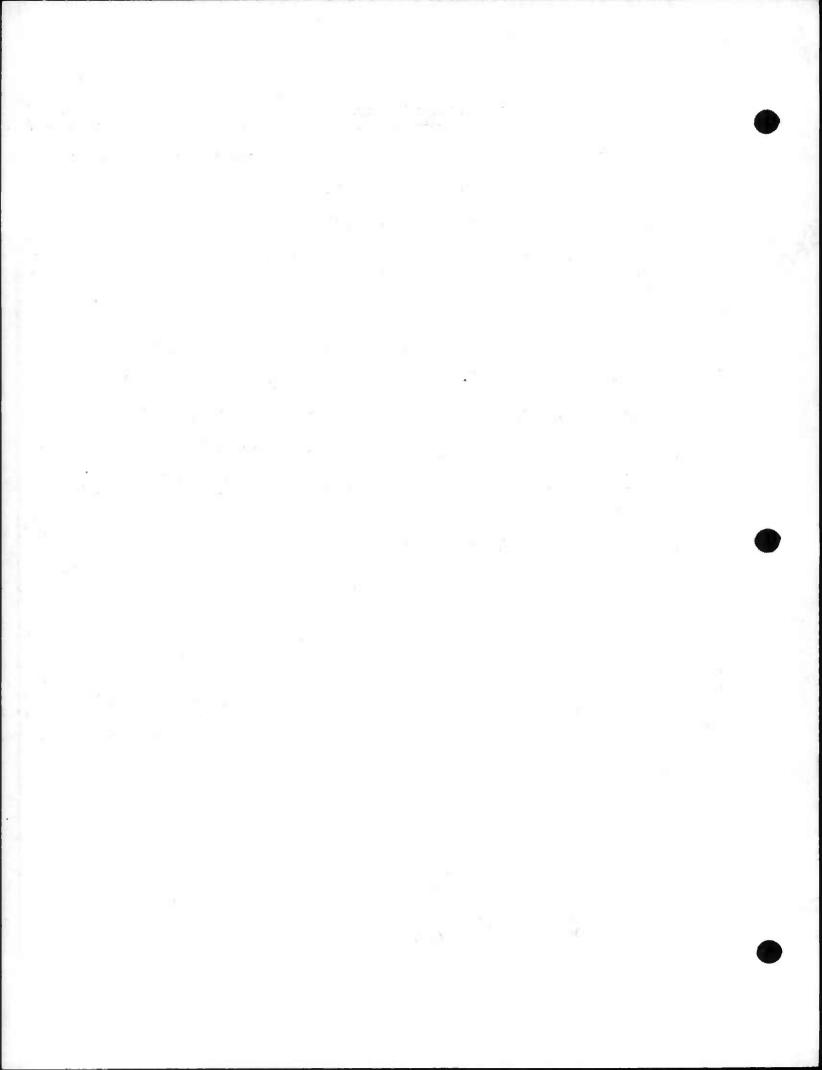
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled written 72 hours after death with the State hand of Hashh and Marral Hashh a
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE				
	1. DECEDENT'S NAME (First, Middle, Last) NETTIE E.	BURRISS				2. DATE OF D		WE A CO.	3. TIME OF DEAT	Рм	
	4. SOCIAL SECURITY NUMBER 5. SEX 1									veign	
TOR	94. FACILITY NAME (If not institution, give MONTGOMERY GENERA RESIDENCE OF DECEMENT			OLNEY	R LOCATION OF D	EATH		9c. COUNTY OF GEATH MONTGOMERY			
DIRECTOR	10e. STATE 10b. COUNT	GOMERY	10c. CITY,		IOd. INSIDE CITY LIMITS?						
FUNERAL	19545 RIDGE HEIG	20879			ED ST	ATES					
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 NO	If yes, spe	ENDENT OF HISPA polity Cuban, Mexico 2 TO NO Speci	en, Puerto Ricen,	etc.)	14. RACE - Black, Specify:	- American India White, etc. WHITE	ın,	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use NURSES A	rk done during mo: retired.)	N st of working		OF BUSINESS/IND	USTRY			
	17. FATHER'S NAME (First, Middle, Lest) JOHN SHORTS		NORSES A	IDE	18. MOTHER'S NA	AME (First, Middle,	Meiden Surneme) THOMPSON				
TO BE	180. INFORMANT'S NAME (Type/Print) WANDA J. LINKI				nd Number or Rural	Route Number, Cli	y or Town, State, Zip I THERSBUS		. 20879)	
	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 7 Other (Specify)	SA SA	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE	20c. LOCATION — 0 BROOKEVIL	City or Town	n, State	17	
Ш	MURIEL H. BARBER FUNERAL HOME P.O.BOX 5038 LAYTONSVILLE, MARYLAND 20882										
	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Onset and Death Onset and Death										
	a. 11 Y OUR (CD [XC N+ ARCT] (SV) DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): YEARS VEARS										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
AL A	PART II. Other eignificent condition	na contributing to death b	ut not resulting in	the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 20 NO	A	VERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO	то	
PHYSICIAN: MEDIC	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES	□ NO □	UNCERTAI				F DEATH?	10	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 M NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	5 🗆 Residence	a C Other (Co.	-4.1			\dashv	
	27. MANNER OF DEATH 1 2 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c, INJU	JRY AT RK?		HOW INJURY OCC	UREO		\neg	
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str		ES 2 NO	28f. LOCATION City or Tow	(Street end Number n, State)	or Rural Rou	ite Number,		
COMPLET		ICIAN: To the best of my knowlers: On the bests of examination							ind manner es st	ated.	
TO BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) a 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (M D23124 JULY 25								fonth, Day, Year)		
F	Dennis M. Hanr		ATH (ITEM 27) (Type, P		NO Car	104	MNEW	Mr	208	22	
	31. DATE FILEO (Month, Day, Year) JUL 27 1995	12 REGISTRARYS SIGN.	Agrically		<u> </u>		USINE 7	7.16	LUB	7/	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

020 physician. burial-transit permit. Pages 1, 2, 3 should	FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	S. SEX 1 M 2 D F Interest and number) Any /AND Y CE GEORGE S	E (in yrs. lest i	birthdey) YRS. 10c. CITY, FOR	FUNDER 1 Y MONTHS E SO. CITY, TO WAS T WAS	OCATION HINGTO	ON OF HISPAR	7. DATE OF BIRTH (Month, Day, Year) MAY 15, 1 EATH NIC ORIGIN? (Specify Year), Puerlo Rican, etc.)	952 M 9c. COUNT PAA	3. TIME OF DEATH OPO AM BIRTHPLACE (State or Foreign Country) ITSSISSIPPI TY OF DEATH OCAF CENTRY 10d. INSIDE CITY LIMITS? XX YES 2 NO EN OF WHAT COUNTRY? S. A. 4. RACE — American Indian, Black, White, etc.
AND 21215-0020 the hospital or attending physician detached for use as the burial-tran	COMPLETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	CATION	16a. DECI (Give Iffe. C	e kind of wo	JSUAL OCCU	ment I	esig	16b. KIND OF BUS	-emplo	
MARYL retained by 5 should be	5 m	WILLIAM CHAPMAN 190. INFORMANT'S NAME (Type/Print) ROSEETTA CHAPMAN	FOSETTA CILI	19b.	MAILINO /	ADDRESS (S	reet and Numb	er or Rural i	MILDRED CH Route Number, City or Tow F. FT. WAS	n, State, Zip C	
ORE, e 6 may be ector, page		20e, METHOD OF DISPOSITION AND Buriel 2 Commation 3/2 Rem 4 Donation Global (Specify) 21. SIGNATURE OF FUNERAL BETWICE LIKE	ovel from State 2	0b. PLACE AN	ID DATE OF	F DISPOSITION AL	Neme of CEME	ΓERY	DATE 20c. LO 7/29/95 B	CATION — CIT	ty or Town, State
ee - 2 d		JOHNSON & JENKINS FUNERAL HOME, INC. 716 KENNEDY STREET, N.W.; WDC 20011									C 20011
rithment hours letely filled in temation, or re-		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO OPR AS	ad the deat each fine.	ZOV	ot antar th	moda of d	lying, auc	h sa cardiac or reapi	retory arres	Approximata interval Between Onset and Death
Certificate be executed ding physician and con hygiene purity burial.	TIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	DUE TO (OR AS	· V ·			- Se	wit in	20		24h
DS the d We		PART II. Other algolificant condition	a contributing to death	but not rea	uiting in	tha unda	lying cause	given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
signed Health	ME	DID TORACCO LICE CONT							1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
F VITAL RESIGNATE IN THE SAME AND THE STATE OF THE STATE	SICIAN	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 100	HOSPITAL:	26. PLACE	OF DEATH	(Check only	one)	CERTAIN	6 Other (Specify)		
OF PHYSIC this cer with th	ВУ РНУ	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	1	26b. TIME INJU	OF 26	: INJURY AT WORK?		26d. DESCRIBE HOW II	IJURY OCCUI	RED
OR ATTENDING OR DIRECTOR: After hours after death	TED	3 Suicide 6 Could not be determined	28s. PLACE OF INJUR building, etc. (Sp	RY — At home recity)	e, farm, atr	reet, fectory,	office		28f. LOCATION (Street & City or Town, State)	nd Number or	Rural Route Number,
A A Z	重		CIAN: To the best of my kno R: On the basis of examinati								ceuse(e) end menner ee stated.
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE (296. SIGNATURE AND TITLE OF CERTIFIE	MD	All	w	dir	29c, LF	- Z	4535	29d. DATE S	SIGNED (Month, Day, Year) 7 JUL 1995
4)		30. NAME AND ADDRESS OF PERSON WH	7200 W. REGISTRAR'S SIG	040	An.		+ AVE	NULE	- Chin	TON	MANYLAND



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	FDEATH		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	ĸ	Carin	E.	Chr	istians	en	July	23	199	YEAR	4:55 PM M
		5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR		7. DATE OF		100	_	PLACE (State or Foreign
	217 32 0931	1 □ M 2 🕞 F	87	YRS.	MONTHS DAYS		June	Day, Ybar)	000	Country)
			- 07					2/ 15		Swed	
œ	Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									EATH	
<u>ē</u>	Anne Arundel Medical Center Annapolis Anne Arundel									undel	
DIRECTOR	MA DYSTE										
Ē	Maryland Anne A	seun de l									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Lunder		п	avidsor						1 ☐ YES 2 XXIO
A		,				IOF. ZIP CODE					HAT COUNTRY?
FUNERAL	3276 Green Ash Roa					21035				ted :	States
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARI		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No-	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W				S 2 NO Specif		, 0,0.,		Specifi	White
	45 85050511510 50110										wille
쁜	15. DECEDENT'S EDUCA' (Specify only highest grade co	rnpleted)	(Gh	ve kind of v	VOIK done during i	TION nost of working	16b. K	IND OF BUS	INESS/INI	DUSTRY	
9		College (1-4 or 5+)	'	Do NOT us	,						
8	8		M	anag	er			ursin		me	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Mid	die, Malden	Sumame)		
BE	Alex Sgogren					147 67 (21)	Lotter	n Eng	ston		
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Number,	City or Town	n, State, Zij	Code)	
_	Sigurd Christians	en	3	276	Green	Ash Road	David	sonvi	.11e	Md. 2	21035
Į.	20a. METHOD OF DISPOSITION 1 ☑ Burlet 2 ☐ Cremation 3 ☐ Remove	ni from Stata	20b. PLACE A	NDDATE	OF DISPOSITION	Name of	DATE	20c. LO	CATION —	City or Tow	rn, Stata
	4 Donation 5 Other (Specify)		Fort	Linc	oln Cem	etery 7/2	25/95	Br	entw	ood M	laryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME AND ADDRESS OF FACILITY Robert E. Evans								
	KWINT E	6 / FIM	$\sim P$	rea.						-	
	23. PART I. Enter the diseases, or cor	- UUV/U				O Annapo	lis Rd	. Bov	vie M	Id. 20	
	shock, or haart fallure. Lie	et only ona caus	a on each lina.	ntn. Do n	ot enter tha n	loda of dying, suc	h as cardis	c or respl	ratory sn	rest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Finel disease or condition	1	1			1					Onset and Death
	resulting in death) s.		OR AS A CONSEC	wy	Mai	h					~5405
1		DUE TO (OR AS A CONSEO	UNICE OF	7		,				
8	Sequentially list conditions,	Course	O (OR AS A CONSEQUENCE OF):								
Ě	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (
5	CAUSE (Disesse or Injury C.	DUE TO									
Ē	that initiated events resulting in death) LAST	502 10 (on as a consec	R AS A CONSEQUENCE OF):							
CERTIFICATION	d.,										
	PART II. Other algnificant conditions	contributing to	laath but not re	eaulting i	n the underlyl	ng ceuse given in	Part I. 24	la. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL							- 1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
333 10							- 1	YES 2	NO		OF DEATH?
Σ	DID TORACCO LISE CONTRIL	DUTE TO CAL	ICE OF DEAT	F1.1 \(\sigma \)	c E No I	7					1 TYES 2 NO
PHYSICIAN:	DID TOBACCO USE CONTRII	BUIE TO CAL					иПП				
ō	EXAMINER?	OSPITAL:			H (Check only on OTHER:	*)					
₹ I		Inpetient 2 🗆				me 5 🗆 Raaldence	6 Other (S	ipeclfy)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF I (Month, Day	NJURY (, Year)	26b. TIM	URY V	JURY AT ORK?	28d. DEŞCR	IBE HOW I	JURY OC	CURED	
BY	2 Accident Investigation					YES 2 NO					
a	3 Suicide 8 Could not be determined	28a. PLACE OF building, a	INJURY — At hon tc. (Specify)	ne, tarm, a	treet, factory, off	lca	28t, LOCATI City or 1	ON (Street a	nd Number	or Rural Ro	oute Number,
E I	TOTAL CONTROL										
7	29a. CERTIFIER Check only	N: To the best of r	ny knowledga, dea	th occum	d at the time, da	la and place, and dua	to the cause	a) and men	ner as stat	ted.	
COMPL	one) 2 MEDICAL EXAMINER:										and menner as stated.
	29b. SIGNATURE, AND TITLE OF CERTIFIER	-				29e LICENSE NUI					
B	1/1/2-111	1	1	1		1)1811	0		ZOD. DAT	1 7	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CALLS	OF DEATH (ITEM	27) (5	Print)	10104			- 1	14	
						. Man-1-	1 2111	1.			
	Ronald Sroka M.D.				croftor	Marylan	a ZIII	4			
- 1	31. DATE FILED (Month, Day, Mar)	Jelia de	'S SIGNATUR	44							



b₁ VI 10, 14 1 1

0
9
8
W)
~
0
0
m
_
0
_
0
<u>α</u>
10
07
\circ
_
Œ
_
0
1
$\mathbf{\circ}$
111
-
Œ
1
4
-
_
Diam's
and the same
<u></u>
0
\sim
-
Z
0
0
_
10
97
_
_
_

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) LEROY	CAGER				2. DATE OF D	DAY	995	3. TIME OF DEA	
3	4. SOCIAL SECURITY NUMBER 218-20-0809	5. SEX 6. AGE (In yrs. in	YRS. IF U	INDER 1 YEAR THE DAYS	IF UNDER 24 HRS.	7. DATE OF B (Month, Day April 3	IRTH (Year)	8. BIRT	HPLACE (State or F	Foreign
TOR	99. FACILITY NAME (If not institution, give st 5655 Sargent Roa RESIDENCE OF DECEDENT			yatts	OR LOCATION OF DEA	ATH	1	ince (George's	
DIRECTOR	10e. STATE 10b. COUNTY	e George's	Hyat	wn or loca					10d. INSIDE CIT LIMITS? 1 YES 2 K	
FUNERAL	100. STREET AND NUMBER 5655 Sargent Roa	ď		10	W. ZIP CODE 20782		11.00		what country? States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 🛛 YES 2 UIF YES, GIVE WAR OR DATES 1.1-22-44 to 7-18-4	NO	If yes, so	CENDENT OF HISPANI pecify Cuben, Mexican, \$ 2 NO Specify:		ecify Yee or No-	- 14. RAC	E — American Ind ck, White, atc.	
LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) 16a, D ((in) (in) (in)	ECEDENT'S USUA Give kind of work of Do NOT use retir	ione during m red.)	ON ost of working	16b, KINE	OF BUSINESS		Diac	-72
COMPL	17. FATHER'S NAME (First, Middle, Lest)	P	ainter		16. MOTHER'S NAM	E (First, Middle	Priv.			
BE	Al Cager 190. INFORMANT'S NAME (Type/Print)	11	b. MAILING ADD	RESS (Street	end Number or Rural Ro	urin Number Ci	ity or Tourn State	Zio Codel		
٩	Jeanette Willia	ams 4	524 Ki	nmon	t Road,		am Ma	rylar)6
	20a. METHOD OF DISPOSITION FL Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	rval from State cemetery, cr	and date of dis ematory or other pl nd Vetera	lece)		7-28	Chelten			
	Maryland Veterans Cemetery (7%) Cheltenham, Maryland 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximately 1988 (1988) Approximately 20910									
	iMMEDIATE CAUSE (Final	omplications that caused the dilet only one cause on each line. Adenocarcinom DUE TO (OR AS A CONSE	a of th			as cardlec	or respiratory	arreat,	Approxim Interval B Onset an	Between d Daath
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
MEDICAL O	PART II. Other significent conditions	contributing to death but not	resulting in the	underlyin	g cause given in P		WAS AN AUTOP PERFORMED? YES 2 X NO		WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF OEATH?	TO OT 9
	DID TOBACCO USE CONTR								1 - YES 2 X	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	26. PLAI HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		HER:	ne 5 (XResidence 8	Other (Spe	cfly)			
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WC	DURY AT CORK? YES 2 NO	28d. DESCRIB	E HOW INJURY	OCCURED		
ETED E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, ferm, street,	factory, offic	:0	28f, LOCATION City or Tow	(Street end Num rn, Stete)	nber or Rural	Route Number,	
COMPLE		IAN: To the best of my knowledge, de							s) end menner es s	stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	arienas			29c. LICENSE NUMB		29d. ((Month, Day, Year)	
	Anthony G. Arcena	s, M.D.	VAMC,	50 Iı	rving St,	NW	Washing			
	31. DATE FILEO (Month, Day, Year)	3. PEGISTRAR'S SIGNATURE	1.11				,			

10 4 mm v

68760	
BOX 6	
P.O. I	
RDS,	
RECORDS,	
VITAL RE	
-	
INISIONO	
2	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

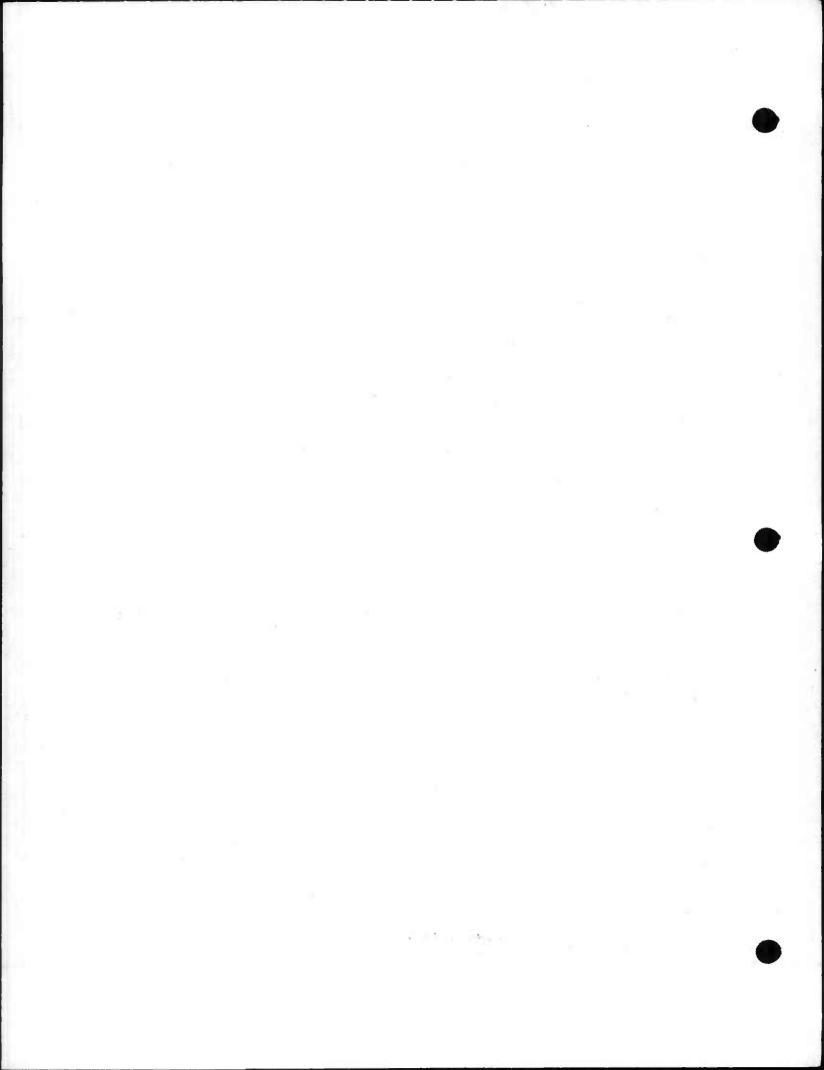
THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	CATE OF	DEATH	NTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					. DATE OF DEATH	,		3. TIME OF DEATH
CHARLES	DAVID COL	LIER			July 21.	1995	YEAR	12:15 p
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR		DATE OF BIRTH		e. BIRTH	PLACE (State or Foreign
260-50-3048	tX M 2 □ F	57 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	038	Geo	rgia
9e. FACILITY NAME (If not institution, give				OR LOCATION OF DEAT	H	9c. COUN	TY OF D	EATH
Doctors Hospi	ital		Lanha	m		Prin	ce	Georges
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν	40. 0077	TOWN OR LOCAT					
Maryland Princ	re George!			ightsree	-			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	de dedige	5 Capi		ZIP CODE	- 4			1 X YES 2 NO
6816 Drylog S	treet			20743			SA	HAT COUNTRY?
11, MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	12 WAS DEC	ENDENT OF HISPANIC	00101110 1016-14			
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 NO	If yes, sp	ecify Cuben, Mexicen, P	Puerto Ricen, etc.)	e or No-		— American Indian, , White, etc.
3 Wildowed 4 Divorced	in res, dive thin of	T DATES	T TES	2 NO Specify:			Specif	Black
15. DECEDENT'S EDU (Specify only highest grad	JCATION a completed)	16a. DECEDENT'S U	ISUAL OCCUPATION done during mo	ON .	16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT use	retired.)					
		Self-E	mploye	d	Pı	civat	е	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		Sumeme)		
Charlie Colli	er			Cora	Glass			
19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout				
Janet M. Colli		6816	Drylog	Street,	Capita	al He	ights	s, MD 20743
25 METHOD OF DISPOSITION 1 O Buriel 2 Cremation 3 - Ram	noval from frans	20b. PLACE AND DATE OF cemetery, crematory or oth		meof		CATION - C	ity or Tox	vn, State
4 Dongston 5 Dother (Squally)	$\langle - \rangle$	Fort Lincoln	Page 1			densbur	g, Ma	aryland
21. SHINATURE OF FUNERAL SERVICE LI	CEHSEE			ID ADDRESS OF FACILI				
1 /_ X	3 /	1		enkins Funer andover Road		Mari	Free P	20785
23. PART I. Enter the diseases, or	complications that caus	sed the death. Do no	17/7	ALCOVET TOOL	La LUVE	PLULY.	Tari	20700
		out the doctin by he	t sater the mo-	de of dying, such a	s cardlec or resp	Iratory srre	st,	Approximate
	List only one cause or	n each line.			s cardlec or resp	Iratory srre	st,	Interval Between
	List only one cause or	n each line.			s cardlec or resp	Iratory srre	st,	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cerebro	ovasco	19- A	cident			et,	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	s. Cerebro	ovasco	19- A	cident			st,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if any, leading to immediate	B. Cerebro	ovasco	19- A	cident			st,	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions.	S. DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF)	la- Ac	cident			et,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	S. DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF)	la- Ac	cident			et,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditiona, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S. DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF)	la- Ac	cident			et,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR A: OUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF:	la- Ac	bolic D)iseus(Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR A: OUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	the junderlying	Sole D	t I. 24e. WAS AN	AUTOPSY	24b.	Interval Between Onset and Death UNK WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions of the conditions of th	DUE TO (OR A: OUE TO (OR A:	S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in	the junderlying	Sole D	11. 240. WAS AN	AUTOPSY	24b.	UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions Ongology A Cachyarchy	B. COLOR A. DUE TO (OR A. DUE TO (OR A. OUE TO (OR A.	S A CONSEQUENCE OF) S A CONSEQUENCE OF): S A CONSEQUENCE OF): D but not resulting in S C C C C	the funderlying	solic D	11. 24e. WAS AN PERFO!	AUTOPSY	24b.	Interval Between Onset and Death UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition Ongology DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	B. COLOR A. DUE TO (OR A. DUE TO (OR A. OUE TO (OR A.	S A CONSEQUENCE OF) S A CONSEQUENCE OF): S A CONSEQUENCE OF): D but not resulting in S C C C C	the underlying A - ico A - ico NO NO NO NO NO NO NO NO	Sole D	11. 24e. WAS AN PERFO!	AUTOPSY	24b.	UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition Ongry Arthur Cachyarchy Indicate Condition DID TOBACCO USE CONT	DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL OU	S A CONSEQUENCE OF) S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in S C C C C C C C C C C C C C C C C C C	the underlying the No (Check only one) OTHER:	schoole D school c D school	1 240. WAS AN PERFO!	AUTOPSY	24b.	UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditiona, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition On any And Inch y are high properties of the condition of the cond	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 1 28e. OATE OF INJUR 28e. OATE OF INJUR	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) OF DEATH YES 26. PLACE OF DEATH OUTPUT 1 DOA 1	the junderlying The identity in the junderlying The identity in the identity in the junderlying	cause given in Par	t I. 24e. WAS AN PERFOI	AUTOPSY RMED?	24b.	UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditiona, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition of a y y y y y y y y y y y y y y y y y y	DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL OU	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) OF DEATH YES 26. PLACE OF DEATH OUTPUT 1 DOA 1	the junderlying the ju	cause given in Par	1 240. WAS AN PERFO!	AUTOPSY RMED?	24b.	UNK WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditiona, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition O O O O O O O O O O O O O O O O O O O	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: I Inpetiant 2 ER/O 288. PLACE OF INJUR	S A CONSEQUENCE OF) S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): OF DEATH YES 28. PLACE OF DEATH Utpatient 3 □ DOA OF DEATH OF D	the junderlying The ju	cause given in Par	TI. 24e. WAS AN PERFOI Other (Specify) d. DESCRIBE HOW I	AUTOPSY AMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition On any Any DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 Impetiant: 1 ERIO 288. OATE OF INJUR (Morth). Day, Year	S A CONSEQUENCE OF) S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): OF DEATH YES 28. PLACE OF DEATH Utpatient 3 □ DOA OF DEATH OF D	the junderlying The ju	cause given in Par	1 L 24e. WAS AN PERFOI	AUTOPSY AMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition O O O O O O O O O O O O O O O O O O O	DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE OSPITAL: Ospital Ospital Ospital	S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) S A CONSEQUENCE OF) OF DEATH YES 28. PLACE OF DEATH OF DEATH	the underlying the underlying A - icu A + icu (Check only one) OTHER: NO I NO WO 1 Y weet, factory, office	cause given in Par CI C I C I C I C I C I C I C I C I C I	Other (Specify) Other (Specify) Other (Specify) LOCATION (Street Only or Town, Stelle)	NJURY OCCU	JRED Paral Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition O	DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: I inpetiant 2 ER/O 28e. OATE OF INJUR (Morth). Dey. Year 28e. PLACE OF INJUR (Morth). Dey. Year CIAN: To the best of my known.	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in S C C C C C C C C C C C C C C C C C C	the underlying the vanderlying He is the image of the i	cause given in Par Carrow Carrow Carr	Other (Specify) Other (Specify) Describe How i Location (Street City or Rown, Stele)	NJURY OCCU	JRED v Rural Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 No
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition O	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 To Impatient 2 ER/O 28e. PLACE OF INJUR (Month. Dey. Year 1. Se. OATE OF INJUR CLAN: To the best of my kn. CR: On the basis of examinar	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in S C C C C C C C C C C C C C C C C C C	the underlying the vanderlying He is the image of the i	cause given in Par Cr Cr Cr Cr Cr Cr Cr Cr Cr	24e. WAS AN PERFOI 1 YES 2 Other (Specify) d. DESCRIBE HOW I f. LOCATION (Street City or Town, Stete) the cause(e) end mail e, date and place, en	NJURY OCCU	JRED Paral Ro	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition On a y A DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 To Impatient 2 ER/O 28e. PLACE OF INJUR (Month. Dey. Year 1. Se. OATE OF INJUR CLAN: To the best of my kn. CR: On the basis of examinar	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in S C C C C C C C C C C C C C C C C C C	the underlying the vanderlying He is the image of the i	Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause given in Par Cause gi	TI. 24e. WAS AN PERFOIL TI. 24e. WAS AN PERFOIL TI. YES 2 Other (Specify) d. DESCRIBE HOW I City or Town, Stete) the cause(e) end mail p, date and place, en	NJURY OCCU	JRED JRED d. couse(e)	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 No
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditiona, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition O O O O O O O O O O O O O O O O O O O	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 To Inpatient 2 ER/O 28e. DATE OF INJUR (Month. Day, Year 28e. PLACE OF INJUR CLAN: To the best of my kn CR: On the basis of examinar	S A CONSEQUENCE OF) OF DEATH YES 28. PLACE OF DEATH AUthoritient 3 DOA (1) OF DEATH OWNERS (1) OW	the underlying the vanderlying He is the image of the i	Circles NUMBER	Other (Specify) d. DESCRIBE HOW I LOCATION (Street City or Rown, Stele) the cause(e) end mai	NJURY OCCU	JRED Paral Ro Couse(e) BIGNED (WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition O	DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DUE TO (OR AL	S A CONSEQUENCE OF) OF DEATH YES 28. PLACE OF DEATH AUthoritient 3 DOA (1) OF DEATH OWNERS (1) OW	the underlying the underlying He is the image of the im	Company of the state of the sta	Other (Specify) Other (Specify) Describe How i Location (Street City or Town, Stete) the cause(e) and main, date and place, and and place is a specific control of the cause of the cau	NJURY OCCU	JRED V Rural Ro d. couse(e) BIGNED (WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 No
IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition PART II. Other significent condition O	B. DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL DUE TO (OR AL C. OUE TO (OR AL DE CONTRIBUTE TO CAUSE HOSPITAL: 1 To Inpatient 2 ER/O 28e. DATE OF INJUR (Month. Day, Year 28e. PLACE OF INJUR CLAN: To the best of my kn CR: On the basis of examinar	S A CONSEQUENCE OF) OF DEATH YES 28. PLACE OF DEATH S A Long of Death OF DEATH OF DEATH OWING OF DEAT	the underlying the underlying He is the image of the im	Circles NUMBER	Other (Specify) d. DESCRIBE HOW I LOCATION (Street City or Rown, Stele) the cause(e) end mai	NJURY OCCU	JRED V Rural Ro d. couse(e) BIGNED (WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 No



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE O	DEATH	REG. I	Ю.				
	1. DECEDENT'S NAME (First, Middle, Last) RICHARD	ALLENI	G3.1	DDENES	5	2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEAT	N	
		ALLEN		RPENTE	R	JULY 21	1995		1341	P ^M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or For	reign	
	214-70-4072	1 🔀 M 2 🗆 F	39 YRS.			June 18		1956 Washington, DC			
~	9a. FACILITY NAME (If not institution, give at DOCTORS HOSE	PITAL			OR LOCATION OF D	EATH	9c. COUNT	TY OF D	EATH		
DIRECTOR	DOCTORS HOSPITAL Lanham PRINCE									GES	
입	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
8	Maryland Prin	ce George's		eenbelt				Í	10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	ce dedige s			10a CITIZ	EN OF V	1 TYES 2 X	NO			
FUNERAL	207 Lakeside Dri	ve #204			01. ZIP CODE 20770				States		
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13, WAS DE		NIC ORIGIN? (Specify	_				
	1 Never Married 2 Married	FORCES? 1 YE		If yes, s		en, Puarto Rican, etc.)			E — American India k, Whita, etc.	'',	
B	3 Widowed 4 Divorced	, , , , , , , , , , , , , , , , , , , ,	- DATES	1 '''	a z M HO Specii	ry:		Speci	White		
	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INDU	JSTRY			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)	ost or working						
M M	12		Service	Techni	cian	Utilit	ies Co	mpa	ny		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maid					
BE	Leo A. Carpenter				Nellie	Robinson	1				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or	own, State, Zip (Code)	-		
٦	Nellie Carpenter		207 L	akeside	Dr., #20)4, Greent	elt, M	lary	land 207	70	
	20a. METHOD OF DISPOSITION 1 D Burial 2 Cremation 3 Ramo	and from State	Ob. PLACE AND DATE O	F DISPOSITION //	lame of	DATE 20c.					
	4 Donation 5 Other (Specify)		emetary, crematory or of Fort Linco	21n Ceme	etery 7/2	6/95 Br	entwoo	d, 1	Maryland		
	21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA						
	1/4/mm	mile	~)			Brentwood, MD 20					
┪	23. PART I. Enter the diseeses, or c	ornolications that caus	ed the deeth. Do n	ot enter the m	ode of dving eur	the corder or m	DIEILU	000			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Stock)										
1	IMMEDIATE CAUSE (Fine) disease or condition									Death	
	resulting in death)	DUE TO (OR A)	a CONSEQUENCE OF):								
_	_	De od	A 000000000000000000000000000000000000	/·			i				
<u> </u>	Sequentially list conditions,	DUE TO (OR AS	A PONSEQUENCE OF	long	25						
¥	If any, leading to immediate cause. Enter UNDERLYING	Conda	2000	Sta	7	NZ/			į		
Ĕ	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF	1:		~~~			+		
CERTIFICATION	reaulting in death) LAST										
8											
EDICAL	PART II. Other algnificant conditions	contributing to deeth	but not resulting in	n the underlyle	ng ceuse given in	Part I. 24a. WAS PERF	AN AUTOPSY ORMED?	24b.	WERE AUTOPSY FIN AWAILABLE PRIOR T		
吕						NOTES	2 NO		COMPLETION OF CA	WSE	
ž						_ /			YES 2 N	0	
z I	DID TOBACCO USE CONTR	RIBUTE TO CAUSE	OF DEATH YE	S 🗆 NO [UNCERTAI	N 🗆		1			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT)						
Z I	1X YES 2 □ NO	1 Inpatient 2 ER/O	utpetient 3 TODA	OTHER: 4 Nursing Ho	me 5 🗆 Rastdence	6 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year			JURY AT	28d. DESCRIBE NO	V INJURY OCCU	JRED			
	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
	3 Sulcide 6 Could not be	28e. PLACE OF INJU building, atc. (S)	RY — At home, farm, st	treet, factory, off	ce	26f. LOCATION (Stre City or Town, Sta		r Rural R	Route Number,		
_	4 Nomicide determined		,,			Chy or lown, Sie	(0)				
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Dn the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AD TITLE OF CERTIFIER) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year)									-		
									rted.		
出		- 6							(Month, Day, Year)		
2	30. NAME AND ARDRESS OF BENSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (5	Deine)	O.C.M	1.E	1 -101	ГΧ	22,1995)	
	1 9 1	A COMPANY OF I	111"N".	PENN	ST. BAI	TIMORE,	MARYLA	AND	21201		
ŀ	30. NAME AND ANDRESS OF DENSON WHO COMPLETED CAUSE-OF DEATH (ITEM 27) (Type, Print) TIT N. PENN ST. BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, Vest) 32. REGISTRAR'S SIGNATURED										
	JUL 2 5 1995	32. REGISTRAR'S SIG	ser hardall								
	JOL 2 4 1939	10									
									DHMN-16	Day 1/0/	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing 4 hours after death. Page 6 may be retained by the bushalt care has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAN		CEH	ITIC	AIE UI	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Catherine	ernice		Clin	gan		2. DA	TE OF DEATH	AY 199	REAR	3. TIME OF DEATH 9:56 P
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest bir	thday)IF	UNDER 1 YEAR	IF UNDER 24 H	RS. 7. DA	TE OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	202-14-5558 9a. FACILITY NAME (If not institution, give si	1 M 2 F	69	YRS.	NTHE DAYS	HOURS MI		V - 2, 19	25	Pen	nsylvania
DIRECTOR	Frederick Memo		ita1		9b. CITY, TOWN OR LOCATION OF DEATH Frederick 9c. COUNTY OF DEATH Freder						
i i	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. H									10d. INSIDE CITY	
	Maryland Fre	derick		109		well	Cour	t	,		LIMITS? 1 YES 2 NO
CHERT	Ijamsville				1	217	54				·A·
5	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 200	•	If yes, s	CENDENT OF HI pecify Cuban, Me S 2 1 NO S	exican, Puerl	SIN? (Specify Yes o Rican, etc.)	s or No—	Spec	— American Indian, c, White, etc. ite
3	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECED	ENT'S USL	JAL OCCUPAT	ION	1	6b. KIND OF BU	SINESS/INDU		100
COMIL EL ILE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do	NOT use re	done during m tired.) aker	ost of working		Own	Home		
	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S	NAME (Firs	t, Middle, Malden	Sumame)		
	Andrew Peso	sky					Kathi		ukav	on	
	19a. INFORMANT'S NAME (Type/Print)	T				and Number or R					21754
	Jack Clingan, 200. METNOD OF DISPOSITION				_						Maryland
	1XX Buriel 2 - Cremetion 3 - Remo	oval from State C	0b. PLACE AND emetery, cremato	or other	nlacel		1		CATION — CI		
	4 Donation Sther (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSED .	ate of	Не	aven	Cemeto	ery 8	3/1 Si	lver	Sp	ring, Md.
	De la companya della companya della companya de la companya della	Woli.	. 11					orth,	P.A.	, F	uneral Ho
4	prese a.	1 mina	yn-		26401	Rida	P Rd	. Dam	ascu	C .	Maryland
	23. PART . Enter the diseases, or can ahock, of heart feilure.	omplications that caus	ed the death	Do not	enter the m	ode of dying,	auch aa ca	rdiec or respi	ratory arre	at,	Approximata
1	IMMEDIATE CAUSE (Fine)	List. Only Ona Cause On	each line.								Interval Betwee
1	disease or condition	ARTERI	05011	5000	(arn.	10001	1111	200	ens	
i	resulting in death)	DUE TO (OR AS	A CONSEQUE	NCE OF):	7- 0	עטועאדו	7350	1477	20106		2 3473
											j
	Sequantially list conditiona, if any, leading to immediate	DUE TO (OR AS	A CONSEQUE	NCE OF):							
	CAUSE (Disease or Injury										
	that initiated events	DUE TO (OR AS	A CONSEQUE	NSEQUENCE OF):					-		
	resulting in death) LAST	i									
ļ	PART II. Other algnificant condition	a contributing to death	but not man	idlan in di			to mile t	I construction			
	The strain anguint contention	- contributing to death	DUT HOT LESS	iting in ti	na underiyir	g cause giver	i in Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 TYES 2	K NO		OF DEATH?
Ì	DID TODA CCO LICE COLUM	MALITE TO GALLOT			= =						1 TES 2 NO
į	DID TOBACCO USE CONTR	GIBUTE TO CAUSE					AIN L				
	EXAMINER?	HOSPITAL:		01	Check only one,						
	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ★ ER/O				ne 5 🗆 Resider	-				
ľ	1 Netural 5 Pending	(Month, Day, Year		b. TIME OF INJURY	W	JURY AT ORK?	28d. D	EŞCRIBE NOW I	NJURY OCCU	IREO	
	2 Accident Investigation	28s. PLACE OF INJU	W AA h								
П	3 Suicide 8 Could not be determined	pecify)	term, stree	t, tectory, one		ZBY. LC	CATION (Street a ly or Town, State)	and Number of	r Rumi F	oute Number,	
1		Ab a Alexandra				ST CONT					
	290, CERTIFIER 1 CERTIFYING PHYSIC	CIAIN: To the heat of my kny	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
	(Check only						the time de	de end plece en	ed due to the		
	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examinat				death occured at		te and place, an		ceuse(a	
	(Check only	R: On the basis of examinat	ion and/or inves			death occured at	NUMBER	ta and place, an	29d. DATE	ceuse(e	(Month, Day, Year)
	(Check only 1 CERTIFFING PHYSIC ONE) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER	Rich the basis of examined	on and/or Inves	ntigetion, in	my opinion,	death occured at		ts and place, an	29d. DATE	ceuse(e	
	(Check only 1 CERTIFYING PHYSIC ONe) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WINCE	R: On the basis of examinate of Roberts COMPLETED CAUSE OF I	DEATH (ITEM 27	(Type, Prin	my opinion,	29c. LICENSE D 1 9	NUMBER 867	7	29d, DATE :	SIGNED	(Month, Day, Year)
	(Check only one) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WAS Robert R.R. Ro	COMPLETED CAUSE OF INDICATES, M.	DEATH (ITEM 27)	(Type, Print	my opinion,	29c. LICENSE D 1 9	NUMBER 867	7	29d, DATE :	SIGNED	(Month, Day, Year)
	(Check only 1 CERTIFFING PHYSIC ONE) 2 MEDICAL EXAMINED 29b. SIGNATURE AND TITLE OF CERTIFIER CONTROL OF CERTIFIER	R: Cn the basis of examined Roberts Dents, M. 32. Remistran; sid	DEATH (ITEM 27)	(Type, Print	my opinion,	29c. LICENSE D 1 9	NUMBER 867	7	29d, DATE :	SIGNED	(Month, Day, Year)

Pages 1, 2, 3 should

After

DIRECTOR: A

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

HOSPITAL FUNERAL I within 72 h

69

BE

9

David M.

IND FILESCHAM. THE SAM REQUIRED THAT THE USERLING OF EXECUTED WITHIN 24 HOURS BIRE DERING DE FETAMED BY THE HOSPITAL OF ATTENDING PRYSICIAL.	frer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trar		
Ē	ğ		
guilo	the		
men	e as		
6	f us		
Ha	D 50		
Nos	ache		69
E E	det		0
5	90		F
9	onle		Red
629	5 sh		Hot
8	90		9
E S	, p		15
D	ecto		E
8	9		Je.
E.	nera		Ē
90	e fe		exa
AMP	y th	TOVE	cal
S	Ξ	f re	ped
5	2	n, 0	E .
7	aly fi	atio	=
	plete	Crer	ent
3	EOO	lal,	3
3	B	Š	atic
B B	lan	N 10	H76
	ySic	prio	T tra
2	6	iene	the
200	뺼	H	0 10
200	atte	mtal	3
2	the	Me	3
- F	2	and	I A
22	David	alth	8 30
5	n Si	f He	W.O.
5	ě	ñ. 0	S
9	has	De De	23
=	ate	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NW.	rtific	he S	10
13	S Ce	4	ď,
-	T.	h w	arke
2	He.	eat	Ē

7/24/95 MRT Montgonery FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH FRANKI TN MORRIS **CHARETTE** JÜĽŸ 21 1995 4:02 AM 4. SOCIAL SECURITY NUMBER, 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
Aug 25, 024-20-2688 DAYS HOURS YRS Maine 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10245 Farnham Drive Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Bethesda 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10245 Farnham Drive 20814 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexicen, Puerto Rican, stc.) 1 Never Married 2 X Married B⊀ 1 YES 2 NO Specify: 3 Widowed 4 Divorced USAF 1951 - 1976 White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Pilot / Colonel U.S. Air Force 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frederick Charette Julia 品 Bowen La Bell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Ann Charette (Wife) Same as #10 20a. METHOD OF DISPOSITION
1 □ Burlel 2 X Cremation 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE 20c. LOCATION - City or Town, State Chesapeake Crematory 7-21 Beltsville, MD 21. SIGNATURE OF YUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P.A. M00827 933 Gist Ave, Silver Spring, MD 20910 23. BAST i. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Metastatic Papillary Thyroid Cancer 17 yrs. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 XNO 1 YES 2 XNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO XX UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 X NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5X Rasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 X Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 1 🖹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner ea stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER

D87173

National Naval Medical Center, 8901 Wisc. Ave.

MA

Je REGISTRAR'S SIGNATURE
JULIA D'AUGULLAN RANGELL

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Harlan, MD

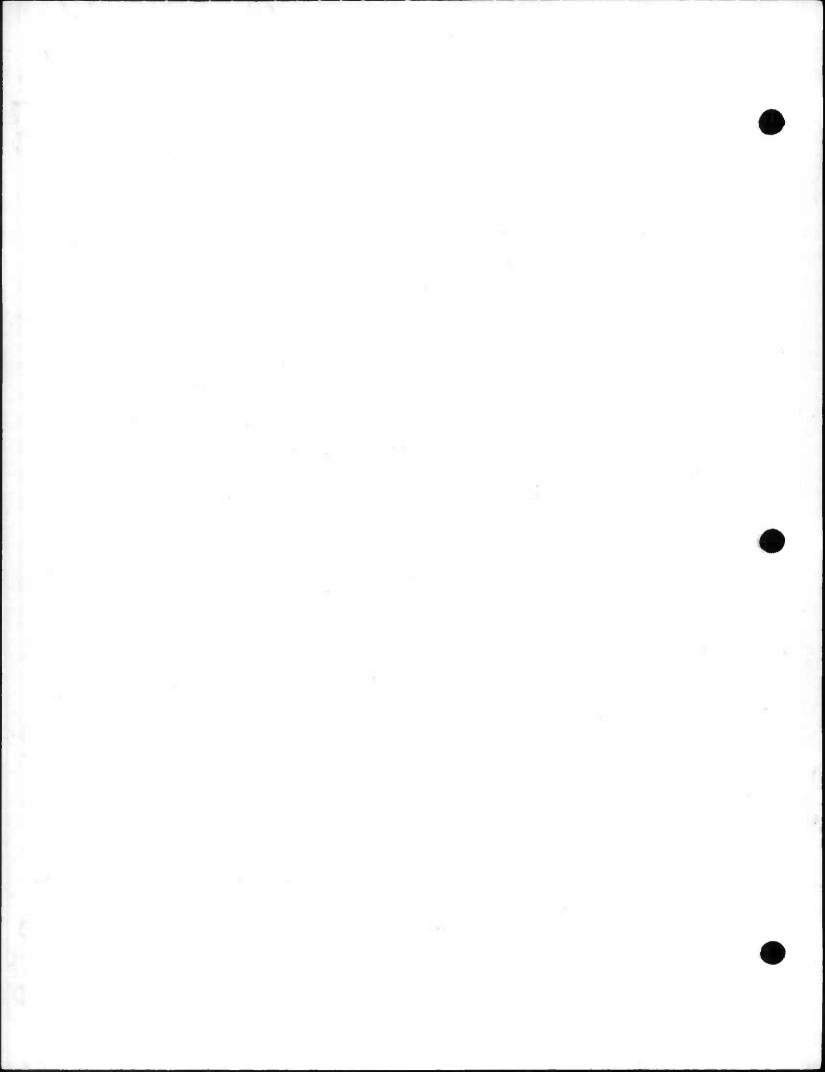
29d, DATE SIGNED (Month, Day, Year)

July 21, 1995

Bethesda, MD 20889

J. Pri 0 0

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF I		MENTAL HYGII					
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	H A		
		SUZANA	COCA	5			JULY :	23 19	3 0905	-4		
				yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	a	BIRTHPLACE (State or Fore Country)	reign		
고		210-30-1007	☐ M 2 🔀 F	82 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 12,	1912	Romania			
pinous	Œ	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF OEATH			
2,3	CTO	Shady Grove Adven	tist Hospita	1	Roc	<u>kville</u>		Mon	tgomery			
Pages 1.	REC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
±:	H	Maryland Mont	gomery	I	Derwood				LIMITS?			
permit.	AL	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
. is	FUNERAL	15108 Crabbs Bran	ch Way			20855		Ro	mania			
physician. burial-transit	Ę		P. WAS DECEDENT EVER IN U	J.S. ARMED	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No- 1	4. RACE — American Indian Black, White, etc.	n,		
	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			3 2 NO Speci			Specify:			
	ED	15. DECEDENT'S EQUICAT	IDN I	A. DECEDENT'S	USUAL OCCUPATION	001	Task white or	1	White			
al or afte		(Specify only highest grade con	npleted)	(Give kind of a	work done during me	ost of working	166, KIND OF	BUSINESS/INDUS	JIMY			
hospital ached fo	립	12	College (1-4 or 5+)	Hous	ewife		Own	Home				
the hospital or e detached for u	COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maid	ien Sumame)					
के दें	BE C	Ion Vi	rsta				Rebeca	Gujl	ba			
retained 5 should notified	10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	and Number or Rural	Route Number, City or	Town, State, Zip Co	ode)			
5 5	-	Miriam Coca		17053	Briarda	le Road,	Rockvill	e, Mary	land 20855			
. Page 6 may be ral director, page liner must be r		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 🔀 Cremation 3 ☐ Remova	20b. P	LACE AND DATE	OF DISPOSITION (No	ame of			ly or Town, State			
ne 6		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN:		ropolit	an Crem			exandri	a, Virginia	1		
death. Pag funeral di f. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	1 / 1	Λ	22. NAME A	ND ADORESS OF FA	DeVol	Funera	1 Home			
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate										
n by rem		23. PART I. Enter the diseases, or com shock, or heart failure. Lis	plicetions that caused to	ha death. Do r	not enter the mo	ode of dying, suc	ch as cardiac or re-	apiratory arres	t, Approximat	ta		
		IMMEDIATE CAUSE (Final				Δ			Interval Bat Onset and			
> E =		disease or condition resulting in death)	DUE TO (OR AS A	arato	ry Fa	Mure			Minu	Mes		
B 2 4 6		A comment of the comm	DUE TO (OR AS A	ONSEQUENCE O	F):				Minu	2		
at prid	NO	Sequentially list conditions, b	DUE TO (OR AS A	ONSEQUENCE OF	D.				100	ay		
ar be	CATION	if any, leading to immediate cause. Enter UNDERLYING										
e by	윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
h certif ending Hygier or oth	ERTIF	resulting in death) LAST							ļ			
the death the attend d Mental H Injury, or	0	PART II. Other significent conditions of	ontributing to death but	mot manufelma	la dia irradadala	December 1	and Inches			12000		
_ 22 _	CAL	Preemoni		not resulting	in the underlyin	g cause given in	Part I. 24a. WAS. PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINE AWAILABLE PRIOR TO	О		
requires that the een signed by to of Health and shows any In	EDIC	Attend Tela	100 AT				1 TES	2 DAG	OF DEATH?	WSE		
S of se	Σ	DID TOBACCO USE CONTRIB	LITE TO CALISE OF	DEATH VI	C D NO E	UNCERTAI			1 TYES 2 THO	b		
has Deg	AN	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	UNCERIAL	NE					
	SICI	EXAMINER?	OSPITAL:		OTHER:	s C D D attent	6 Other (Specify)					
PHYSICIAN: this certifica with the St rked, or It	Ŧ	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIM	E OF 28c. INJ	JURY AT	28d. DESCRIBE HON	W INJURY OCCU	RED			
	ΥP	1 Natural 5 Pending	(Month, Day, Year)	NA		PRK? YES 2 NO						
DR ATTENDING DIRECTOR: After rours after death tem 28 is mai	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, etc. (Specify,	At home, farm,	street, factory, offic	•	281. LOCATION (Stre	et and Number or	Rural Route Number,			
CTOR afte		4 Homicide datarmined	building, etc. (Specify,	14	A		City or Town, Sta	10)				
DIRI Hour	PLE	29a. CERTIFIER 11 CERTIFYING PHYSICIA	Y: To the best of my knowled	Iga, death occurr	ed at the time, date	and place, and due	to the cause(s) and s	nanner as stated				
HOSPITAL FUNERAL Within 72 TANT: If	2	one) 2 MEDICAL EXAMINER: (sted.		
THE HOSPI THE FUNER filed within PORTANT:	E CO	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			SIGNED (Month, Day, Year)			
TO THE DE filed	@	(Wa RAVI	PASSI N	D.		D286		D Ju	14 23 199	15		
	5	30. HAMI AND AGORESS OF PERSON WHO C	OMPLETEO CAUSE OF OEAT	H (ITEM 27) (Type,	, Print)				-1 1 1 1	9		
		RAVI MASSI MD.	8609 SECE	MD A	NE #4	OL B S	ILYER S	PRING	MD 20910)		
}		31. DATE FILEO (Morith, Day, Year)	THE STATE OF THE S	Mardelle	,	•		7	- 10			
		JUL 25 1995	7									



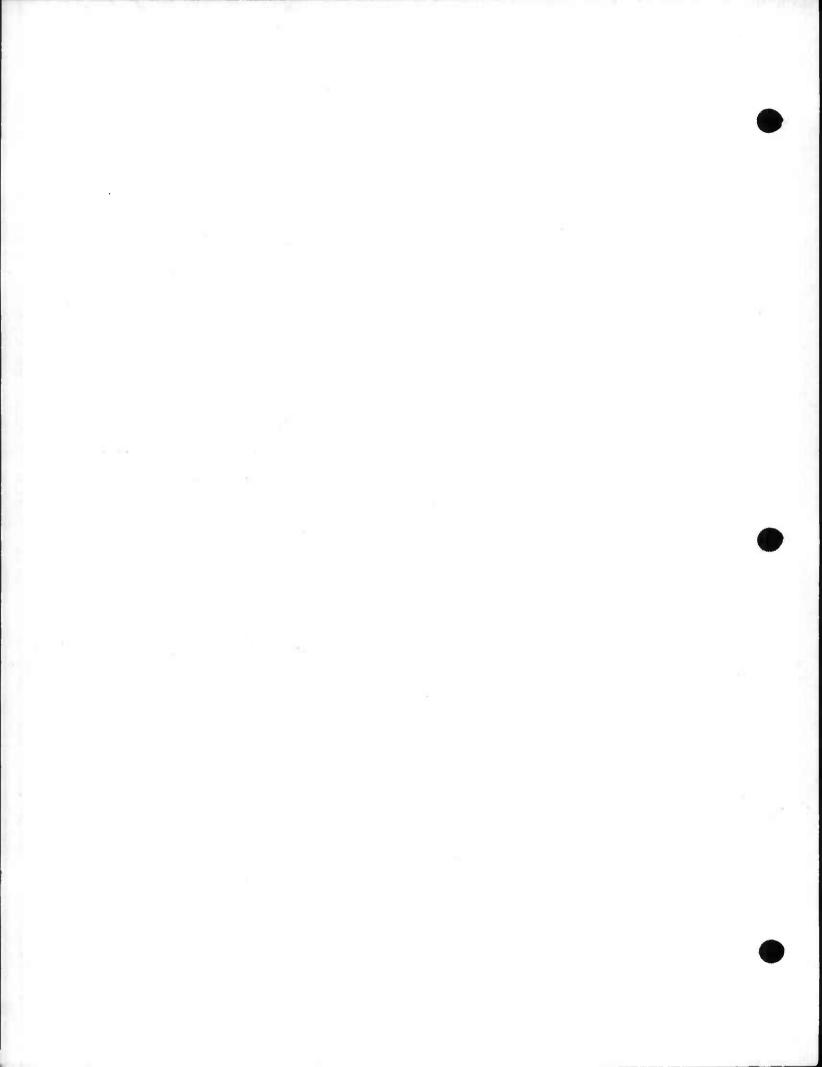
ained by the hospital or attending physician.

hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	hosp	ache	6
	8	det	5
	9	2	7
;	ined	Nouth	flec
	Ella	S)	noti
î	Be	906	9
	E	O. D	12
	9 e 6	rect	Ē
	E	p je	ine.
	eath	fune	E
	p Je	a le	6
	s af	Ja Da	dica
	Pog	P P	E
	92	Jion.	the
	1	lettel	H,
	₩ pe	Omo	5
	Bout	nd c	ıtic
	8	10 20	E
	te b	Sicia	E
	ifica	phy and	her
	Cert	ding	10
	eath	after rtal	, 0
	e d	Mer	=
	at th	and a	, Y
	as th	alth	9
	quir	T He	O.W.
	W re	bee T.	200
	e la	has	23
	E.	cate	ten
	CIAN	ertifi the S	6
	ES.	NIS C	ed,
	6 9	er th	Jark
	NO	. Aft	50
	TEN	after a	28
	R A	PREC	E
	40	2 5	=
	SPIT	JERA in 7	
	웃	E W	E
	置	HE	2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Deut, of Heath and Mental Hodere prior to burial, committing, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
	Catherine Agne	es Carroll				July 24, 1		5:15 A M		
	4. SOCIAL SECURITY NUMBER	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)				
10	578-62-1336 9e. FACILITY NAME (If not institution, give stree	1 M 2 F 8	4 YRS.		R LOCATION OF D	Oct. 29,19	10 W	ashington, DC		
DIRECTOR	Presidential Woods			Adelph		EAIR	Prince	e Georges		
딥	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c CITY	TOWN OR LOCATI	ION					
HIC	Maryland Montg	omerv		ilver S				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	O.M.O.L.y			ZIP CODE		10g. CITIZEN C	1 ☐ YES 2 ☑ NO DF WHAT COUNTRY?		
FUNERAL	1111 University B	lvd.West	1014		20902		USA			
5	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYPES 2	ARMED		ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. F	BACE American Indian		
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	MO	1 TYES		en, Puerto Ricen, etc.)		Black, White, atc.		
	15. DECEDENT'S EDUCAT	TION		Time transfer				White		
	(Specify only highest grade co.	mipleted)		SUAL OCCUPATION it done during most		16b. KIND OF BUS	SINESS/INDUSTR	NY.		
<u>-</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Admini	strator		D.C. Go	vernmen	· t		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maiden		10		
BEC	Harry M. Keegan				Mary T	urner				
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street an	d Number or Rural	Route Number, City or Town	n, State, Zip Code)		
-	Robert J. Carroll		1613 Wa	atch Hi	ll Drive	Plano, T	exas 7	5093		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remove	from State comotons	ozomatoni er ethe	DISPOSITION (Ner		DATE 20c. LO	CATION — City o	or Town, State		
	4 Donation 5 Other (Specify) 31. SIGNATURE OF PUNERAZ SERVICE LICEN	IGate	of Hea	aven Cer	netery 7	/27/95 Si	lver Sp	ring,MD		
- 1	-2/////	1/1800				llins Fune	ral Hom	ne. Inc.		
	Mark L.	Welle	3	500 Ur	niversit	y Blvd.W.	Sil.Spr	.MD 20901		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	riplications that caused the at only one ceuse on sach if	death. Do not ne.	enter the mod	le of dying, aud	ch as cerdisc or respi	ratory arrest,	Approximata interval Batween		
	IMMEDIATE CAUSE (Finel Onset and Dec									
	disease or condition resulting in death) a. Caudine Arrest									
_		Myec	andi	el un	met	on				
2	Sequentially list conditions, if any, lasting to immediate	DUE TO (ON AN A CON	EQUENCE OF):	0 81		6	17	<u> </u>		
S	CAUSE (Disease or Injury	AT	no SL	lenot	oc da	rdie Vas	iculas			
	that initiated eventa resulting in death) LAST	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
						PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
WE								OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIE				UNCERTAI	N ØS				
<u>S</u>		IOSPITAL:	ACE OF DEATH	(Check only one)						
ΥS	1 VES 2 NO 1	Inpetient 2 ER/Outpetient	3 DOA 4	KNursing Home		8 Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOR	RY AT RK? ES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED)		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At	home, farm, stre		ES Z NO	28f. LOCATION (Street a	nd Number or Bu	ral Boute Number		
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specify)				City or Town, State)	THE PROPERTY OF THE	Todio Namon,		
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	IN: To the best of my knowledge,	death occurred	at the time, date a	and place, and due	to the cause(a) end man	ner as stated.			
ŏ O	one) 2 MEDICAL EXAMINER:	On the beats of exemination and/	or investigation,	in my opinion, de	ath occured at the	time, data and place, and	due to the ceu	se(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Musy	M.D		29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)		
면 일		Miny			D24;	283	D 7.7	24.95		
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (1999)	EXT VI	ine)	e Roa	dlam	A MI	20707		
	31. DATE FILED (Month, Dej. Year) JUL 26 1995	72 REGISTRAN'S SIGNADRE	fall							
	NO 1000 /									



Ξ

0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

un

27 1995

32. REGISTRAR'S SIGNATURE DEVOLER Reveals

KANCISKY.

JUL

31. DATE FILED (Month, Day, Year)

7/22/95

	Pag		
	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		
	Sit De		
Man.	-tran		
1	burla		
2	the		
	92		
5	SN YC		
	hed f		
	Setaci		once
-	be		To
	hould		fled
	5.5		100
-	page		t be
incoming for the control of the cont	ector,		MUSS
	al dir		ner
	uner		Cami
	the	oval.	ai e
	in by	rêm.	edic
	illed	n, or	E .
	tely f	matio	1, 1
	этр	, cre	even
	nd oc	bunial	atte
	ian a	or 10	Mme
	Mysic	e pric	or tr
	ing p	ygien	to the
	ittend	tal H	10 ,
	the a	Men	nje
	d by	and (my i
	signe	Healt	WS
	Seen	, of	sho
	has	Dept	1 23
	cate	State	item
	certif	the	. 0
	this	with	rked
	After	death	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	10H	affer (28 Is
	IRECT	SULS S	, ma
	0	2	Ξ

Amended#31
FOR

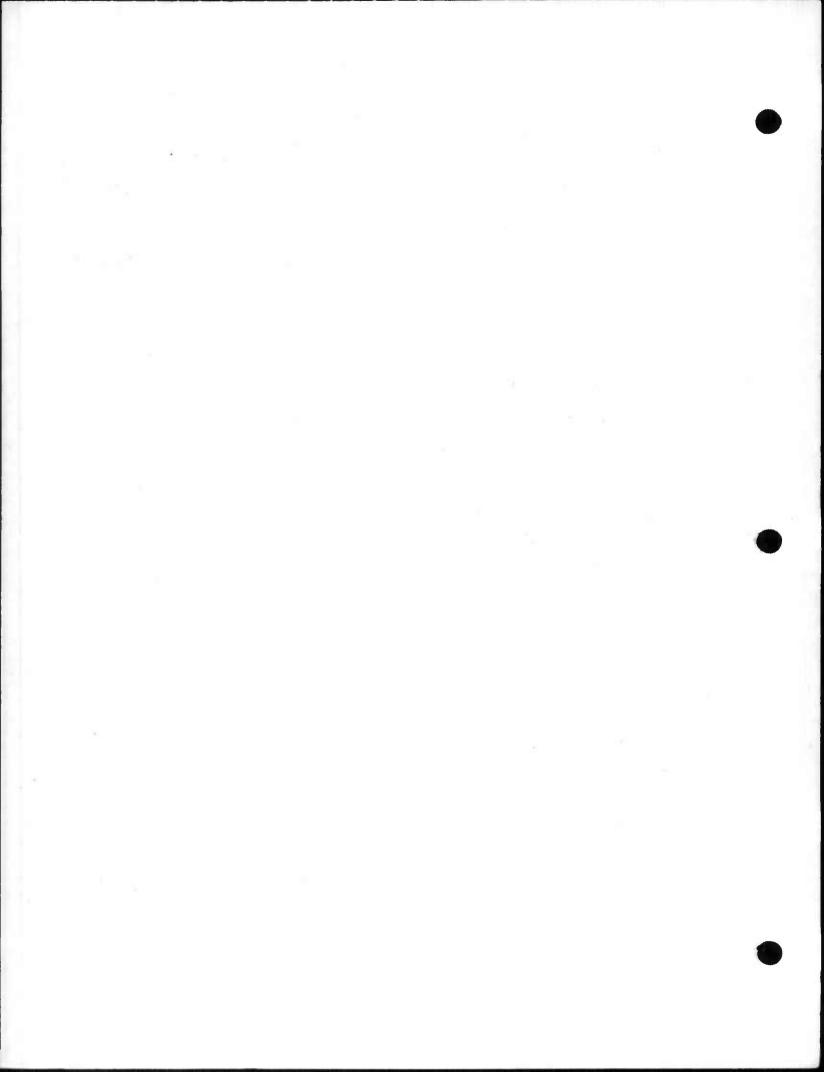
1 - STATE
REGISTRAR STATE OF MARYLAND OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH arre TON -ra 7:27A " TUIT 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPI ACE (State or Foreign March 29,1910 Washington, DC 85 578-40-1564 1 M 2 - F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Montgomery Bethesda RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Chevy Chase 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6422 Garnett Drive 20815 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.]

1 YES 2X NO Specify: BY Specilly: 3 Widowed 4 Divorced W.W.11 white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 165 KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5+ private practice physician 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Darrell Clayton Crain Sr. Annie Rau BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara Crain Rollinson 4545 Conn. Ave., N.W. #424, Washington, D.C. 20008 20a. METHOD OF DISPOSITION
1 Durial 2 CyCremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Metropolitan Crematory Jul, 24,95 4 Donation 5 Other (Specify) Alexandria, Va. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 2222 Wisconsin Ave., N.W., Wash., DC 20007 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death disease or condition_ · Ventricular tachycardia day resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 10 tter atriul day CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 - YES 2 - NO OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HQSPITAL: OTHER: 1 YES 2 NO 1 99-Inpetiant 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER 1 DE CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firm, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

D29229

5536 Wisconsin Are SUDE 1443 Chen Chose MD

22/95



3760
89 X
). BOX
3, P.O
DS
RECOR
VITAL
OF
SION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH YEAR HILDA GRAY DAVIS JULY 18 1995 30P 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign DAVE 1 M 2 JF 579-64-2294 49 February 14. Palmerle, 1946 N.C. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Prince George's Hospital Center Cheverly Prince George's RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Suitland 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? be detached for use as the burial-transit 3002 Fairhill Court 20746 United States retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 🔽 Merried If yes, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Budget Analyst Government. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ John Henry Pitt BE Isabella Jenkins funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 3002 Fairhill Court, Suitland, MD James Davis hours after death. Page 6 may be ě 20a. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 208. METRICO OF Cremation 3 | F 4 | Donation 5 | Other (Specify) must lery, cremetory or other place) • Lincoln Cemetery 7/21/95 Brentwood, MD examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 n and completely filled in by the to burial, cremation, or removal. medicai 23. PART I be ter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Ratus IMMEDIATE CAUSE (Final Onset and Death the diseese or condition executed within 24 tracere event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially ilst conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 the death in lury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 24s WAS AN AUTOPSY PHYSICIAN: MEDICAL that any 1 YES 2 NO OF DEATH? requires shows a 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN [] HOSPITAL DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check pfly one) Item HOSPITAL: OTHER 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, OESCRIBE HOW INJURY OCCURED Naturel Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 80 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end meriner ee stated. FUNERAL I (Check only one) = 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the save TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I 29b. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER BE 30-2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S EIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 26 1995

BALTIMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.
	hours after death. Page 6 m
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the

	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFIC	CATE OF DEAT	AND MEN TH	REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)					ATE OF DEATH	YEAR	3. TIME OF DEATH	
			Day			1v 29,	1995	5:40 A	
	4. SOCIAL SECURITY NUMBER 578-09-8175	1 💢 M 2 🗆 F	70 YRS.	F UNDER 1 YEAR F UNDER	MIN. (M	NTE OF BIRTH Nonth, Day, Year)	Cour	HPLACE (State or Foreign stry) Maryland	
TOR	96. FACILITY NAME (If not institution, give so 12051 Prices RESIDENCE OF DECEDENT			Damascus			9c. COUNTY OF MOn	tgomery	
DIRECTOR	10e. STATE 10b. COUNTY	ontgomery	_	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		Dui	10f. ZIP CODE			10+ CITITEN OF	1 YES 2 NO	
E	12051 Prices	Distillery	Road		20872				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	U.S. ARMED	13. WAS DECENOENT OF			r No- 14. BAC	S.A.	
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? XXYES IF YES, GIVE WAR OR DAT	2 NO	If yes, specify Cuber		rto Rican, etc.)	Spe	ck, White, atc.	
		World War	II				W.	hite	
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of wor life. Do NOT use i	rk done during most of working	g	16b. KIND OF BUSI	NESS/INDUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 8+)	Carpe			U.S.	Govern	ment	
OM	17. FATHER'S NAME (First, Middle, Lest)			16 MOTH	IFR'S NAME /F/	st, Middle, Meiden S	(umama)		
В	Albert P. Day				lay Ga		orname)		
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AI				State, Zip Code)	20072	
2	Jane J. Day		1205	DDRESS (Street and Number of 1 Prices I	Disti1	lery R	d.,Dam	áscus, mo	
	20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Remains		PLACEANDDATEOF	DISPOSITION (Name of			ATION — City or 1		
	4 Donation S Other (Specify)	Comor	alker F	amily Ceme	eterv	8/1 D	amascu	s, Maryla	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRES	S OF FACILITY				
	+ Novert L.	William	~	Olin L. N					
	23. PART I/Enter the diseases, or o	complications that caused t	the deeth. Do not	26401 Ric	ige Ro	erdlec or reapin	ascus.	Maryland Approximate	
	shock, or heart fellure.	List only one cause on eac	ch line.					Interval Between	
1	disease or condition resulting in death)	AMYO-	TROPIC	IATTRA	11 5	CIERO	515	7 MOS	
	resulting in death)	DUE TO (OR AS A C	AMYOTROPIC LATERAL SCLEROSIS 7 DUE TO (OR AS A CONSEQUENCE OF):						
CATION	Sequentially list conditions, if any, isading to immediate	oue to (or as a c	S A CONSEQUENCE OF):						
	cause. Enter UNDERLYING	C.							
RTIF								;	
	that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
ER		DUE TO (OR AS A C	CONSEQUENCE OF):						
CE	that initiated events resulting in death) LAST	d		the underlying cause of	Iven in Pert I	740 MMC AN A	Umney 24		
CAL CE	that initiated events	d		the underlying ceuse gi	iven in Part I	. 24e. WAS AN A PERFORM		AMAILABLE PRIOR TO	
CAL CE	that initiated events resulting in death) LAST	d		the underlying ceuse gi	Iven in Part I		ED?		
MEDICAL CE	that initiated events resulting in death) LAST PART II. Other significant condition	a contributing to deeth but	t not resulting in			PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE	d	t not resulting in	□ NO 🏗 UNCE		PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL CE	PART II. Other significant condition	RIBUTE TO CAUSE OF	DEATH YES	NO I UNCE	ERTAIN 🗆	PERFORM 1 TYES 2	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
SICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE	RIBUTE TO CAUSE OF HOSPITAL: 1 Inpellent 2 ER Outpet	DEATH YES B. PLACE OF DEATH TION 3 □ DOA 4 29b. TIME C	Check only one) THER: Nursing Home 5 & Ree	ERTAIN D	PERFORM 1 YES 2 [ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	RIBUTE TO CAUSE OF ACCOUNTY TO CAUSE OF ACCOUNTY TO CAUSE OF ACCOUNTY TO CAUSE OF ACCOUNTY TO CAUSE OF TO CAUS	DEATH YES B. PLACE OF DEATH Clemb 3 □ DOA 4	Check only one) THER: Nursing Home 5 & Ree	ERTAIN D	PERFORM 1 TYES 2	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Solicition	RIBUTE TO CAUSE OF ACCOUNTY OF THE PROPERTY O	DEATH YES B. PLACE OF DEATH 28b. TIME C 18b. Time C 18b. Time C	Check only one) OTHER: No IN UNCE (Check only one) OTHER: Nursing Home 5 N Ree OFF 28c. INJURY AT WORK? M 1 YES 2	ERTAIN 28d. I	PERFORM 1 YES 2 [Where (Specify) DESCRIBE HOW IN. OCATION (Street en	NO NO NURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	RIBUTE TO CAUSE OF ACCOUNTY OF THE PROPERTY O	DEATH YES B. PLACE OF DEATH 28b. TIME C 18b. Time C 18b. Time C	Check only one) OTHER: No IN UNCE (Check only one) OTHER: Nursing Home 5 N Ree OFF 28c. INJURY AT WORK? M 1 YES 2	ERTAIN 28d. I	PERFORM 1 YES 2 (Ther (Specify) DESCRIBE HOW IN.	NO NO NURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not ba determined	RIBUTE TO CAUSE OF ACCOUNTY OF THE PROPERTY O	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, stre	Check only one) THER: Nursing Home 5 Res WORK? 1 YES 2	ERTAIN D	PERFORM 1 YES 2 [Where (Specify) DESCRIBE HOW IN. OCATION (Street en	IURY OCCURED d Number or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIG	RIBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 ENOUTEM 280. DATE OF INJURY Month, Day, West) 280. PLACE OF INJURY building, etc. (Specify	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, stre	Check only one) OTHER: Nursing Home 5 Res OFF WORK? 1 YES 2 Det, factory, office	ERTAIN Date of	PERFORM 1 YES 2 [where (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn	IURY OCCURED d Number or Rural er as stated.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not ba determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIG	RIBUTE TO CAUSE OF RIBUTE TO CAUSE OF 26 HOSPITAL: 1 □ Inpetient 2 □ ER Outpett 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specify) CIAN: To the best of my knowled R: On the basic of examination a	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, stre	(Check only one) THER: Nursing Home 5 Res PF 28c. INJURY AT WORK? M 1 YES 2 Det, factory, office at the time, date end place, in my opinion, death occure	ERTAIN Daldence 6 0 28d. I	PERFORM 1 YES 2 [Wher (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	JURY OCCURED d Number or Rural er as stated. due to the ceuse(COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	That initiated events resulting in death) LAST PART II. Other significant condition. DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Natural 2 Not	RIBUTE TO CAUSE OF RIBUTE TO CAUSE OF 26 HOSPITAL: 1 □ Inpetient 2 □ ER Outpett 28e. OATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Specify) CIAN: To the best of my knowled R: On the basic of examination a	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, stre	(Check only one) THER: Nursing Home 5 Res PF 28c. INJURY AT WORK? M 1 YES 2 Det, factory, office at the time, date end place, in my opinion, death occure	ERTAIN Date of	PERFORM 1 YES 2 [Wher (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	JURY OCCURED d Number or Rural er as stated. due to the ceuse(AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) end manner ee stated. D (Month, Day, Year)	
E COMPLETED BY PHYSICIAN: MEDICAL CE	That initiated events resulting in death) LAST PART II. Other significant condition. DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 1 Natural 2 Not	RIBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 EN Outpett 280. DATE OF INJURY building, etc. (Specify CIAN: To the best of my knowled R: On the basic of examination a	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, streen, stree	Check only one) THER: Nursing Home 5 Res OF 28c. INJURY AT WORK? T WORK? T WORK? S 1 YES 2 et, factory, office 1 the time, date end place, in my opinion, death occure	ERTAIN Daldence 6 0 28d. I	PERFORM 1 YES 2 [Wher (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	JURY OCCURED d Number or Rural er as stated. due to the ceuse(ARALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO Route Number, e) end manner ee stated. D (Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	That initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	RIBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 EN Outpett 280. DATE OF INJURY building, etc. (Specify CIAN: To the best of my knowled R: On the basic of examination a	DEATH YES B. PLACE OF DEATH 28b. TIME C INJUR At home, ferm, streen, stree	Check only one) THER: No IN UNCE (Check only one) THER: Nursing Home 5 N Ree 28c. INJURY AT WORK? 1 YES 2 eet, factory, office at the time, date end place, In my opinion, death occure 29c. LICER	ERTAIN Delication and the state of the state	PERFORM 1 YES 2 [Where (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	July July July July	ARRABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO Route Number, e) end manner se stated. D (Month, Day, Year) 30, 1995	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Dey, Year)	RIBUTE TO CAUSE OF RIBUTE TO CAUSE OF 26 HOSPITAL: 21 Inpetient 2 EFF Outpett 28- OATE OF INJURY (Month, Day, Year) 28- PLACE OF INJURY building, etc. (Specify CIAN: To the best of my knowled R: On the basic of examination of	DEATH YES B. PLACE OF DEATH 28b. TIME C NJUR At home, ferm, stree dge, deeth occurred c end/or investigation,	Check only one) THER: No IN UNCE (Check only one) THER: Nursing Home 5 N Ree 28c. INJURY AT WORK? 1 YES 2 eet, factory, office at the time, date end place, In my opinion, death occure 29c. LICER	ERTAIN Delication and the state of the state	PERFORM 1 YES 2 [Where (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	July July July July	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition DID TOBACCO USE CONTE 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not ba 4 Homicide 8 Could not ba 4 Homicide 8 Centrifier (Check only one) 2 MEDICAL EXAMINER 290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIK ONE) 2 MEDICAL EXAMINER 30. NAME AND ADDRESS OF PERSON WHO	RIBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpellent 2 ERFOURDET 280. OATE OF INJURY building, etc. (Specify CIAN: To the best of my knowled R: On the base of examination a	DEATH YES B. PLACE OF DEATH 28b. TIME C NJUR At home, ferm, stree dge, deeth occurred c end/or investigation,	Check only one) THER: No IN UNCE (Check only one) THER: Nursing Home 5 N Ree 28c. INJURY AT WORK? 1 YES 2 eet, factory, office at the time, date end place, In my opinion, death occure 29c. LICER	ERTAIN aldence 6 0 28d. I NO 281. L c end due to the time, d NSE NUMBER	PERFORM 1 YES 2 [Where (Specify) DESCRIBE HOW IN. OCATION (Street en lity or Town, State) cause(e) end menn late end place, end	July July July July	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2X NO Route Number, e) end manner ee steted. D (Month, Day, Year) 30, 199!	

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

White

1 X YES 2 NO

Virginia

A M

8:37

8. BIRTHPLACE (State or Foreign

YEAR

West

10g. CITIZEN OF WHAT COUNTRY?

1995

9c. COUNTY OF DEATH

Frederick

U.S.A.

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

26

1995

1 -

	•
Ć.	
9	
1	
00	
68760	
BOX	
0	
\simeq	
ш	
-	
P.O.	
n'	
_	
S	
Ö	
~	
-	
Q	
\circ	
VITAL RECORDS, 1	
00	
_	
7	
4	
5	
<u></u>	
OF	
7	
=	
O	
DIVISION	
~	ı
>	
=	

4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 217-10-1923 1 🔯 M 2 🗌 F 89 April 30, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Citizens Nursing Home Frederick RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Frederick Frederick FUNERAL 10e. STREET AND NUMBER Citizens Nursing Home 10f. ZIP CODE 21702 Rosemont Avenue after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, atc.) FORCES? 1 YES ZYNO IF YES, GIVE WAR OR OATES 1 Never Married 2 Merried ВУ 1 YES 2 NO Specify. 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUISTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 2 years Bus Driver Indianapolis Transit Dept. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) notified at Samuel F. Davis Verna Victoria Buchanan 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Lorentz P. Davis Cabano Court Indianapolis, Indiana 46239-9482 9 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of OATE must by the funeral director, removal. Donation 5 Other (Specify) Hillcrest 7/26 Cemetery examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK medical 23. PART I. Enter the diseases, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or respiratory strest, shock, or heart failure. List only one cause on each line. filled in by t WITHIN 24 ANICE ŏ IMMEDIATE CAUSE (Finel and completely fille burlal, cremation, the disease or condition_ neumonic event, reaulting in desth) OUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to if sny, leading to immediate cause. Enter UNDERLYING the death certificate CAUSE (Disease or injury other 1 OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PHYSICIAN: MEDICAL PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? that shows any 1 - YES 2 1 NO Dept. ME 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The Item DIRECTOR: After this certificate hours after death with the State tem 28 is marked, or item HOSPITAL:
1 [] Inpatient 2 [] ER/Outpatient 3 [] DDA OTHER: ATTENDING PHYSICIAN: 1 | YES 2 | 10 ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. TO THE FUNERAL DE filed within 72 h HOSPITAL 2 __ MEDICAL EXAMINER: On the basia of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 23 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Francis E. Becker M.D. 300 West Ninth Street Frederick, Maryland 21701 32. REMISTRANT SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

SAMUEL FRED DAVIS

2. DATE OF DEATH

24,

1906

July

20c. LOCATION -- City or Town, State Cumberland, Maryland **Approximats** interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, 24 DHMH-16 Rev 1/89

29/
68
×
B0
0
٥
RECORDS
Œ
0
0
æ
AL
Z
L
0
Z
0
2
2

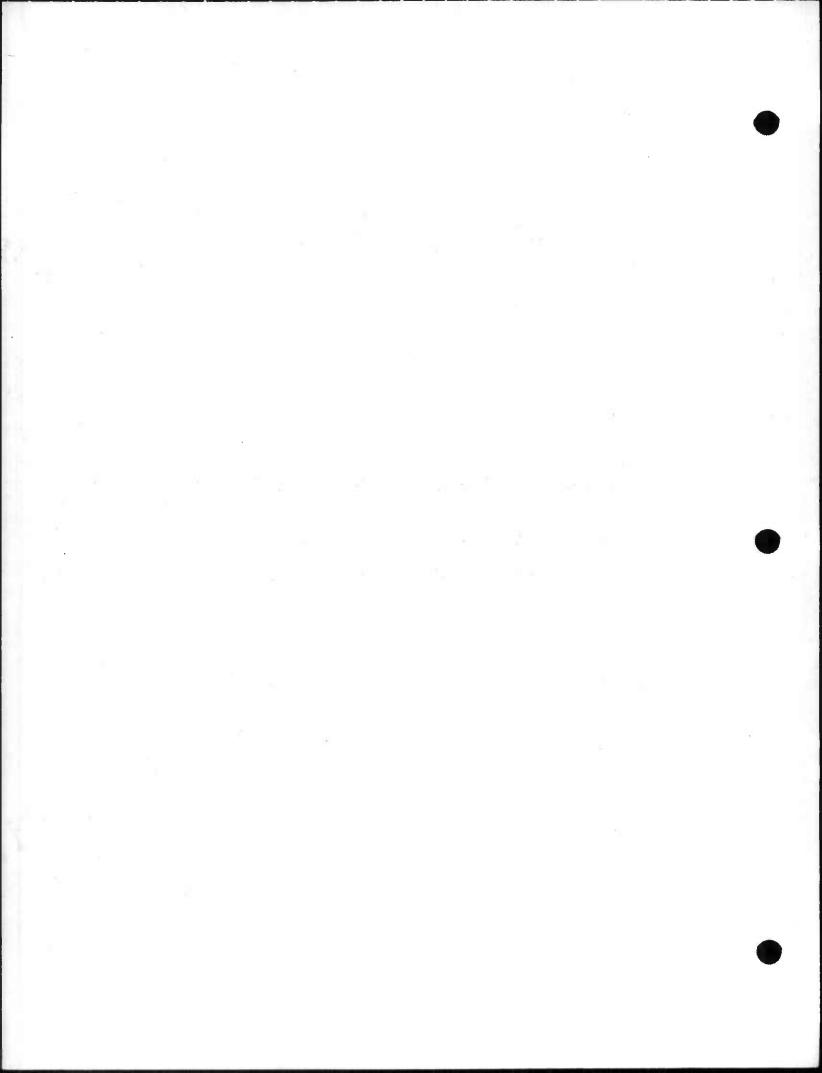
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within— hours after death. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT	OF HEALTH AND	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)						E OF DEATN	•	T	3. TIME OF DEAT	N
	CLARENCE	Riley		DAVIS			MONTH 2 PAY 19			420 :	D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	n yrs. last birthday)	IF UNDER 1		(0.4	OF BIRTH		a. BIRTHP	LACE (State or Fo	reign
	577-20-0502	1 ☑ M 2 □ F 7	2 YRS.	MONTHS	DAYS HOURS MIN.		th, Day, Year) e 4, 1	923	Country)	ington,	DC
	Se. FACILITY NAME (If not institution, give atre	et and number)		9b. CITY, 1	OWN OR LOCATION OF		-/-		TY OF DE		20
DIRECTOR	Shady Grove Adventist Hospital Rockville Montgome									mery	
R	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY	
		gomery	I	Rockv:	ille					YES 2	NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?	
Ä	1200 Broadwood	Drive			20851			Un	ited	States	
FU	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	U.S. ARMED	13. W	AS DECENDENT OF NISF	ANIC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American India White, atc.	n,
ВУ	3 Widowed 4 Divorced	World War I	TES		☐ YES 2 🔀 NO Spe		riceri, attal		Specify		
	15. DECEDENT'S EDUCA							- 1		White	
COMPLETED	(Specify only highest grade co	ornpleted)	(Give kind of wife. Do NOT us	vork done du	ring most of working	164	b. KIND OF BU	SINESS/INDL	JSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)					D =1-				
M	17. FATNER'S NAME (First, Middle, Last)		Cashi	rer			Park				
	Clarence E. Da				18. MOTHER'S			Surname)			
BE		VIS				e Ril					
2	19a. INFORMANT'S NAME (Type/Print)				Street and Number or Run				-		
	Steven M. Davis				Avenue, Kei					20895	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov	20b.	PLACE AND DATE (of DISPOSIT	July 23,	1995	20c. LO	CATION — C	,	.,	
	4 Donation 6 Other (Specify)	MOI	ntgomery	Crem	atorium, 1	.nc.	Beti		da, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEI	10m, 11.	М00831	Rox	ME AND ADDRESS OF DETT A. Pur Ckville, In Enue, Rock	mphre	y Fune	ral H	ome/		
	Warpara you	101 Juliano	x(curon c	CHAVE	ckville, li	nc. 30 ville	00 Wes . Marv	t Mon [.] land	tgome	ry 0-2805	
	23. PART I. Enter the diseases, or co	mplicetions that caused	the death. Do n	ot enter ti	ne mode of dyling, as	och aa cer	diac or reap	iratory arre	eat,	Approxima	ita
	ahock, or heart failure. Li IMMEDIATE CAUSE (Final	of only one couse on ea	ich line.							Interval Be Onset and	
	disease or condition	Proman	MIA							DAY . 1	Death
	reaulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF	n:			-			2047	
-	- Chaptie A Class Live Della de la Company										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Chronic B Structure pulmonary desease Years Due to (or as a conscouence of):										
ξI	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									+	
F	reaulting in death) LAST										
										+	
4	PART II. Other significent conditions	contributing to deeth bu	it not resulting l	n the und	erlying ceuse given	In Part I.	24a. WAS AN PERFOR			VERE AUTOPSY FIN	
음	Obesity						1 TYES 2			COMPLETION OF CA	
핗	·							,		YES 2 N	0
ä	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	DEATH YE	S X N	O UNCERTA	IN 🗆					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEAT		ly one)						
S	1.	HOSPITAL:	itlant 3 🗆 DOA	OTHER:	g Home 5 🗌 Residenc	e 6 □ Othe	er (Specify)				
13	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	-	6c. INJURY AT	_	SCRIBE NOW I	NJURY OCC	URED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Morkii, Day, Ibar)	trij	M	WORK? 1 YES 2 NO	1]
	3 Suicide 6 Could not be	26a. PLACE OF INJURY	At home, term, a	treet, tector	y, office	28f. LOC	CATION (Street	and Number o	or Rural Ros	ite Number,	
	4 Homicide determined	building, atc. (Speci	(9)			City	or Town, State)				
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYSICI	Aft: To the best of my knowle	doe doeth non-	d in the at-	a de la la companya de la companya d		dell'astros				
M										-4	
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and m									ing manner as st	TOOT.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	.00			29c. LICENSE N	IUMBER 29d. DATE SIGNED				Aonth, Day, Year)	
5	1100 V Cole	ncer			129	453 July 2				1,1995	
	30. NAME AND ADDRESS OF PERSON WHO										
	ALMN S. CHANALE	15225 The Charles Bignin	SHADY	6-100	VE RO RC	CKUI	ILLE.	MO	208	50	
	31. DATE FILED (MORITING DAY, MAN 1995	THE STRAPS BIGHA	chrocall								
- 1	00- NT 1000 (/									- 1





REG. NO

2. DATE OF DEATH

7. DATE OF BIRTH

DAYS 1 🔯 M 2 🗌 F 579-74-2080 25 Oct. 29 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Doctor's Community Hospital Lanham RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Prince George's Maryland Landover Hills FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE use as the bunial-transit 3906 71st Avenue 20784 the death Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 TYES 2 NO Specify ВҰ 3 Widowed 4 Divorced ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most life. Do NOT use retired.) teb, KIND OF BUSINESS/INDUSTRY (Specify only high COMPLET for Elementary/Secondary (0-12) Cotlege (t-4 or 5+) harvest director, page 5 should be detached 2 Salesman Auto Parts Store notified at once. t7. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surne Elmer A. Eley Mary Frances Moran 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elmer A. Elev 3717 Kennedy Street, Hyattsville, Maryland 20782 pe 20a, METNOD OF DISPOSITION
1 N Burial 2 Cremation 3 Res 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must George Washington Cemetery 7/24/95 Adelphi, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATUBE-DE F MERAL SERVICE 22. NAME AND ADDRESS OF FACILITY
Francis Gasch's Sons Funeral Home, P.A. Pm 4739 Baltimore Ave., Hyattsville, signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to bunal, cremation, or removal the medical complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, 23. PART I. Enter the dise Enter the discusses, or complications that caused the de-ehock, or hear failure. List only one cause on each line. OUIS **IMMEDIATE CAUSE (Fine)** diseese or condition resulting in death) Bhyxla event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): or other traumatic CERTIFICATION Sequentieily list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST shows any injury, PART ii. Other eignificent conditions contributing to death but not reculting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL t YES 2 NO this certificate has been with the State Dept. of I DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO INCERTAIN PHYSICIAN: OR ATTENDING PHYSICIAN: The law item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 P DOA 6 Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked. 1 Netural 420,1995 1 YES 2 NO DIRECTOR: After the hours after death v ВУ 2 Accident Investigation 281. LOCATION (St LACE OF INJURY 99 8 Could not be COMPLETED 28 4 Nomicide 3906 Item 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) FUNERAL (= HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 2 MEDICAL EXAMINER: On ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner ea stated 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE droper 114 D21230 9 HESS OF PERSON WHO COMPLETED CAME OF DEATH (ITEM 27) (Type, Print)

STATE REGISTRAR

Augusto P.

Rodriquez,

M.D.

THE GIST HE'S STONE OF THE

1. DECEDENT'S NAME (First, Middle, Last)

Darren 4. SOCIAL SECURITY NUMBER

5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

5009 Rayburn Ct., Camp Springs,

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday

1/38/

tod. INSIDE CITY

14. RACE — American Indian, Black, Whita, atc.

Specify: White

t 🔯 YES 2 🗌 NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

t YES 2 NO

A 600.

29d. DATE SIGNED (Month, Day, Year)

MĎ

20748

interval Between

Onset and Death

DC

8. BIRTNPLACE (State or Foreign

969 Washington,

Prince George's

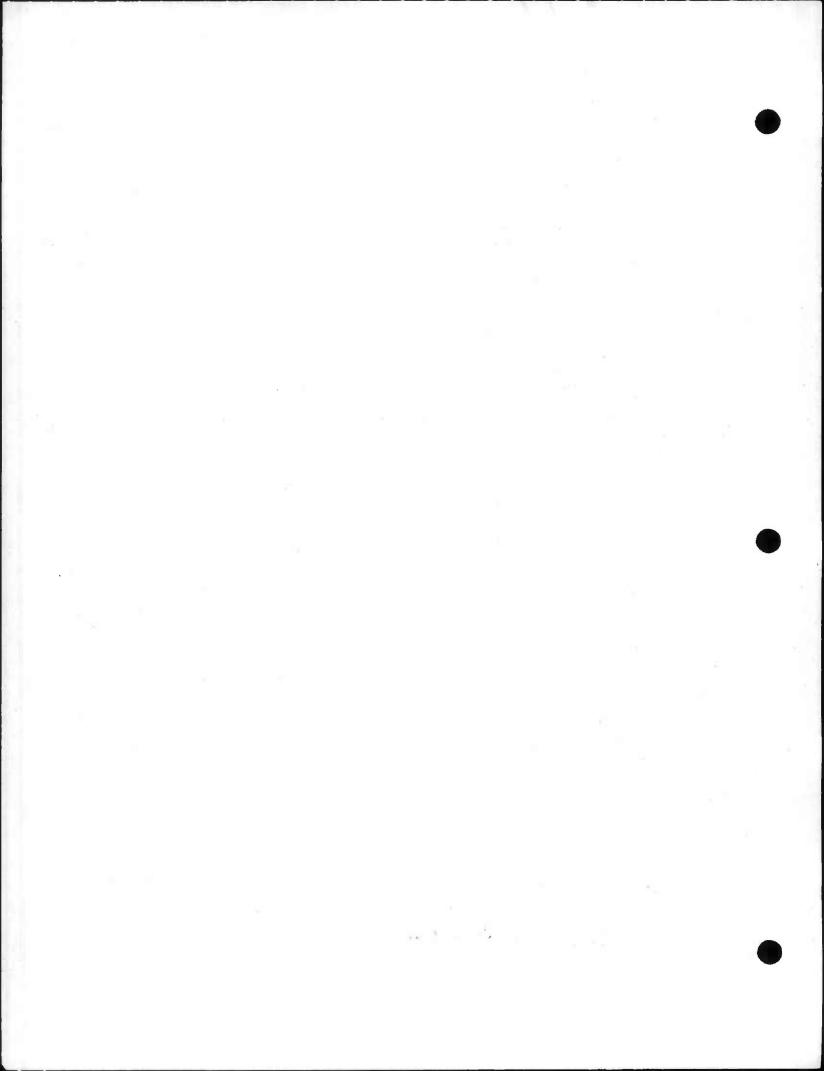
10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

U.S.A.

ì

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTING	MENT OF H	HEALTH AND	MENTA	L HYGIE			
		1. DECEDENT'S HAME (First, Middle, Last)					2. DATI	OF DEATH		3	. TIME OF DEATH
		FRANCES ESTEP						y 21,	1995	YEAR	5:20 P.
				MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		. BIRTHPL Country)	ACE (State or Foreign
pino		223-18-0356 9a. FACILITY HAME (# not institution, give stre-	1 □ M 2 💢 F 77	YRS.				e 18,			inia
2, 3 should	DIRECTOR	Southern Maryland		91	Clinto	OR LOCATION OF E	DEATH		9c. COUNT Prin		eorge's
Pages 1.	EC	10s. STATE 10s. COUNTY		10c. CITY, T	OWN OR LOCAT	TION				10	Od. IHSIDE CITY
.≝		Maryland Prince	George's	Clint	on					1	LIMITS?
it permit.	FUNERAL	10e. STREET AND HUMBER			101	I. ZIP CODE			10g. CITIZE	H OF WH	AT COUHTRY?
ian. transi	N N	9106 Pineview Lan				20735				ed S	tates
21215-0020 al or attending physician. for use as the burial-transit	BY FU	1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN L FORCES? 1 TYPES IF YES, GIVE WAR OR DATI	2 X HO	If yes, sp	CENDENT OF HISPA Hecify Cuban, Mexic 5 2 N HO Speci	en, Puerto	N? (Specify Ye Rican, etc.)	n or No— 1	Black, V Specify:	- American Indian, White, atc. White
r attend	8	15. DECEDENT'S EDUCA (Specify only highest grade co	TIOH 1	6a. DECEDENT'S US			166	. KIHD OF BU	ISIHESS/IHDUS	TRY	WILLE
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life, Do NOT use re	tired.)	ost or working					
the hospital detached to	MP	12		Sales Cl	.erk				tment !	Store	è
YLA by the be def		17. FATHER'S HAME (First, Middin, Last) Chester Ripley				18. MOTHER'S NA			Surname)		
MARYLAND retained by the hospit 5 should be detached notified at once.		19a. INFORMANT'S HAME (Type/Print)	19b, MAILING AD	DRESS (Street o	Addie			un State 7in C	ode)		
	2	Berman Estep, Jr.				rcle Dri					nd 20735
- 2 a		20s. METHOD OF DISPOSITION 1 Ty Burlet 2 Cremetion 3 Remove		LACE AND DATE OF D	ISPOSITIOH /Na		OA1		OCATION — CIT		
D e g E		4 Donation 6 Other (Specify)	For	ery, crematory or other rt Lincol	n Ceme			Bre	entwood	d, Ma	aryland
ALTIMOF death. Page 6 m e funeral director. I. examiner musi		21. SIGNATURE OF TUNERAL SERVICE LICEN	HSEE /	,		incoln I		al Hor	ne. Ind		
9 = 0	Щ	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata									
hours after of ed in by the or removal.		23. PART i. Enter the diseases, or cor ahock, or heart fallure. Lis	mplications that caused to	he desth. Do not h line.	enter the mo	de of dying, suc	ch aa car	diac or resp	iratory arres	t,	Approximata Interval Between
E 8 8 8	1 1	IMMEDIATE CAUSE (Final disease or condition	20 0	- 18							Onset and Death
rted within completely ial. cremati, ti		resulting in death)	PRE-R	ENAL A	ZOTE	MIN					2 MOS.
executed wand compound burial. c	-						u V				2 MOS.
OX 68 OX 68 be execut sician and c rior to burit traumatic	FICATION	Sequentially list conditions, if any, leading to immediate	END-5	ONSEQUENCE OF):	COR	- to by	7				- 105.
BOX cate be c thysician e prior to	CA	CAUSE (Disease or Injury									
S, P.O. BC death certificate attending physiene pri ental Hygiene pri iny, or other tr	RTE	that initiated eventa resulting in death) LAST									
the death of the attend of Mental Hi	8	d.									
7 2 3 5 7	SA	PART ii. Other aignificant conditions	contributing to death but	not resulting in t	he underlying	g cause given in	Part I.	24a. WAS AN PERFO		A\	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
LCOKD luires that the signed by the Health and A	MEDIC							1 TYES	2 NO		OMPLETION OF CAUSE F DEATH?
S o se a		DID TOBACCO USE CONTRI	BLITE TO CALISE OF	DEATH VEC		LINICEDTAL	мП			1	YES 2 NO
23 es s	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (UNCERIAL	ИП				
VIII NAN: T rifficate he Stat	Sic		IOSPITAL: Inpatient 2 - ER/Outpati		HER:	e 5 🗆 Residence	6 🗆 Othe	et (Specify)			
PHYSICIA this certii with the	РНҮ	27. MAHHEB OF DEATH	26a. DATE OF IHJURY (Month, Day, Year)	28b. TIME OF	28c. IHJ		T		INJURY OCCUP	RED	
DING PHYS After this death with	B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 HO					
ATTENDING PHYSICIAN: The CCTOR: After this certificate h. s after death with the State E 28 is marked, or item	0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, stree	t, factory, office		26f. LOC City	ATION (Street or Town, State	and Number or	Rural Rout	w Number,
OR ATTEN OR ATTEN DIRECTOR: hours after item 28 is		29e. CERTIFIER									
절 복 전 1	COMPLET		On the basis of exemination a								
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If		29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE HU		and place, at			
TO THE TO THE be filed	BE	Fruit S-V	cu & Ll	NY		D 155			29a. DATE 8	IGNED (M	onth, Day, Year)
FFA	2	30. NAME AND ADDRESS OF PERSON WHO	4						/	Z	-95
		Lucio S- VILLA-	REAL, M.D.	#25	T. PAT	RICKS	DRIV	E, WA	LOORF	- , M	0 20603
		31. DATE FILED (Month, Day, Year) JUL 25 1895	32 REGISTRAR'S SIGHATE	Radall							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

_	7120101110111		OLITIII	TOATE	JI DLAI		HEG. NO.				
	Masses Asses Bullions							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH			
- 8	4. SOCIAL SECURITY NUMBER								:35 P M		
	577-09-5819	5. SEX 8. AGE	(In yrs. last birthday)		AYS HOURS	HOURS MHN. 7. DATE OF BIRTH (Month, Day Year) 1910			a. BIRTHPLACE (S Country) Virgi	rete or Foreign	
	9e. FACILITY NAME (If not institution, give s		Sh CITY TO	WN OR LOCATIO				NTY OF DEATH			
Œ	Wilson Health (1	aither						
6 1	RESIDENCE OF DECEDENT	Jaic Jeneel			at met:	anurg		MO	ntgomery		
<u> </u>	t0e. STATE 10b. COUNTY	,	10c. Cl	TY, TOWN OR L	OCATION					IDE CITY	
DIRECTOR		ederick		M	onrovia	9				ITS?	
₹I	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITI	ZEN OF WHAT COU	INTRY?	
BY FUNERAL	11425 Archei				21.7	770		Uni	ited Star	tes	
	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS	DECENDENT O	F HISPANIC	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No—	14. RACE — Ameri Black, White, e	icen Indien,	
	t Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 DO		The trading of the		Specify: White		
COMPLETED	ts. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT	work done during	PATION ng most of working	g	16b. KIND OF BUS	SINESS/IND			
PLE	Elementary/Secondary (0-t2)	College (t-4 or 5+)	ille. Do NOT	eria M	anagen	7.	Coun	+w C	chools		
M	17. FATHER'S NAME (First, Middle, Last)		Care	ella n		ED'S NAME	E (First, Middle, Meiden		SHOOTS		
		Sophia			10. MO11						
8	19e. INFORMANT'S NAME (Type/Print)	о робита				Ka					
2	Sumpter M.Embrey	- TTT					ute Number, City or Town				
	204 METHOD OF DISPOSITION				er Circ	сте,	Monrovia				
	1 Buriel 2 Cremation 3 Remo		metery, crematory or	other place)		100/			City or Town, State		
	4 Donation 5 Other (Specify) Parklawn Mem. Park 7/28/95 Rockville, Md. 21. SIGNATURE OF FUNERAL BETWICE LICENSEE										
	Dui In	Anlew 107	the	01	in L. 1	loles	worth, P.		373 0000	7.0	
	23. PART I. Enter the diseases, or o	munications that cause	d the death. Do	Pot enter the	HUL REC	ige K	d., Damas	cus,	Ma. 208		
1	shock, or haart failure.	st only one cause on	each fina.	not anter the	mode of dyn	irg, sucii a	aa cardiac or reapi	recory arr	int	proximata ervai Between	
	iMMEDIATE CAUSE (Final disease or condition	R	1 F	1					On	set and Death	
	resulting in death)	. Ilem	A CONSEQUENCE	ulw	v					unes	
_	_	DOC TO JOH AS	A CONSEQUENCE	or).							
CERTIFICATION	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
¥	if any, leading to immediate cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):							
토	reaulting in death) LAST	1.							ļ		
	DART II Other significant condition										
EDICAL	PART ii. Other aignificant condition	/ /	//	in the under	rlying cause g	iven in Pa	art I. 24a. WAS AN PERFOR		AVAILABL	TOPSY FINDINGS E PRIOR TO	
ă	Congorer .	Hear Far	Kur	1 □ YES 2				NO	COMBLETION OF CALIES		
Σ							T /		1 - YES	8 2 NO	
ÿ	DID TOBACCO USE	CONTRIBUTE TO	CAUSE O	F DEATH	YES	NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	6. PLACE OF DE	EATH (Check	k only one)				
YS	1 TYES 2 NO	1 Inpatient 2 ER/Ou		4 Nursing	Home 5 - Re	eldence 6	Other (Specify)				
표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TI	ME ['] OF 280	: INJURY AT WORK?	2	88d. DESCRIBE HOW II	NJURY OCC	CURED		
B	2 Accident Investigation				YES 2	NO NO					
n l	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Sp.	<pre>IY — At home, lerm, scify)</pre>	street, factory,	office	2	261. LOCATION (Street e City or Town, State)	nd Number	or Rural Route Num	ber,	
COMPLETE											
7		CIAN: To the best of my kno	wledge, death occur	red at the time,	date end place,	end due to	the cause(s) end man	ner es stat	led.		
O	one) 2 MEDICAL EXAMINE	R: On the beele of examinati	on end/or investigat	lon, in my opini	on, death occur	ed at the tin	me, date end piece, en	d due to th	e ceuse(e) and man	nner ee stated.	
ПС	29b. SIGHATURE AND TULE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)										
0	me en	lulnon	_ 14.0	,	0 -	05/	8	> 7	1/28/9	5	
임	30. MANE AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)					7		
	Joel Schulman, M.D. 9410 Old Georgetown Rd., Bethesda, Md. 20814										
	JUL 2 8 199	32. REGISTRAR'S SIG	MATURE Randa	4							

23:

er in the second

1 - Kulli Me et 1

and the second second second

en te et

udes eve i s

eline and

. . . .

3 I regularisme to a marge of the

THE RESIDENCE OF THE PARTY OF THE RESIDENCE

68760	
BOX	
P.0.	
CORDS,	
LREC	
F VITA	
ONO	
DIVISI	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing withing hours after death. Page 6 may be retained by the hospital or attending physician.

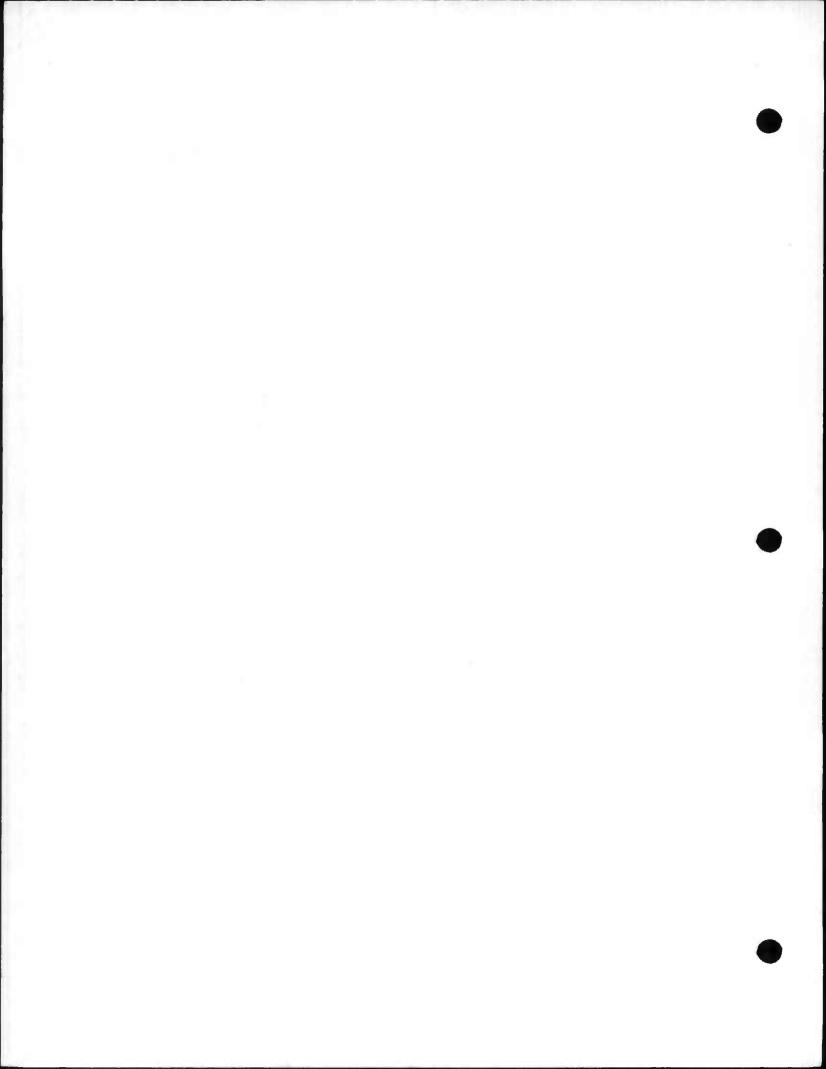
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	EALTH AND	MENTAL HYGIEN					
1	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH			
	RI\		EZEKO			July 21,	1995	10:48 P.M			
	0B0-34-6039	5. SEX 8. AGE (HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun				
	Be. FACILITY NAME (If not institution, give st	1 11 1		b. CITY, TOWN (OR LOCATION OF D		1920 Pol				
DIRECTOR	Holy Cross Hospit	tal			er Sprin		Montg				
IREC	100. STATE 10b. COUNTY Maryland Mont	•		OWN OR LOCAT			1				
10	10a. STREET AND NUMBER	tgomery	5	ilver	Spring ZIP CODE		10g. CITIZEN OF WH				
FUNERAL	1135 University E	31vd. West. #	1005	"	20902		States				
S.	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		E — American Indian, k, White, etc.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	Z/(_MO		2XXNO Specif	in, Puerto Rican, etc.) y:		White				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	,		Own H	omo				
Š	17. FATHER'S NAME (First, Middle, Last)		Homomake	_	18. MOTHER'S NA	ME (First, Middle, Malden					
BE	Abraham	Blum	enkrancz		Faig	el	Blu	menkrancz			
5	19a. INFORMANT'S NAME (Type/Print) Abraham Ezekowitz	(500)				Route Number, City or Tow		240			
	20a, METHOD OF DISPOSITION	201	PLACE AND DATE OF C			lver Sprin	G, MD 2US				
	1 🕅 Burlal 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	oval from State com	elery, cremetery or other iontefiore	Cemet:	ery	7-23 Spri					
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENNE		22. NAME AN	D ADDRESS OF FA	CILITY		, , , ,			
	*//	therton	14	933 (Gist Ave	Services, . Silver S	pring. M	20910			
	23. PART I. Enter the diseases, or c ahock, or heart failure. I	complications that caused List only one cause on ea	the deeth. Do not	enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximate interval Between			
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)		SIVE +	15A1	ZTA	TTAC	K	ONE HOUS			
Z	DUE TO (OR AS A CONSEQUENCE OF): (PORO WAR Y TO 15 FAST										
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
E C	CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	that initiated events reaulting in death) LAST	d.	outsesses or j.								
	PART ii. Other algnificent conditions	a contributing to death by	ut not requiting in t	he underlying	Cause given in	Part I. 24s, WAS AN	AUTOBEY CAN	WERE AUTOPSY FINDINGS			
ICAL	BREAST	CANCE	ER-		occoo grow in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEC	PARKINS	SONS T) BEAS	E			9:40	OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAIN	v 🗆					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:							
H	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	26b, TIME O			6 Other (Specify) 28d. DESCRIBE HOW II	NUMBY OCCURED				
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO	RK7 ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Speci	— At home, larm, atree fy)	t, factory, office	,	281. LOCATION (Street e City or Town, State)	and Number or Rural i	Route Number,			
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, daath occurred a	t the time, date	end place, and due	to the cause(a) end men	ner se stated.				
ĕ Ņ		R: On the beele of examination						e) end manner ee atated.			
띪	29b. SIGNATURE AND TITLE OF CENTIFIER	Mah	m, M	1	29c LICENSE NUM	12 4	≥ 7-2	(Month, Days Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	ATHEUS 1	TH (ITEM 27) (Type, Prin	0189	EDRGIA	AVE. W	HOTTON,	MD 20905			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA						,			
	~ 5 1232 €	Filis Davidson Co	1.12								



0	_
9	
68760	
00	
9	
20	
3	
30X	
$\mathbf{\alpha}$	
0	
P.0.	
О,	
S	
00	
$\overline{}$	
RECORD	
\circ	
ш	
OC.	
_	
TAL	
Q.	
-	
4	
OF	
_	
SION	
\overline{C}	
\simeq	
S	
ž	
>	
_	
4	

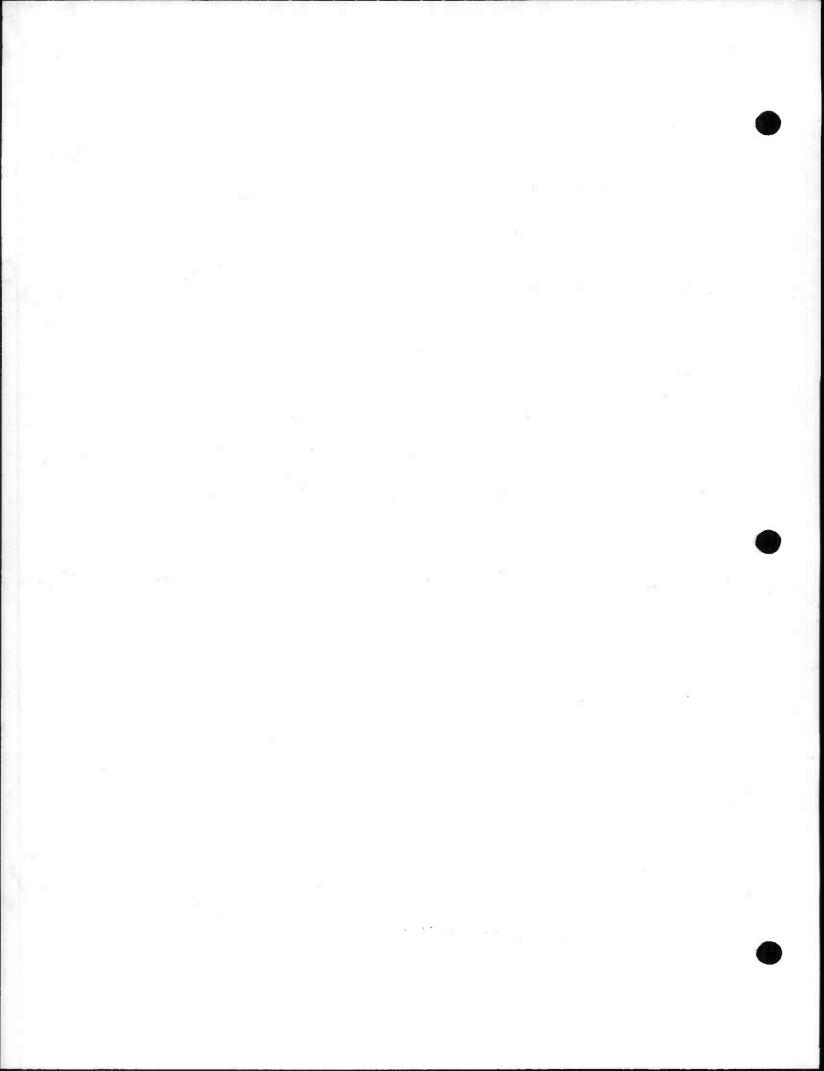
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CI	ERITER	JAIL	IF DEATH		REG. NO.				
- N	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH DA	Y	YEAR	3. TIME OF DEATN	
	AMELIA ZUNIG		NCOIS					July 25	, 19	95	5:15 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA			DATE OF BIRTH (Month, Day, Year)		a. BIRTH	PLACE (State or Foreign	
	238-46-6376	1 🗌 M 2 💢 F	69	YRS.	IONTHS DAT	S HOURS M	Ma	(Month, Day, Year) arch 10,	1926	Phi.	lippines	
_	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOV	N OR LOCATION	OF DEATH	1	9c. COUNTY OF CEATN			
DIRECTOR	9601 Dubarry Ave	nue		Seabr	ook			Pri	nce (George's		
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	,	T 40- 017W	TOWN OR LO								
		•				CALIUM					10d. INSIDE CITY LIMITS?	
	Maryland Princ	e George	S	Sea	brook	101. ZIP CODE			150 400		1 X YES 2 NO	
RA	9601 Dubarry Ave	2110							10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT				20706				S.A.		
	1 Never Married 2 Married	FORCES? 1	YES 2 X		If yes	, specify Cuban, M	exican, Pu	ORIGIN? (Specify Year uerto Rican, atc.)	or No-	14. RACE Black	— American Indian, , White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 X NO S	Specify:			Specif	y: Asian	
요	15. DECEDENT'S EDU		16a. DE	CEDENT'S U	SUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INC	DUSTRY	•	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	//in	he kind of wo Do NOT use	rk done during retired.)	most of working						
ਛ		ì		emake	r			Own Ho	me			
5	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER	S NAME (First, Middle, Maiden	Surname)			
BEC	(Unknown) Zuniga					(Unkı	nown) Perez				
0 8	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING A	DDRESS (Stre	et and Number or F	Rural Floute	Number, City or Town	, State, Zip	Code)		
۲ ۱	Daniel Francois,	Sr.	9	601 D	ubarr	y Avenue	, Se	abrook,	Mary.	land	20706	
	20a, METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Rem		20b. PLACE	AND DATE OF	DISPOSITION	/Neme of		DATE 20c LOC	CATION	City or Ton	un State	
	4 Donation 5 Other (Specify)	Oval from State	Fort	matory or other Linco	ateofolisposition (Nome of place) cor other place) acoln Cemetery 07/29/95 Brentwood, Maryland							
- 1	21. SIGNAPORTA OF PUNERAL SERVICE DO	ENSEE ()	^		22. NAMI	AND ADDRESS O	E FACILIT	rv				
	▶ Ho. 3	1.8	()					Sons Fu				
\neg	23. PART I. Enter the diseases, or o	complications that	caused the de	eth Do no	4/3	Baltim	ore	Ave., Hy	atts	Ville	e, MD 20781	
	snock, or heart fellure.	List only one ceur	e on each line			mode of dying,	accir aa	cardiac or reapi	atory arr	eat,	Approximata interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Dan		F) = -					Onset and Death		
ŀ	reaulting in death)	a. AES	OR AS A CONSEC	OLIENCE OF	1 41	railure 6					6 hrs.	
_		Met	ctay	L.	Pancreatic Carcinoma						11/2 400	
5		DUE TO	OR AS A CONSEC	OUENCE OF):							1/2/13	
4	if any, leeding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF):								
=	reaulting in deeth) LAST	d										
	PART II. Other aignificent condition	a contribution to	donath hus one -					. 1				
EDICAL	Diabetes			esuiting in	the underly	ring ceuse give	n in Part	24a. WAS AN / PERFORI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ן ב			EUS.					1 - YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
Σ	Hypertens	100	100 00 000	-	-	<u> </u>		_			1 TES 2 NO	
Z	DID TOBACCO USE CONTI	KIBUTE TO CAL					TAIN L					
HTSICIAN	EXAMINER?	HOSPITAL:			(Check only o	ne)						
2	1 Q YES 2 NO 27. MANNER OF DEATN	1 L Inpatient 2 L				iome 5 Realde						
չ ∥	1 Natural 5 Pending	(Month, Da		26b. TIME	RY	INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCC	CURED		
2	2 Accident Investigation	280 BLACE OF	IN HIERON As her			YES 2 NO	_					
3	3 Suicide 8 Could not be 4 Nomicide determined	building, a	INJURY — At hor rtc. (Specify)	me, rem, em	eet, factory, o	TIICO	261	City or Town, State)	nd Number	or Rural R	oute Number,	
	29a. CERTIFIER											
2	(Check only	CIAN: To the beat of a										
5	one) 2 MEDICAL EXAMINE	R: On the basis of ex	amination and/or i	nveatigation,	in my opinio	n, death occurad a	t the time.	, date and place, and	due to th	e cause(a)	and manner as stated.	
u	296. SIGNATURE AND TITLE OF CERTIFIER	1.5				29c. LICENSE	NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
2	11/1/	MD				D40	889	(MD)		7 /	26/95	
- [30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITER	1 27) (Type, P.	rint) 747	14 Gree	nwa	av cente	r D	Su	it a 800	
Щ												
	Edward Johnson,				Gre	en bel	7	MD Cente	20	ブフン)	
	Edward Johnson, 1 31. DATE FILED (MORITI, Day, Year) JUL 271995		SE SHOWING	Nell	Gre	en bel	4,	MD	20	770	>	



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

÷.	
8	
2	
m	
ñ	
\times	
0	
BOX 68760,	
_	
$\dot{}$	
Ų	
ດໍ	
_	
Š	
×	
_	
Œ	
\circ	
\tilde{a}	
\simeq	
RECORDS, P.O.	
Œ	
TAL	
7	
_	
_	
>	
<u></u>	
Ų	
7	
Q.	
- 0	
97	
>	

3. TIME OF DEATH 2. DATE OF DEATH hyther Fouch Jr 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH a (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 XX M 2 T F YRS 54-50-7320 Aug .8,1933 Georgia should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1212 Glacier Avenue permit. Pages 1, 2, 3 Capitol Heights Prince George's 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 NYES 2 NO Prince George's Height Capitol FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 1212 Glacier Avenue

MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 20743 S Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Married 1 YES 2 NO Specify: BY Specify 3 Widowed 4 Divorced Jan. 6 1954-Dec1955 Black ED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12th Support Aid Government 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Luther Fouch, BE Annie Averv 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel Fouch Glacier Ave. Capitol Heights, Md 20743 pe 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) (Cheltenham) 24 MD. Veterans Cemetery July Cheltenham, M 22. NAME AND AGORESS OF FACILITY J.B. Jenkins Funeral Home 20a METHOD OF DISPOSITION 20c. LOCATION — City or Town, State must Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Distancible Cheltenham, Manyland 21_MIGHATURE OF FUNERAL SERVICE LICENSEE medical examiner • 7474 Landover Rd. Landover, Md 20785 and completely filled in by the build, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) arter polario Carda Varcula Lisease Welselie executed within event. QUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) the attending physician if Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? WAIL ARLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? of Health 1 | YES 2 1 NO 1 TES 2 NO has been PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\sqrtare\) - Dept. 23 25. WAS CASE RESPRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINED! HOSPITAL ATTENDING PHYSICIAN: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ 4 Nursing Home 5 Residence 6 Other (Specify) or of 27. MANNER OF DEATH 28s. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OEȘCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO BY death Investigation After 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide after de 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: A COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 OR 29a. CERTIFIER 1 Check and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) THE HOSPITAL 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENT 29c. LICENSE NUMBER 28d. DATE SIGNED (Month, Day, Year) BE Maura tracejus m) 0 D21230 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, MD 20748 72. REGISTRARIS SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

order to the state of the state

5	25	
at	USe	
0	6	
that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	
=	9	
5	ă	
retained	5 should	
2	9	
nay	pa(
9	ĕ	
age	dire	
Jeath. F	funeral	
after (y the	noval
65	4	ren
Poc	- Pa	0
16	7	100
within	pletely	cremat
8	8	70
noecn	and	Par
9	Z	100
rte b	Sici	prio
ĮÇ.	듄	9
cert	ding	-Voie
eath	affer	mal
96	the	Me
H	2	bal
Ħ	b	S 43

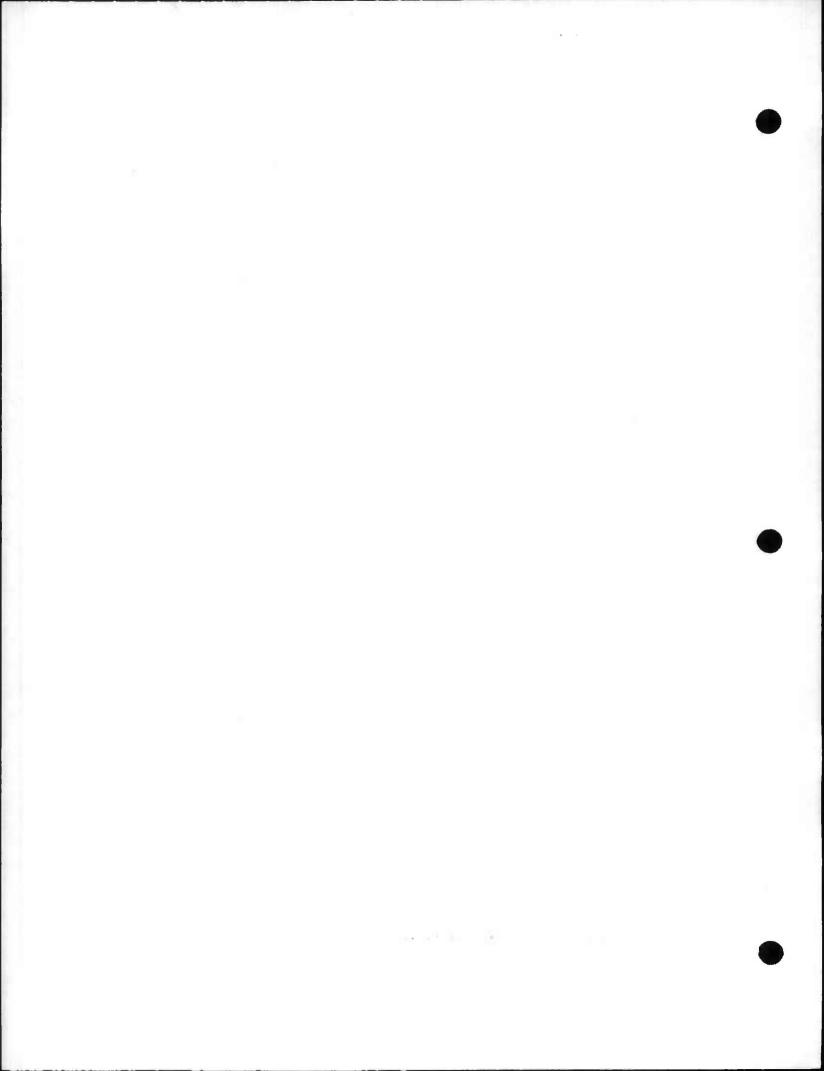
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

nding physician. is the burial-transit permit. Pages 1, 2, 3 should TO THE PUREAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INFORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTRAR		CI	=RIJF	ICATI	E OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	CONSTANCE I	DENNISON F	COYD					MON			YEAR 1995	10:45 P. w
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday)	IE LINDEI	R 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	1		IPLACE (State or Foreign
	020 12 0400	1 □ M 2 🖫 F		YRS.	MONTHS	DAYS	HOURS MIN.	(Mon	th, Day, Year)		Counti	(Y)
	039-12-8490	Δ	74	ino.				09	-25-1	920	Wol	laston, MA
~	9e. FACILITY NAME (If not institution, give :				9b. CITY	Y, TOWN	OR LOCATION OF DE	EATH		9c. COL	JNTY OF D	EATH
Ö	4111 Pinedale	Drive				Bal.	timore			Bal	Ltim	ore
5	RESIDENCE OF DECEDENT											-
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
	Md B	altimore			Ba	ltin	nore					1X YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CIT	TIZEN OF V	VHAT COUNTRY?
FUNERAL	4111 Pinedale	e Drive					21236					
Ž	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN II S AD	MED	112	WHE DEC	ENDENT OF HISPAN		100 00 14 M -			.S.
	1 Never Married 2 Merried	FORCES? 1	YES 2 X		- 1	If yes, sp	ecify Cuben, Mexica	n, Puerto	Rican, etc.)	or No-	14. RACE Black	E — American Indian, t, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 TYES	2 X NO Specify	y:			Speci	* Cauasiar
	15. DECEDENT'S EDU	I IOATION	70.00		<u> </u>							Cauastai
2	(Specify only highest grade	completed)	(G	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					, KIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		tife. Do NOT use retired.)								Dept.
₹		4yrs	L	egal	. Se	cre	tary		Howar	d Jo	ohns	on Legal
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Malden	Surneme)		
BE (Wil	liam Den	nison					Li	llian	Sti	rina	er
	19e. INFORMANT'S NAME (Type/Print)		190	, MAILING	ADDRESS	S (Street e	nd Number or Rural F					
2	Staven Flo	vd					le Driv					D 21226
	20e. METHOD OF DISPOSITION	ya										
	1 Duriel 2 Cremation 3 Rem	oval from State	cemetery, cre	matory or or	OF DISPOS ther place)	SITION /Na	chool c	DA1	E 20c. LOC			
- 1			Geo:	rget	own	Me.	d. Seho	+ 7	-11-9	5 V	Wash	. DC
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	CENTER	1		22.	NAME AN	D ADDRESS OF FA	CILITY	17		7 77 -	
	1//				tin Roy							
-	1	·	1)		360	5 14th	Str	eet,	NW,	Was	h. DC
	23. PART i. Enter the diseases, or shock, or heart fellure.	List only one ceuse	on each time	ath. De r	not enter	the mo	de of dying, suci	h aa car	diec or respin	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final											interval Between Onset and Death
	disease or condition	CHRON	1161	IACL	G	116	SEASE					Inun
ŀ	disease or condition a.CHRONIC LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF):										10913	
_	O COURSE OF COURSE OF SECURITIES OF SECURITI											
ó	Sequentially list conditions,	b	AS A CONSEC	VIENCE OF	D.							
F	if any, leading to immediate cause. Enter UNDERLYING	552 10 (6)	AS A CONSEC	ISEOUENCE OF):								
CERTIFICATION	CAUSE (Diseese or Injury	c										
Ë	thet initiated events resulting in death) LAST	DUE TO (OH	AS A CONSEC	UENCE OF	7):							
8	Tooland III dollar, Exist	d										
	PART II. Other significent condition	e contributing to de	oth hut out a		in Abrillia	al sales for a				- 20 20	1 2	
EDICAL	The state of the contract of t	is continuating to de-	etti DUL HOL I	esuiting i	n the un	ideriying	ceuse given in	Part I.	24a. WAS AN / PERFOR		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8									1 TYES 2	K NO		COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
	DID TOBACCO USE CONT	RIBLITE TO CALLS	E OF DEA	TH VE	s \square i	NO E	UNCERTAIN	ועלו				1 1E3 2 100
4	25. WAS CASE REFERRED TO MEDICAL	INDOIL TO CAUS		E OF DEAT			DIACEKIMI	<u> </u>				
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER	D.		37		TIO	CDTC	
XS	1 TYES THE NO	1 Inpatient 2 EF	VOutpetient 3	□ DOA	4 🗆 Nun	sing Hom	5 🗆 Reeldence	8 Oth	r (Specify)	HO	SPICE	5
표	27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, 1)		28b. TIMI	E OF URY	28c. INJ	JRY AT RK?	28d. DE	SCRIBE HOW IN	JURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation				М	_	ES 2 NO					
	3 Sutoldo	28e. PLACE OF IN	JURY - At ho	ne, farm, s	treet, fact	lory, office		28f. LOC	ATION (Street a	nd Numbe	r or Rural R	cute Number
BY		building, atc.	(Specify)					City	or Town, Stete)			
	4 Homicide 8 Could not be determined											
	4 Homicide determined											
	4 Homicide Certifying Physi Check only Certifying Physi	CIAH: To the best of my										
	4 Homicide Certifying Physi Check only Certifying Physi) and menner ee stated.
COMPLETED	29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINE	R: On the basis of exami					eath occured at the	time, dete		due to th	he cause(e)	
COMPLETED	4 Homicide Certifying Physi Check only Certifying Physi	R: On the basis of exami	ination end/or (nveatigatio			eath occured at the	time, dete		due to th	he cause(e)) and menner ee stated. (Month, Dey, Year)
BE COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER COOL OF THE COURT OF CERTIFIER COOL O	R: On the basis of exami	Instion end/or i	nveatigatio	n, in my o		eath occured at the	time, dete		due to th	he cause(e)	
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE 290. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH DR. KENDALL FAULK	R: On the basis of exami	DE DEATH (ITEM	M []	Print)	opinion, de	eath occured at the	time, dete	and place, end	due to th	he cause(e)	
BE COMPLETED	29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	R: On the basis of exami	DULANE	M (Type, Y VA	Print)	opinion, de	29c. LICENSE NUM	time, dete	and place, end	due to th	he cause(e)	



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

		The distriction of the second		OLITTI	ICATE	OF DEATH	REG. N	IO.			
		1. DECEDENT'S NAME (First, Middle, Last)	/ -	-			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
		BIENV	ENIDO T	· FERI	VANC	July 23-1998 9-37					
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthdey			7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign		
_		547-53-2172	1 M 2 □ F 75	yrs.	MONTHS DA	YS HOURS MIN.	February	21, 1920	Philippine 1		
3 should		9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY OF			
	뜻	SOUTHERN M	MAY/MND +	tosPirac	101				E GEORGE		
† 2,	ECTOR	RESIDENCE OF DECEDENT	THE T	- CSF // AL		WIDN		7 7 770 02	LUKUL		
ages	H	10a. STATE 10b. COUNT		10c. C	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
±. €.	DIR	Maryland Princ	e George's	O ₂	con Hil	1			LIMITS? 1 X YES 2 NO		
permit. Pages	A L	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
nsit	FUNERAL	6513 Bock Rd.				20745		USA			
-0020 ing physician. the burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify		E — American Indian,		
E 5 00		1 Never Married 2 Married	FDRCES? 1 YES			i, specify Cuban, Mexic YES 2 ☑ NO Speci		Spec	ck, White, atc.		
215-0020 attending physic se as the burial	B 4	3 Widowed 4 Divorced				X			pino		
S at 2	8	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	work done during	PATION a most of working	16b. KIND OF I	SUSINESS/INDUSTRY			
N S E	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	, most or working	D .	T 1			
AND 2 he hospital detached for	N M		2	Bookkeeper			Privat	te Industry			
The horder	COMPL	17. FATHER'S NAME (First, Middle, Last)	172 . 1			18. MOTHER'S N.	AME (First, Middle, Meld o Tiongo	en Surname)			
5 6 6 Z	i w	Rosauro Aragon	Fernandez			Rosari	lo Tiongo	.0			
MAR retained 5 should	TO B	19a. INFDRMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	set and Number or Rural	Route Number, City or 1	own, State, Zip Code)			
		Angela M. Fernand	ez		e as it						
W > @ 4		209, METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION	(Neme of	DATE 20c.	LOCATION — City or To	own. State		
e 6 ma		1) Buriel 2 Cremellon 3 Rem	oval from State	metery, cremetory or Surrect	cther place cem	etery 7/28	3/95 C1:	inton, Md.			
		21. SIGNATURE OF JUNERAL SERVICE LI									
ALTIN death. Pag tuneral di I.		may K.K.	1.19			ge P. Kala					
		34/-11/	1			Oxon Hil			1. 20745		
hours after bd in by the or removal		23. PÁRT i. Enter the diseasea, or ahock, or heart failure.	complications that couse List only one cause on	ed the deeth. Do	not enter the	mode of dying, au	ch as cardiac or rea	piratory arrest,	Approximata		
filled on, or		IMMEDIATE CAUSE (Final	10 -	~~~	20 12	4			Interval Between Onset and Death		
nety fi		disease or condition resulting in death)	(Treame	_Cles	kush	is Au	land:	1 Juni	ex 7/12		
Tiple Cree			DUE TO (OR AS	A CONSEQUENCE	OF):		1		- TOTA		
d col	z		Del		J.1	7 22	34h	9c	7/0 400		
A C	은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	of The	2527 .		,	100		
Drior at by C	ERTIFICATION	cause. Enter UNDERLYING	Sum	may		7/0 mes					
Tifica Tifica Tifica Tifica Tifica	<u>u</u>	CAUSE (Disease or Injury that initiated events	DUE TO JOR AS	A COMSEQUENCE O	IF):	00	122713				
Hyd in Ce	E	resulting in death) LAST	4.				7				
death death fental H	O	DART II Other standings at a sedict									
D at the i	EDICAL	PART II. Other aignificant condition		but not reaulting	in the underl	1	DEBE	AN AUTOPSY ORMED?	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
signed by Health and	ă	Halle And En	n and	a rene	well	dum	1 🗆 YES	2 (12 NO	COMPLETION OF CAUSE OF DEATH?		
	Z	Crony Co	way	nemu	<				1 YES 2 NO		
e law requents been Dept. of 1	CIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUSE (OF DEATH Y	ES NO	☐ UNCERTAI	ND				
	₹	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEA		ne)					
SICIAN: The certificate h the State h	S	1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	fome 5 - Residence	6 Other (Specify)				
ATTENDING PHYSICIAN: ECIDI: After this certification death with the State of the st		27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	NE OF 28c.	INJURY AT	28d. DESCRIBE HOV	/ INJURY OCCURED			
NG PHYS atth with	ВУБ	1 Haturel 5 Pending	(MORRI, Day, Hear)	l In	JURY 1	WORK? YES 2 NO					
After		2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	Y — At home, ferm,	street, factory, o	office	261. LOCATION (Street	et and Number or Rural I	Route Number		
S E BE		4 Homicide determined	building, atc. (Spe	ecffy)			City or Town, Sta	(0)			
OR ATTENE DIRECTOR Hours after	iw I	29a. CERTIFIER									
Z Z Z =	1 % 1		CIAN: To the best of my know								
O THE HOSPITAL TO THE FLINESPAL TO SING WITHIN 72 IMPORTANT II	COMPL		R: On the beels of examination	on and/or investigati	on, in my opinio	n, death occured at the	time, data and place,	end due to the ceuse(s	a) and manner as stated.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ä	29b. SIGNATURE AND TITLE OF CERTIFIED		1-		29c, LICENSE NU	MBER	294 DATE SIGNED	(Mayor, Day, Year)		
- PERM	TO B	Majma	u mi	9		208	2-4	1/2	7/95		
2)	F	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	/				1			
)/		7450 Jenn. Au	e. #18 0	opex	More,	Ibored,	mo.	20712			
		31. DATE FILED (Month, Day 1005	32. AEGISTRAR'S EIG	A GELL							
	1 3	101111111111111111111111111111111111111	Marie and annual								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt, of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

SHOOL		
2		
2		
200		
- Called		
DOLLAR DE LOS		
2		
2		
5		
200		0.000
3		100
		Hillad
		6
		2
ion or removal		muse
		nec
		lmes
-	9	8
0	5	dica
2	5	ě
	,	-
	535	Ě
Pam 2	0	THE
0	,	Š
civil	20.00	2
4	2	mat
+	5	8

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Fowler

2

111

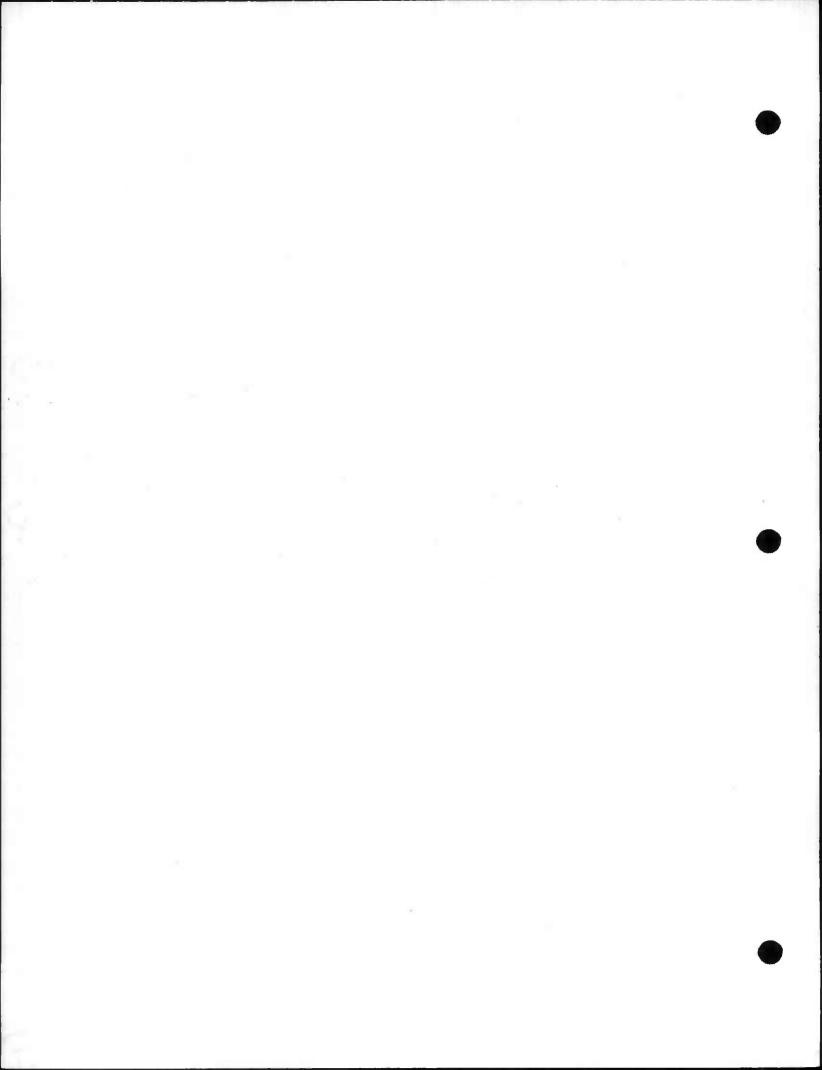
32. REGISTRAR'S SIGNATURE ROYALL

							-	5 24042				
FOR STATE REGISTRAR	STATE OF M	IARYLAND /	DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH				
MARY	RAMSB	URG		FRANT	Z		19	95 10:30 A.M				
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. lest	t birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	, 17	8. BIRTHPLACE (State or Foreign				
215-26-0876	1 □ M 2 🖔 F	84	YRS. MC	ONTHS DAYS	HOURS MIN.	Oct. 17,	1910	Country)				
9a. FACILITY NAME (If not institution, give st	treat and number)	<u> </u>		b. CITY, TOWN C	OR LOCATION OF D			Maryland NTY OF DEATH				
9340 DUBLIN RD				WALKERSVILLE FREDERICK								
RESIDENCE OF DECEDENT				TABBLATOR								
10a. STATE 10b. COUNTY			10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
Maryland Frede	rick		Walk	ersvill	.e			1 TES 2 1 NO				
10a. STREET AND NUMBER				101	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?				
9340 Dublin Rd.				2	21793		USA					
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No —	14. RACE — American Indian,				
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF VES GIVE WAR OR DATES					an, Puerto Rican, etc.)		Black, White, etc. Specify:				
						·		White				
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, DE0 (G/	CEDENT'S US	UAL OCCUPATION done during most	N st of working	16b. KIND OF BU	SINESS/IND	DUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5 +	,	_	etired.)	=	1						
8		sel	.f			dairy		ng				
17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maider						
George Ramsburg		Maude Maw Craemer										
19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Tov						
Mark W. Frantz		9	9400 F	Fublin	Road,	Walkersvil						
20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☒ Cremation 3 ☐ Remo	oval from State	20b.PLACEA	ND DATE OF	DISPOSITION (Na	ma of	7 124 20c. LC	CATION -	City or Town, Stata				
4 Donation 5 Other (Specify)		Hage	rstown	Crema	tory	1995 Hag	ersto	wn, Maryland				
21. SIGNATURE OF FUNENAL SERVICE LIC	ENDER			22. NAME AN	D ADDRESS OF M	Stauli	er ru	neral Home				
- Taymord	Horn					own Pike,						
23. PART I. Enter the diseases, or o show, or heart failure. I	omplications that	ceused the dec	eth. Do not	enter the mo-	de of dying, aud	ch ee cerdiac or reep	Iratory arr	eat, Approximate				
					, .	•						
IMMEDIATE GAUSE (FINAL	- 11		,				Interval Between					
disease or condition resulting in death)	plhe	rosde	rohl	- W			- 0	Interval Between				
disease or condition resulting in death)	DUE TO	OSUL	ruhl DUENCE OF):	- 6			- 0	Interval Between				
disease or condition resulting in death)	b			- 60			- 0	Interval Between				
Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSECUTION OF A CONS		- 60			- 0	Interval Between				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO ((OR AS A CONSEO	DUENCE OF):	- W			- 0	Interval Between				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (DUENCE OF):	- 60			- 0	Interval Between				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bDUE TO ((OR AS A CONSEO	DUENCE OF):	- W			- 0	Interval Between				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO ((OR AS A CONSEO	DUENCE OF):		rdibi	nscular		Interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO ((OR AS A CONSEO	DUENCE OF):		rdibi	Pert I. 24a. WAS AMPERFO	AUTOPSY RMEO?	Interval Between Onset and Death 213 CP 446 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO ((OR AS A CONSEO	DUENCE OF):		rdibi	Pert I. 24a. WASAN	AUTOPSY RMEO?	Interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO ((OR AS A CONSEO	DUENCE OF):	he underlying	ceuse given in	Pert I. 24a. WAS AN PERFO	AUTOPSY RMEO?	Interval Between Onset and Death 213 CV 410 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR	DUE TO ((OR AS A CONSEO (OR AS A CONSEO death but not re	DUENCE OF): DUENCE OF): DUENCE OF): TH YES	he underlying	rdibi	Pert I. 24a. WAS AN PERFO	AUTOPSY RMEO?	Interval Between Onset and Death 213 CV 410 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (DUE TO (DUE TO (A	(OR AS A CONSEO (OR AS A CONSEO death but not re	DUENCE OF): DUENCE	NO Check only one)	g couse given in	Pert I. 24a. WAS AN PERFO	AUTOPSY RMEO?	Interval Between Onset and Death 213 CPU 410 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	DUE TO (DUE TO (DUE TO (A	(OR AS A CONSEO (OR AS A CONSEO death but not re USE OF DEAT 28. PLACE ER/Outpetient 3	DUENCE OF):	NO □ Check only one) THER: □ Nursing Home	COUSE given in UNCERTAL	Pert I. 24a. WAS AN PERFO	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 NO				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 AVES 2 NO 27. MANNER OF DEATH	DUE TO (DUE TO (DUE TO (A	(OR AS A CONSEO (OR AS A CONSEO death but not re USE OF DEAT 26. PLACE ER/Outpetient 3	DUENCE OF): DUENCE	NO □ Check only one) THER: Nursing Hom W0	ceuse given in UNCERTAL	Pert I. 24a. WAS AN PERFO	AUTOPSY RMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 NO				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 AYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (DUE	(OR AS A CONSEO (OR AS A CONSEO death but not re USE OF DEAT 26. PLACE ER/Outpetlent 3	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): TH YES E OF DEATH (DOA 4 28b. TIME O INJURY	NO Check only one) THER: Nursing Hom F 26c. INJT WO M 1 Y	UNCERTAL 5 S Residence JRY AT RKY ES 2 NO	Pert I. 24a. WAS AM PERFO 1 Pert S :	AUTOPSY TIMED? I NO	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 2 YES 2 NO				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (DUE	(OR AS A CONSEO (OR AS A CONSEO death but not re USE OF DEAT 26. PLACE ER/Outpetient 3	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): TH YES E OF DEATH (DOA 4 28b. TIME O INJURY	NO Check only one) THER: Nursing Hom F 26c. INJT WO M 1 Y	UNCERTAL 5 S Residence JRY AT RKT ES 2 NO	Pert I. 24a. WAS AN PERFO	AUTOPSY RMED? © NO NJURY OCC and Number	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29. Accident Science Could not be determined	DUE TO (DUE	(OR AS A CONSEO (OR AS	DUENCE OF): DUENC	NO Check only one) THER: Nursing Home F 28c. INJI WO' 1 Y st, factory, office	UNCERTAL S Residence JRY AT RKY ES 2 NO	Pert I. 24a. WAS AN PERFO 1 PARS : 6 Other (Specify) 26d. DESCRIBE HOW City or Yown, State	AUTOPSY RMED? INJURY OCC	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 123 YES 2 NO CURED Or Rural Route Number,				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Lectrifier Could not be determined	DUE TO (DUE	(OR AS A CONSEO (OR AS	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 04 28b. TIME O NUTURN THE, farm, street	Check only one) THER: Nursing Home F 26c. INJI WO st, factory, office	UNCERTAL S Residence JRY AT RK7 ES 2 NO	Pert I. 24a. WAS AN PERFO 1 DAYES: 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State,	AUTOPSY RMED? Delta NO INJURY Occurrence and Number	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO CURED Or Rural Route Number, ed.				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST PART II. Other significant conditions DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Lectrifier Could not be determined	DUE TO (DUE	(OR AS A CONSEO (OR AS	DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DUENCE OF): DOA 04 28b. TIME O NUTURN THE, farm, street	Check only one) THER: Nursing Home F 26c. INJI WO st, factory, office	UNCERTAL S Residence JRY AT RK7 ES 2 NO	Pert I. 24a. WAS AN PERFO 1 DAYES: 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State,	AUTOPSY RMED? Delta NO INJURY Occurrence and Number	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 123 YES 2 NO CURED Or Bural Boute Number,				

O.C.M.E.

Penn Street, Baltimore, Maryland 21201

JULY 23,1995



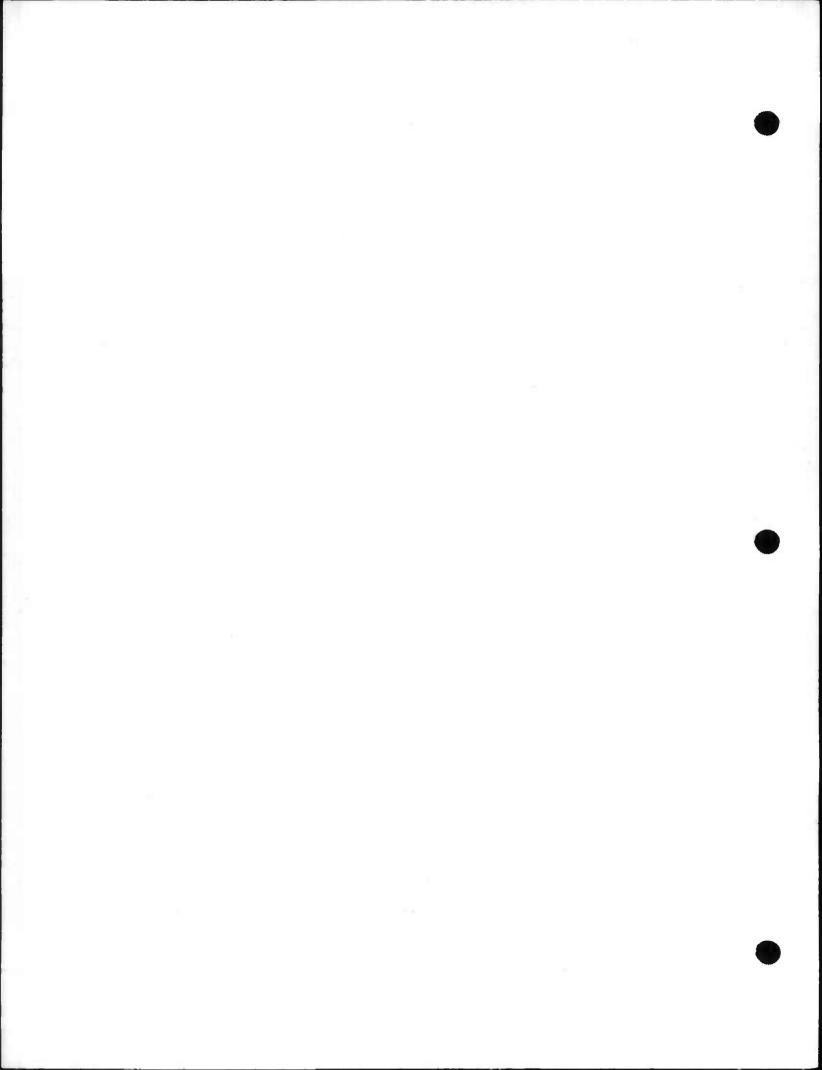
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

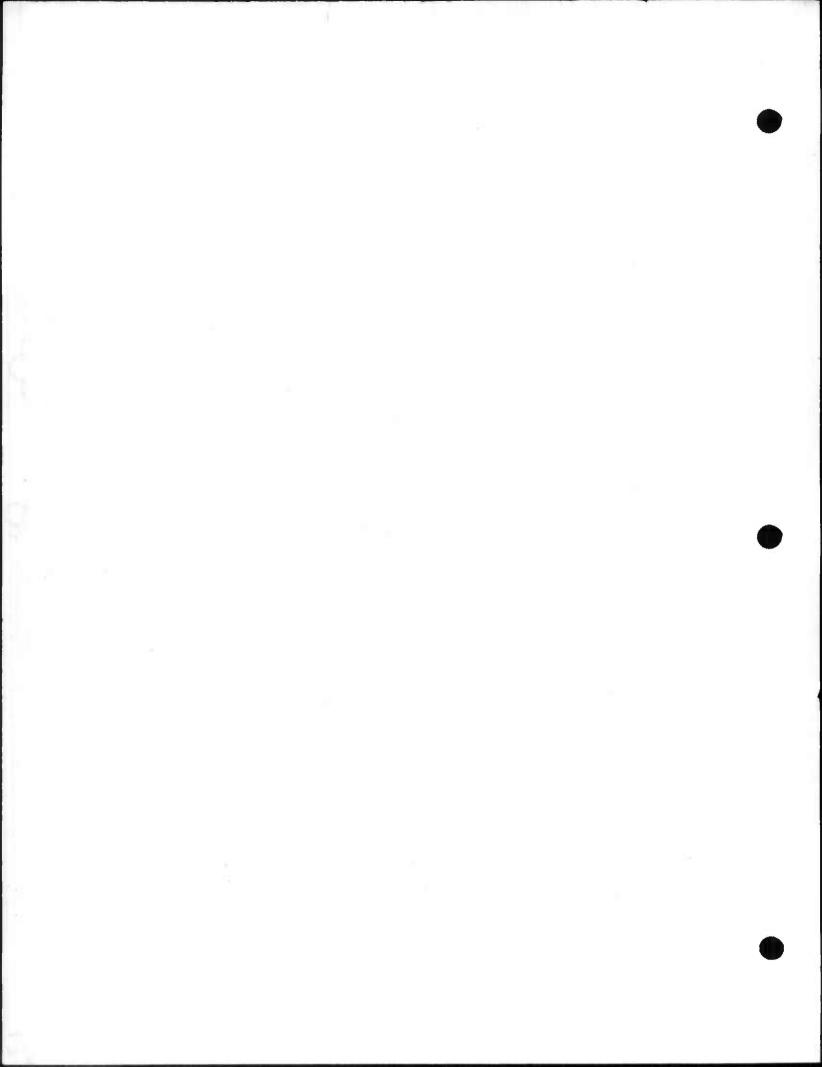
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS: 23 PART I, 27, PER MEO FILM G-726 8/18/95 t.t FOR

	1 - STATE REGISTRAR	SIMIL OF	CER	TIF	ICATE (OF D	EAT	H	MEN IA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Las	10)								E OF DEATH			3. TIME OF DEATH	
	WILLIAM	J.	FLETCHER	R					JUL		2,19	YEAR	10:39 P	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birt		IF UNDER 1 YE	$\overline{}$	UNDER :	24 HRS.	7. DATI	E OF BIRTH	<u>~ /</u>	8. BIRTI	IPLACE (State or Foreign	
	213-58-7344	1 M 2 F	42	YRS.	MONTHS DA	WB H	DURS	MIN.		t. 7.	1952	Last	m nington,D.C.	
	Se. FACILITY NAME (If not Institution, give	e street and number)			9b. CITY, TO	WN OR L	OCATIO	N OF DE		/ , .		INTY OF D		
5	LAUREL REGION	AL HOSPI	ITAL		LAUI	REL					PR.	INCE	GEORGES	
ן ק	RESIDENCE OF DECEDENT 104. STATE 10b. COU				Y. TOWN OR L						# 11.	TIVEL		
DIRECTOR			10	JC. CII	,		•						10d. INSIDE CITY LIMITS?	
ا 1	Maryland Anne	e Arundel			Croft	-							1 ☐ YES 2 🙀 NO	
≱	10. AF CODE													
FUNERAL	1747 Crofton Par	NT EVER IN U.S. ARMED		40 11110			-233				S.A.			
	1 Never Married 23 Merried	FORCES? 1	YES 2 NO	,	If ye	s, specif	y Cuben	, Mexice	n, Puerto	IN? (Specify Yes Rican, etc.)	or No-	Biac	E — American Indien, k, White, etc.	
à	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES	OR DATES 1 YES 2 X NO Specify									pec/ly: hite	
요ㅣ	15. DECEDENT'S EI (Specify only highest gra		16a, DECED	ENT'S	USUAL OCCU	PATION			16	b. KIND OF BUS	SINESS/IN			
	Elementary/Secondary (0-12)	College (1-4 or 5	+) (Give ki	NOT us	work done during the retired.) Wa	ng most o ater	an	ď						
	10 341503-5-41 - 333	4	Waste	Wa	ter Or	era	tor			WAste V	Vate			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (Fit						Middle, Malden	Sumema)				
BE	William Wall	Lace					Jul:	ia F	Rita	Toomey	7			
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)											
-	Ann M. Fletcher		174	7 C	roftor	ı Pa	rkw	ay	Cro	fton,Ma	aryla	and 2	1114-2332	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Re	amoval from State	20b. PLACE AND I	ory or a	ther plece)				1	TE 20c. LO				
ı	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	- A	Fort Li	ńco	ln Cen			7/	/28/	95 Brer	itwoc	od, Ma	ryland	
- 1	21. SIGNATURE OF PUBBHAL SERVICE	1/1	1/11			E AND A				s Funer	al F	Iome	Inc	
	Mach	· III	elle										,MD 20901	
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d													
I MEDICAL	PERFORMED? 1 DES 2 NO OF DI									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				TH (Check only		01100	- KIAII	10					
2	EXAMINER? XXYES 2 \(\text{NO} \)	HOSPITAL:	□ ER/Outpatient 3X □	DOA	OTHER:	Home 5	. □ Ba-	Idense	a 🗆 🔿	or (Specific				
	27. MANNER OF DEATH	28e. DATE OF	INJURY 28	b. TIM	E OF 28c	INJURY	AT	-Jenice		SCRIBE NOW II	NJURY OC	CURED	-	
	1 Natural 5 Pending	(Month, E	Jay, Year)	INI	URY	WORK?		NO						
100	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE C	OF INJURY — At home,	farm, i					28f. LO	CATION (Street e	nd Numbe	r or Rural I	Route Number,	
	4 Nomicide determined	- building,	etc. (Specify)						City	y or Town, State)				
COMPLEIE			my knowledge, death o										i) end manner se stated,	
	29b. SIGNATURE AND THE OF CERTIF		9//					SE NUN					(Month, Day, Year)	
			wh					М.					23,1995	
2	30. NAME AND ADDRESS OF PERSON Y		, ,											
	David R	Fowler			Stre	et,	В	alt	imo	re, M	aryl	and	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	ALLELON ROLL	11										



Raymond W. Fary, Jr. 1. Decedent's Name (First, Middie, Last) Raymond W. Fary, Jr.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
Raymond W. Fary, Jr. 4. SOCIAL SECURITY NUMBER 1/3-03-3846 1/2 M 2 F												
143-03-3846 1	Ам											
Positive Spring 143-03-3840 12 15 15 15 15 15 15 15	ign											
304 Penwood Road RESIDENCE OF DECEDENT 10e. STATE 10h. COUNTY Maryland Montgomery Silver Spring 10e. CITY, TOWN OR LOCATION Silver Spring 10f. ZIP CODE 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 304 Penwood Road 10. STREET AND NUMBER 305 Penwood Road 106. CITY, TOWN OR LOCATION 107 SILVER Spring 108. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 20901 11. MARITAL STATUS 11. NAND SECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE - American Indien, Black, White, etc. Specify: Winite 15. DECEDENT'S EDUCATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY												
100. STREET AND NUMBER 304 Penwood Road 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 2090.1 United States 103. CITIZEN OF WHAT COUNTRY? 2090.1 United States 104. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. YES 2 NO If Yes 2 NO If Yes 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 15. DECEDENT'S EDUCATION (Give kind of work done during most of working If December (6-12) to se retired.) 105. KIND OF BUSINESS/INDUSTRY												
100. STREET AND NUMBER 304 Penwood Road 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 2090.1 United States 103. CITIZEN OF WHAT COUNTRY? 2090.1 United States 104. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. YES 2 NO If Yes 2 NO If Yes 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 15. DECEDENT'S EDUCATION (Give kind of work done during most of working If December (6-12) to se retired.) 105. KIND OF BUSINESS/INDUSTRY												
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY	0											
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY												
Elementary/Secondary (6-12) College (1-4 or 5-) (Give skind of work one during most of working life. Do NOT use retired.)												
Q Not the street of the street												
Raymond Wolcott, Fary, Sr. Rettie Barrowman 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stets, Zip Code) Pornic M. Faryy 197. Dornic M. Faryy 198. Mailing Address (Street and Number or Rural Route Number, City or Town, Stets, Zip Code)												
2 % 2 F N Doris M. Farv I same as 10												
A S A METHOD OF DISPOSITION												
200. PLACE AND DATE OF DISPOSITION (Name of Completely, crematory or other place) 1 Burlet 2 Cremation 3 Removel from State 4 Donation 8 Other (Specify) Chesapeake Crematory 7-28 Beltsville, Maryland												
DATE 20. LOCATION - City or Town, State Date Date Concernion - City or Town, State												
2 3 5 ST AVENUE STIVET SOTION MD 2001)											
shock, or hasrt failure. List only one cause on each line.	•											
We disease or condition METASTANC GASING C CANCERS												
DUE TO (OR AS A CONSEQUENCE OF):												
DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The No. 1	AS.											
M On the state of												
O the property of the control of the												
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO)											
O State of the sta												
THE SECTION OF THE DID TORACCO USE CONTRIBUTE TO CAUSE OF DEATH VES TO NO RELIGIOUS TO THE SECTION OF THE SECTI												
Z5. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
EXAMINER? COMPLETE: CONTROL C												
- テモ>モー W 1/A I Natural 5 Pending M 一 一												
NO STATE OF THE ST												
Z Z Z = Conscious and the cause(e) and memory as stated,												
	ad.											
単型												
Carolyn B. Hendricks, M. D., 9707 Medical Center Drive, #300. Rockville, MD 20850												



1	
00	
400	
9	
20	
\sim	
\circ	
_	
00	
_	
\circ	
٠,	
P.0	
_	
IP.	
ഗ	
0	
α	
=	
0	
\overline{A}	
\cup	
111	
-	
<u> </u>	
_	
⋖	
_	
-	
>	
ш.	
9	
\circ	
Z	
=	
\circ	
S10	
ഗ	
-	
>	
-	
0	
_	

BALTIMORE, MARYLAND 21215-0020	A hours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent, or Health and Mental Horiene prior to burial, cremation or removal	medical examiner must be patified at once
JINISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 22 hours after death with the State Deot, of Health and Mental Honlene erior to burial cremation or removal	IMPORTANT If Item 28 is marked, or item 23 shows any injury or other traumatic event, the medical evantines must be nestited at once.

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	NEGISTRAN			LITTI	ICALE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last		T	0 -				2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
			Myrtle E. Galass					July				11:24 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		MONTHS I		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	BIRTH Day, Ybar)		Count	HPLACE (State or Foreign
	262 42 7234	1 □ M 2 🔀 🗶	6	7 YRS.				March March	21,		Ala	abama
<u>~</u>	9a. FACILITY NAME (If not institution, give				9b. CITY, T	OWN OF	R LOCATION OF I	HTAS		9c. COU	NTY OF D	DEATH
5	North Arundel Ho	<u>spital</u>			G1	en	Burnie			Ann	ne Ar	rundel
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCATIO	ON	•				10d. INSIDE CITY
	Maryland Anne	Arunde1			Croft	on						1 YES XX NO
M	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1505 Farlow Ave	•				2	1114			Unit	ted S	States
5	11, MARITAL STATUS 1 Never Merried 2XXMerried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	RMED NO	13. WA	S DECE	NDENT OF HISP	NIC ORIGIN?	Specify Yes	or No-	Bleci	E — American Indian, k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				ZXNO Spec				Spec	White
8	15. DECEDENT'S ED	UCATION	18a, DI	CEDENT'S	USUAL OCC	UPATION	N		IND OF BU	SINESS/INF		1111110
	(Specify only highest grade Elementary/Secondary (0-12)	le completed) College (1-4 pr 5 +	(0	ive kind of a Do NOT u	work done dur	ing most	t of working				30,111	
A P	12		·	memal	ker				Own	Home	9	
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Mid	dle, Maiden	Sumame)		
BE (Andrew Hilton						Mildre	d Wetz	ler			
0	19a. INFORMANT'S NAME (Type/Print)		19				d Number or Rure					
	Gene Galasso						Ave. Cr					
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	noval from State	cemetery, cre	matory or o	OF DISPOSITI			DATE		CATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	awn l	22 NA	ME AND	Park 7	ACILITY				Maryland		
	DJ + 0	C)_	Ro	beri	t E. Ev	ans Fu				
3	nover c	Cum	2,1	res.	16	000	Annapo	lis Rd	. Bov	vie M	d. 2	0715
	23. PART I. Enter the diseases, pr ahock, or heart fellure	complications that List only one ceu	t caused the de se on each line	eath. Do r	not enter th	a mod	e of dying, su	ch aa cerdia	c or reapl	ratory an	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	00.0	1.1. 4			1	7 4					Onset and Death
	resulting in death)	· just	(OR AS A CONSE	, ne	- 9	B	raus					4 mont
-	_	mi	welk	WENCE OF	3	4.	6	-/	billo		.1	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	BUE TO	(OR AS A CONSE	OUENCE OF	F):	and the same of th	-1-02	6	~~~	ne	chari	7
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	a a	nert	•								
	that initiated events resulting in death) LAST	DUE TO	(GR AS A CONSE	GUENCE O	F):							
5 5	Total In Geetily Excit	d										
	PART II. Other significent condition	ns contributing to	deeth but not i	reaulting	In the unde	rlying	cause given in	Part I. 2	ia. WAS AN		24b	. WERE AUTOPSY FINDINGS
EDICAL									PERFOR	-		A/AILABLE PRIOR TO COMPLETION OF CAUSE
MEC									=0 &	7		OF DEATH?
	DID TOBACCO USE CON	RIBUTE TO CA	USE OF DEA	TH YE	S N		UNCERTAI	N 🗆				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check only							
YSI	1 VES 2 NO	□ DOA	OTHER:	Home .	5 - Realdence	6 Other (S	ipecify)					
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE GF (Month, De		28b, TIM INJ	URY	won	K?	28d, DESCR	IBE HOW II	NJURY OCC	CURED	
B∕	2 Accident Investigation	20. 21.405.25	P IN H IPW	L			8 2 NO					
G	3 Suicide 8 Could not be 4 Homicide determined	zse. PLACE Gi building,	F INJURY — At he atc. (Specify)	me, farm, s	street, factory	, office		281. LOCATI City or	GN (Street a fown, State)	ind Number	or Rural F	loute Number,
COMPLETED	29e. CERTIFIER					_	-					
MP	(Check only											
	29b. SIGNATURE AND TITLE OF CENTUR			veetigatio	n, in my opin	-			a piace, en) and manner as stated.
H	1/1/2.11/	Sel	de			1	29c, LICENSE NU	MBER (CC)		29d, DATI	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	IG COMPLETED CAUS	E GF DEATH ATE	M 27) /Tuna	Print)		0/87	-			0/	129115
	Ronald Sroka M.D		age Gre			n M	arvland	2111	4			
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATURE	0 11			ar j rand	. 2211	,			
	JUL 2 8 1995	your of	udian had	delle								
						_	-					DHMH 16 Pm 1/00

A ST SOUTH TO

20	
permit.	
burial-transit permi	
the	
e as th	
use	
ō	
should be detached for use	miner must be notified at once.
2	7
should	offfied
9	Ē
pag	ă
director, page 5 sho	r must
funeral d	t, the medical examine
調	-
A E	=
0 10	E
PI HE	9
nath h	=
pled cre-	ua.
S 4	5
Day.	all c
2	Ĕ
rior	E
e D	-
gie d	듐
호호	6

BALTIMORE, MARYLAND 21215-0020

ss 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

MEDICAL CERTIFICATION

PHYSICIAN:

BY

4 Homicide

29e. CERTIFIER

COMPLETED

8 9

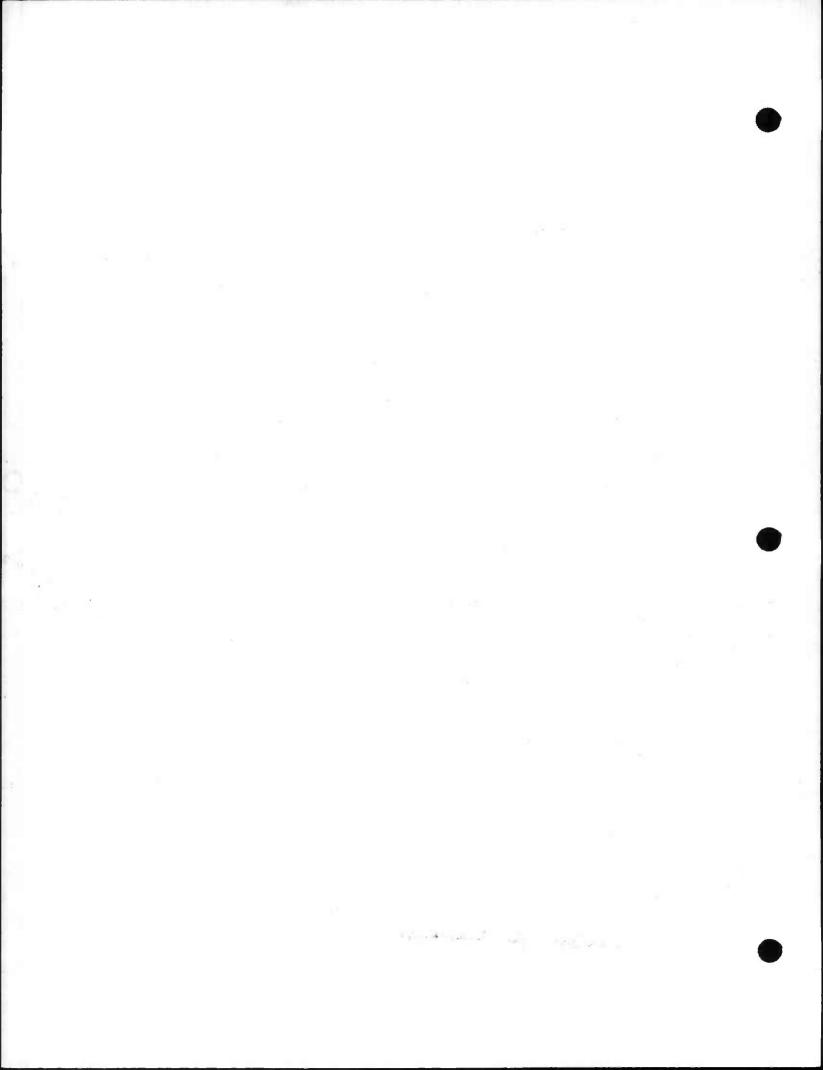
hours after death. Page 6 may be retained by the hospital or attending physician. requires that the death certificate be executed within 24 DIRECTOR: After this certificate has been signed by the atte hours after death with the State Dept. of Health and Mental 23 shows any injury, OR ATTENDING PHYSICIAN: The law 6 marked, 28 Item FUNERAL | = TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH GREENE BERTHA JULY 995 1:55PM 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. last birthday) IF UNDER 24 HRS. IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) 227-52-9474 1 M 2 F 58 YRS. Feb Virginia Se. FACILITY NAME (If not institution, give alrest and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George Community Hospital Prince George Prince George RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1 Maryland Prince george riverdale 1 TYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6353 64Th Ave 20737 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: 3 Widowed 4 Divorced Black 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11TH. Janitorial Domostic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) James McRee Rosa Greene 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Wahid Al Salem 6353 64 TH. Ave Riverdale, Md 20737 20e, METHOD OF DISPOSITION
1 Deburiel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State AX Sonetion 5 Other (Specify) Wharton Mem Baptist Ch. Cemetery 7/30 Mecklenburg ,VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Central VA. Funeral Service P.O. Box 26528 Richmond, VA 23261 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximate shock, or heart fellure. List only one cause on each line Interval Batween **IMMEDIATE CAUSE (Finel Onset and Dasth** disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS lema AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 TIME 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 2 Accident Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(a) and menner ee stated. 296. SIGNATURE AND TATLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SHOWED AND 30. NAME AND AUDRESS TO PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AUDOUER ROADY 31. DATE FILED (Month, Day, Year) 281995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPIAL OR ATEKNONG PHYSICIAN. The law requires that the death certificate be executed within the Hospial in the responsibility of the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 2, 3 shows any injury, or other traumatic event. The medical examiner must be neithfield at name.	

								9	5 8	24047
	1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTAL HYGIEI			
	1. DECEDENT'S NAME (First, Middle, Last) David	Car	**		11		2. DATE OF DEATH MONTH	DAY	YEAR 1995	5:14 AM
	72		AGE (In yrs. last	birthday) I	F UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) FEB. 9.193		8. BIRTHP Country)	LACE (State or Foreign
NC.	9a. FACILITY NAME (If not institution, give stree FREDERICK MEMORIA			9		OR LOCATION OF D		9c. COU	NTY OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		TOWN OR LOC	ATION		FIVE		IOd. INSIDE CITY		
	MARYLAND FREDE			EMI		Of. ZIP CODE		100	ZEN OF WH	TAT COUNTRY?
FUNERAL		2. WAS DECEDENT EV	VER IN U.S. ARN	MED	13. WAS D	21727 ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		S. F	- American Indian, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TO IF YES, GIVE WAR KOREAN C	ONFLIC	T	1 🗆 YI	S 2 NO Speci	fy:		Specify	
COMPLETED		College (1-4 or 5+)	(Giv	e kind of worl Do NOT use n	etired.)	nost of working	16b. KIND OF BI			D
	17. FATHER'S NAME (First, Middle, Last)	JNAL U		STATE (ME (First, Middle, Melde, MADV RAILMI	n Sumame)		U			
TO BE	19a. INFORMANT'S NAME (Type/Print) D. CONRAD GALL	and Number or Rural	MARY BAUMBARDNER Tal Route Number, City or Town, State, Zip Code)							
	D. CONRAD GALL RT. # 1 BOX 176E INDEPENDENCE, W, VA 26374 20a. METHOD OF DISPOSITION DATE Commetter of Co									
	21. SIGNATURE OF FUNERAL SERVICE LICEN M. A.	AND ADDRESS OF FA	SKILE	S FUNI	ERAL	HOME				
	210 W. MAIN ST., EMMITSBURG, MD. 2 23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)									Approximats Interval Between Onset and Dasth
ERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CI	PERFORMED? 1 YES 2 NO OF								VERE AUTOPSY FINDINGS WALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
AN: N	DID TOBACCO USE CONTRIE	BUTE TO CAUS			NO I	UNCERTAI	N 🗆			YES 2 NO
IYSIC		IOSPITAL: Inpetient 2 ER	l/Outpetlent 3 [DOA 4	THER:	me 5 - Residence				
B	1 Neturel 5 Pending Investigation	(Month, Day, Y	(bar)	28b. TIME O	M 1 🗆	JURY AT YORK? YES 2 NO	264. DESCRIBE HOW			
COMPLETED	4 Homicide determined	building, etc.	(Specify)	_			261. LOCATION (Street City or Town, State)		ite (turricor,
COMP	(Check only						to the cause(a) and ma time, deta end place, e			and manner as stated.
TO BE	AME AND AUDIESS OF PERSON WHO C	SMO				D 26	S16	29d. DAT	E SIGNED (A	Aorith, Day, Year) 25 1995

1475

THO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. BEGISTRAR'S SIGNATURE

JULY

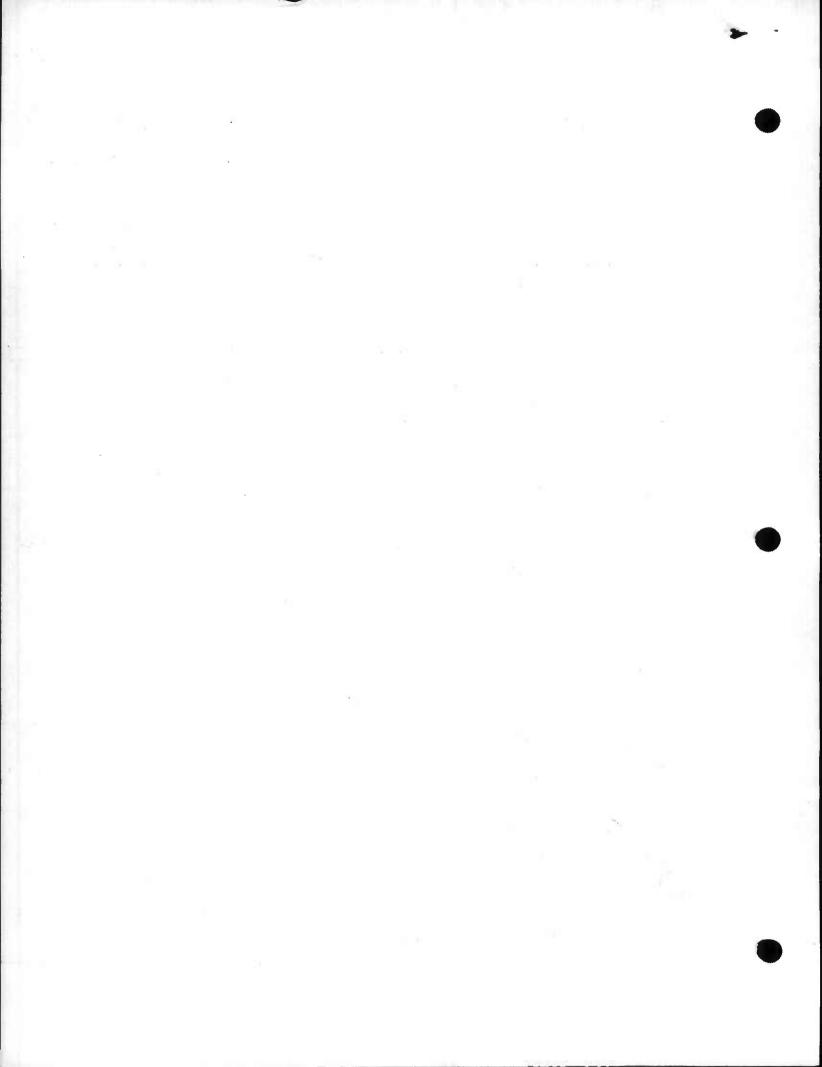
MANUAL PRINTS

1 STATUS OF THE STATUS OF

31. DATE FILED (Month, Day, Year)

JUL 3 1 1995

FRED



1, 2, 3 should

95 24048 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF DEATH 1995 JULY SHIRLEY MAY GOLDIN 21 1:20 Pm 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year OCT. 20 IF UNDER 1 YEAR IF UNDER 24 HR 8. BIRTHPLACE (State or Foreign DAYS 1 - M 2 X F YRS. 071-18-9445 20 NEW YORK 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR SHADY GROVE ADVENTIST HOSPITAL ROCKVILLE MONTGOMERY RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. MON'TGOMERY ROCKVILLE 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1505 COLUMBIA AVE. 20850 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.)
 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 3 Wildowed 4 Divorced WHITE 16e. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) COMPL HOMEMAKER AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, JOHN SCHLICK GRACE BE DECKER 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DAVID GOLDIN DUKE ST. SOUTH, ROCKVILLE MD. 20850 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Re 20b. PLACE AND OATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donetion 5 Other (Specify) CHAMBERS CREMATORY 7/25 RIVERDALE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SILVER SPRING, MD. M00091 W. W. CHAMBERS CO. INC. 20910 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heert fellure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finel **Onaet and Death** disease or condition CHRONIC OBSTRUCTIVE PULMONARY DISEASE resulting in death) 15 YRS CERTIFICATION Sequentielly liet conditione, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY BY PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS

RIBUTE TO CAUSE OF DE	ATH YES 🖎	NO UNCERTA	PERFORMED? 1 YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
26. PL	ACE OF DEATH (Che	ck only one)		•
HOSPITAL: 1 Inpatient 2 XER/Outpatient		e 6 Other (Specify)		
28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY OC	CUREO
28e. PLACE OF INJURY — At I building, atc. (Specify)	home, ferm, atreet, fe	281. LOCATION (Street end Number City or Town, Stete)	r or Rural Route Number,	
	26. PL HOSPITAL: 1 Inparlant 2 XER/Outpatient 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At	26. PLACE OF DEATH (Chee HOSPITAL: 1 Inparlant 2 XER/Outpatient 3 DOA 4 N 28e. DATE OF INJURY 28b. TIME OF INJURY M 28e. PLACE OF INJURY - At home, ferm, atreet, fr	26. PLACE OF DEATH (Check only one) HOSPITAL: 1 Inpartent 2 XER/Outpatient 3 DOA 4 Nursing Home 5 Residence 28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK? M	RIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 OTHER: 1 Inpartant 2 XER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY — At home, ferm, street, fectory, office 281. LOCATION (Street and Number 281. LOCATION (Street an

edge, death occurred at the time, date and place, end due to the cause(s) end menner es atated.

2 MEDICAL EXAMINER: On the basis of a

D18137

MD

	miny opinion, death occurred at the time, determine place,	and due to the cedse(s) and mariner as stated
296. SIGNATURE AND TITLE OF CONTRIER Alfaces mala MD	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
14 they 4 makes MD	D18137 MD	▶ JULY 22 1995

)makin RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JEFFREY	DROBIS	M.D.	10810	CONNECTICUT	AVE	KENSTNOTON	MD 2089

JUL 26 1995 July Mari Sunature July 26 1995

COMPLETED

BE

2

JULY 22,1995

E .

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

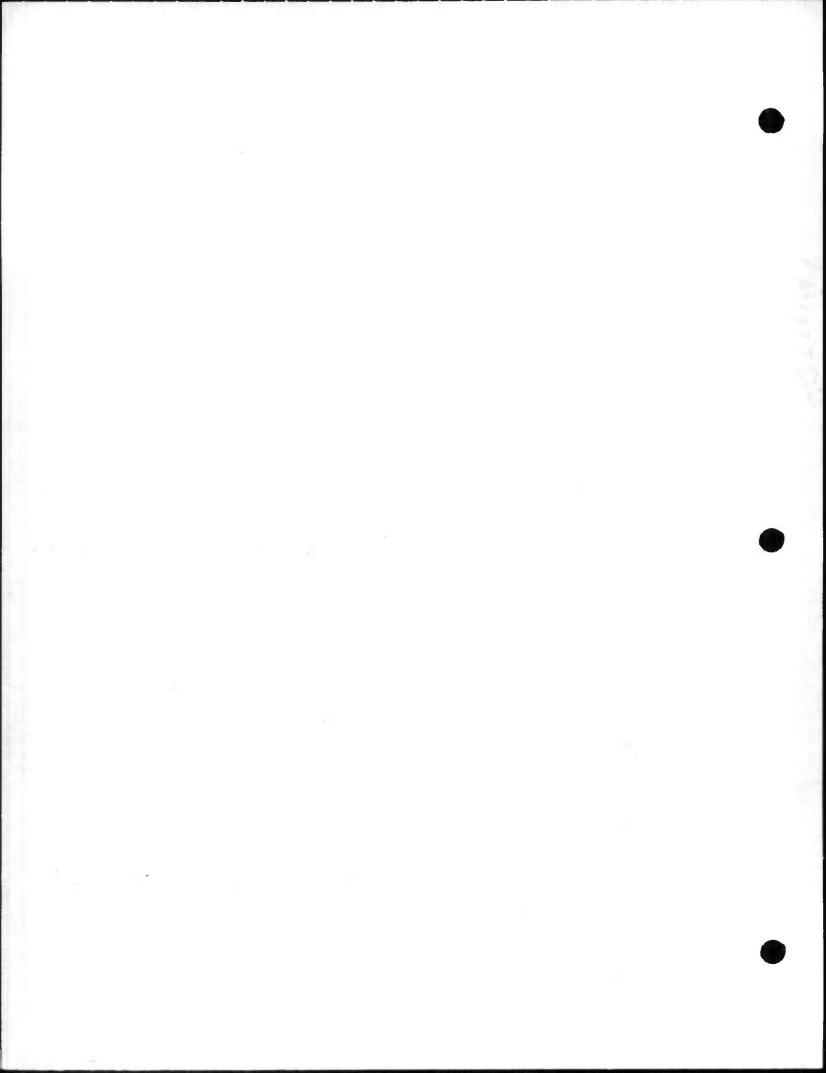
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		OLITIII	ICATE OF D	LAIL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) THOMAS MATTHEW	S GHE	RLEIN			MONTH 26,	1995 YE	3. TIME OF DEATH 4:20 A.M.M	
	4. SOCIAL SECURITY NUMBER 283-42-3504	1 🛣 M 2 🗆 F	GE (In yrs. leat birthday) 38 vrs.		F UNDER 24 HRS.	7. DATE OF BIRTH	6. B	INTHPLACE (State or Foreign	
TOR	99. FACILITY NAME (If not institution, give s 13 FROUDE CIRCLE RESIDENCE OF DECEMENT	itreet and number)		9b. CITY, TOWN OR I		Н	9c. COUNTY O		
DIRECTOR	MARYLAND 10b. COUNT	Y GOMERY	1970.1	Y, TOWN OR LOCATION	N			10d, INSIDE CITY LIMITS? 1 YES XX NO	
FUNERAL	100. STREET AND NUMBER 13 FROUDE CIRCLE				1818		U.S.A	OF WHAT COUNTRY?	
à l	11. MARITAL STATUS 1 Never Merried 2XXX Merried 3 Widowed 4 Divorced	ER IN U.S. ARMED ES 2 ANO R DATES	13. WAS DECENI If yes, specif 1 YES 2	ly Cuben, Mexican,	ORIGIN? (Specify Yea Puerlo Rican, etc.)	1	RACE — American Indian, Black, White, atc.		
IPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 5+	(Give kind of a	USUAL OCCUPATION vork done during most of retired.) RESIDENT	of working	16b. KIND OF BUS		CONSULTING	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) JOHN H. GHERLEIN				RACHEL	(First, Middle, Meiden MILLS	Surname)		
2	190. INFORMANT'S NAME (Typo/Print) MARY CATHERINE I	FISH	19b. MAILING 13 FRO	UDE CIRCL	Number or Rural Rou E, CABIN	to Number, City or Town	on, State, Zip Code 0. 2081	8	
DIE DE	20e. METHOD OF DISPOSITION 1 General Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE O	OF DISPOSITION (Name		7/29 ALEX	CATION — CITY OF	or Town, State	
aya aya	21. SIGNATURE OF FUNERAL GENTICE LICENSEE JOSEPH GAWLER S SONS, INC. 5130 WI. AVE. N.W. WASHINGTON, D.C. 20016								
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) BRA/N JUMOC - HICH CIRADE G most and Deat G m								
AN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO WINCERTAIN								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	H (Check only one) OTHER:	1				
D BY PHYSICI	27. MANNER OF DEATH 1 Miturel 5 Pending 2 Accident investigation	26e. DATE OF INJUF (Month, Day, Yea	RY 28b. T(MI	URY WORK	AT 2	J Other (Specify)	JURY OCCURE	0	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	JRY — At home, farm, a Specify)	treet, factory, office	2	Bt. LOCATION (Street a City or Town, State)	nd Number or Ru	rel Route Number,	
COMPLET		CIAH: To the best of my kn						se(s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mornit, Day, Year)								
8		Clen	M hm			820	▶ ¬	NED (Mornt, Day, Year)	
TO BE CO	30. NAME AND ADDRESS OF PERSON WH DR. ALLEN MONDZAK 31. DATE FILED (Month, Person Ver)	O COMPLETED CAUSE OF	. N.W. WAS	Print)	c 3		▶ 기	11-19-	



BALTIMORE, MARYLAND 21215-0020

FOR 1 STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

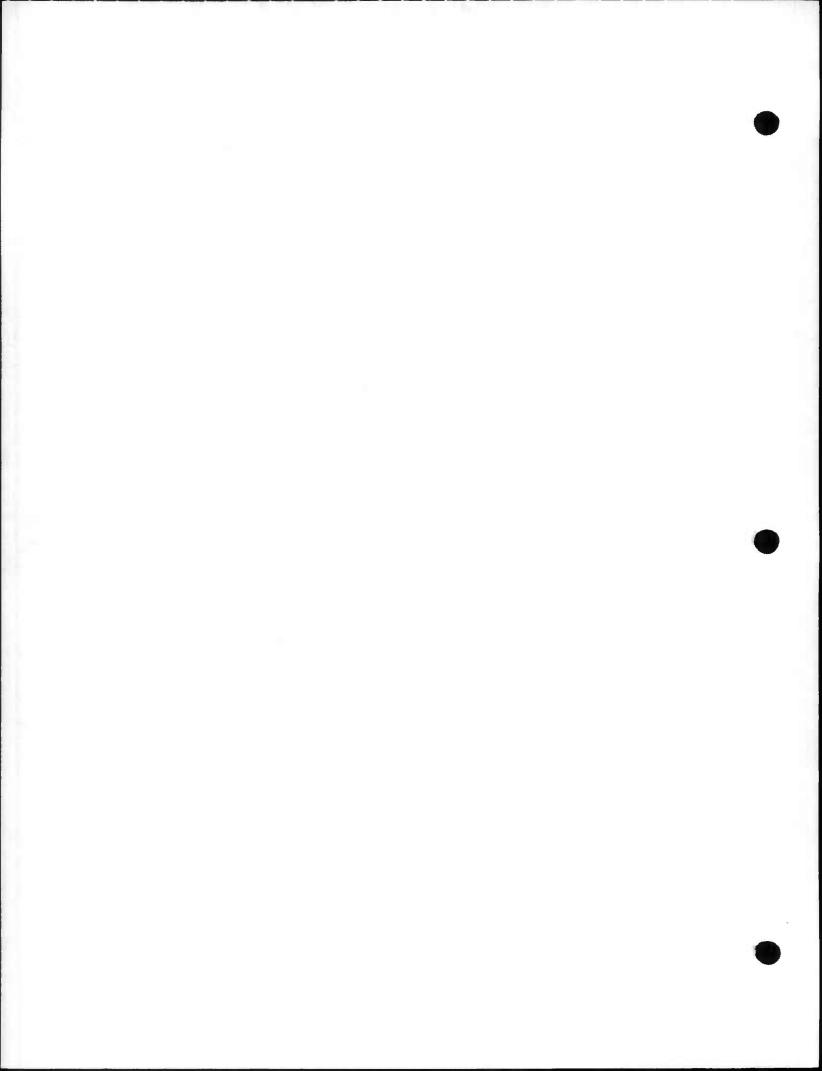
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RITE	CATE O	DEATH	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Alice E. G	aona					2.	DATE OF DEATH MONTH ULY 19	Y 100	95 YEAR	3. TIME OF DEATH
					J	uly 19	199	95	10:00 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 TF	8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24	HRS. 7.	Month, Day, Ybar) une 22,19	200	8. BIRTH Country	PLACE (State or Foreign
	167-22-5290	- 21	66	YRS.					929	Pen	nsylvania
œ	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN					NTY OF DI	
DIRECTOR	Washington Advent	tist Hosp	ıtal		Tako	oma Par	rk		Mot	ntgom	ery
ñ	10e. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LOC	ATION				T	10d. INSIDE CITY
	Maryland Mon	tgomery		Sil	ver Spi	ing					LIMITS?
A	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
FUNERAL	3203 Beaverwood La	ane				20906	5		Unit	ted S	tates
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED	13. WAS DI	CENDENT OF	NISPANIC C	ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Norced	IF YES, GIVE WA				S 2X NO		uerto Rican, etc.)		Specif	, White, etc.
											White
TE	15. OECEDENT'S EDU- (Specify only highest grade	completed)	16a. DE:	CEOENT'S L	ISUAL OCCUPAT ork done during retired.)	TON nost of working		16b, KIND OF BUS	INESS/ING	DUSTRY	
J.	Elementary/Secondary (0-12)	College (1-4 or 5 +)			Worker			Westing	zhous	20	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			ccory	WOIRE		DIO NAME	First, Middle, Maldan		-	
Ö	Jose Gaona						aces	Jahov:			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Strang			Number, City or Town		Codel	
5	Mrs. Cynthia 0'1	Jonovan						lverSpri			nd20906
			20b. PLACE	ND DATEO	F DISPOSITION //	Vama of			_		
20e. METHOD OF, DISPOSITION 1									,		
	21. SIGNATURE OF FUNBRAL SERVICE-450		2. NAME AND ADDRESS OF FACILITY								
	· /// 5	11800 NewHampshire Ave.SilverSpring, M.D.						20904			
	23. PART I. Enter the disesses, or o	omplications that	coused the de	ath. Do no							Approximate
	shock, or heert fellure.	List only one ceus	e on each line			out of dying	,	cordiec or reapi	atory ar	est,	interval Between
	immediate cause (Final disease or condition resulting in deeth) e. CORONARY ARTERY DISEASE OUE TO (OR AS A CONSEQUENCE OF):									Onset and Death	
	resulting in deeth)	OUE TO (C	OR AS A CONSEC	UENCE OF	y D	17647	6				9 MONTHS
z	- VIAbotes Mellitus										16 years
음	Get to (OR AS A CONSEQUENCE OF):									jenia	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	3-									
#	that initiated events resulting in deeth) LAST	DUE TO (C	R AS A CONSEC	UENCE OF)	:						
CERTIFICATION		i									
	PART II. Other significant condition	s contributing to d	eeth but not re	aulting in	the underlyi	ng cause giv	en in Pari	1 1. 24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	RENAI FAILURE	, High ,	Blood	ores	sure.	DilAt	ed	PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE
	CARDIO MYOPA + H	V. Hupe	p lini	Done	in Ro	PIRATOR	y Zibo	Aberian.	A NO		OF DEATH?
. M	DID TOBACCO USE CONTI	RIBUTE TO CAU	SE OF DEAT	TH YES	M NO		RTAIN [1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				(Check only one)					
SIC	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER: I Nursing Ho	me 5 🗆 Resid	dence 6 🗆	Other (Specify)			
3	27. MANNER OF DEATN	28e. DATE OF IN (Month, Day,		28b. TIME INJU	OF 28c. II	JURY AT		d. DESCRIBE NOW IN	JURY OC	CUREO	
BY	1 Natural 5 Pending Investigation		,			YES 2 N	VO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, at	INJURY — At hor c. (Specify)	ne, farm, st	reet, lectory, off	ce	281	LOCATION (Street e. City or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED											
립		CIAH: To the best of m									
Š	one) 2 MEDICAL EXAMINE	R: On the basis of exa-	mination and/or is	rvestigation	, in my opinion,	death occured	at the Jime	, date and place, end	due to th	e ceuse(a)	and manner on stated.
ш	296. SIGNATURE THE TITLE OF CERTIFIE					29c. LICENS	SE NUMBER		29d. DAT	E SIGNEO	(Month, Day, Year)
29c. LICENSE NUMBER 29d. DATE SIGNEO (Month. Day, Year)								43	力	ly a	0,1995
Da6 443 >July 20, 1995									-		
10		The state of the s									
	GREGORY H. F	isher	OF DEATH (ITEM	Sh i	ady Gi	rove R	di	RocKvill	e, n	1D A	0850
			15235 S SIGNATURE	Shi	ady Gr	eove R	di	RocKvill	e, n	nd a	0850



REG. NO

BALTIMORE, MARYLAND 21215-0020

FOR

1 - STATE REGISTRAR

-
2
00
7
89
BOX 68760
0
00
o ·
P.O.
а.
S
E
8
ш
RECORDS
OF VITAL
A
=
>
<u></u>
9
Ž
2
DIVISION
>

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SARA GREENE Jul 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 1 [] M 2 🖳 F 048-18-2102 88 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Washington Hebrew Home Rockville, MD 20852 DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION MD Rockville Montgomery permit. FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 6121 Montrose Road 20852 burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced use as the COMPLETED 16e, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ts. DECEDENT'S EDUCATION (Specify only highest grade complete Jo ntery/Secondary (0-12) College (1-4 or 5 +) 12 Secretary detached 17. FATHER'S NAME (First, Middle, Last) ours after death. Page 6 may be retained by the Flora Yarlick Louis Bennett 2 notified at BE funeral director, page 5 should 19e. INFORMANT'S NAME (Type/Print) 2 Richard Green pe 20s. METHOD OF DISPOSITION

| Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must King David Memorial Gardens7/24/95 21. BIGNATURE OF FUNERAL SERVICE DICENS the medical examiner filled in by the shock, or heart failure. List only one cause on each line. cremation, or IMMEDIATE CAUSE (Final heart failure disease or condition 20 completely resulting in death) traumatic event, executed with DUE TO OR AS A CONSEQUENCE OF): prior to burial, CERTIFICATION and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury the attending physician I Mental Hygiene prior to certificate be other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 death injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the Dephession age shows any has been a PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem THE HOSPITAL OR ATTENDING PHYSICIAN: The THE FUNERAL DIRECTOR: After this certificate I fled within 72 hours after death with the State HOSPITAL: 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 10 COMPLETED 8 Could not be 4 Homicide 28 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

3. TIME OF DEATH 6:35 A . 8. BIRTHPLACE (State or Foreign 8/21/1906 Washington DC 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Croen, Mexican, Puerto Rican, etc.)

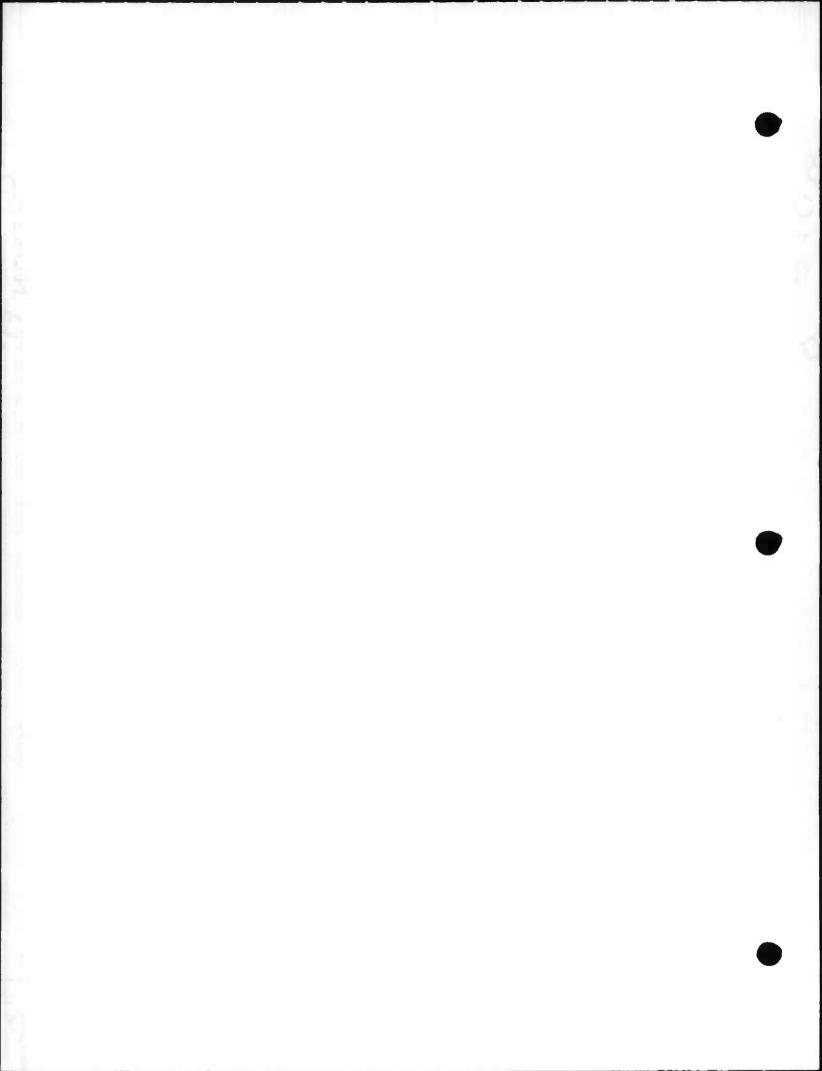
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White at te Specify: 16b. KIND OF BUSINESS/INDUSTRY Government 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5905 Bloomingdale Terrace N. Bethesda 20852 20c. LOCATION — City or Town, State Falls Church VA 22. NAME AND ADDRESS OF FACILITY
Edward Sagel Funeral Direction 1091 Rockville Pike Rockville, MD 20852 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 100 1 | YES 2 | 10 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner ea stated, MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAN CHANDLES SHADY GROVE RD ROCKVILLE MD 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Jalia Davider Rom

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STRAR CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		CERTIF	-ICATE (OF DEATH	REG.	NO.				
	1. DECEDENT'S NAME (FIRST, MISSING, Last) 2. DATE OF DEATH 2. DATE OF DEATH 2. MONTH O. 1. DAY 2. DATE OF DEATH 3. TIME OF DEATH 4. DAY 4. DAY 5. DATE OF DEATH 5. DAY 6. D										
	Lynelle A. Gardner				_	July 21			1240 P		
	224-52-3033	S. SEX S. A.	OE (in yes last comosy) 74 ves.	MONTHS ON	Contract to the Contract of th	July 14	1921	Gountry)	ACE (State or Foreign		
	Re. FACILITY NAME (If not institution, give	The state of the s	7.4 Year.								
Œ					WN OR LOCATION OF D	EATH		TY OF OEATH			
DIRECTOR	Holy Cross Hosp	ortar		SILVE	er Spring		Mor	itgom	nery		
Ä	10s. STATE 10b. COUN	(TY	16c. Cf	TY, TOWN OR L	OCATION			19	Od, INSIDE CITY		
	Maryland Mont	gomery	Wh	eaton				1	LIMITS?		
AL	10s. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	EN OF WH	AT COUNTRY?		
FUNERAL	12539 Heurich I	Road		20902			Unit	ed S	tates		
5	11. MARITAL STATUS 1 Never Mented 2 XManted	12. WAS DECEDENT EVE FORCES? 1 X Y	R IN U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxicar			IC ORIGIN? (Specify Yea or No- 1/		- American Indian, White, etc.		
BY	3 Widowed 4 Divorced	1923-1941		1 YES 2 NO Specify:				Specify: Black			
	15. DECEDENT'S EC		16a. DECEDENTS	S USUAL OCCU	PATION	165 KIND O	BUSINESS/INDU		K		
COMPLETED	(Specify only highest gre Elementary/Secondary (0-12)	de completed) College (5-4 or 5 +)		work done durin	g most of working	TOO. KIND OF	BUSINESS/INDU	JINI			
P	12	Consider (1-4 of 5-1)	Army	Officer		U.S.	Army				
Ö	17, FATHER'S NAME (First, Mickle, Last)			18. MOTHER'S NAME (First, Middle							
BE C	Unknown				Prisci1	nown)					
TO B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	eet and Number or Rural	Route Number, City o	Town, State, Zip C	ode)			
۴	Cleopatra F. Gar		12539	Heuri	h Road, W	heaton, l	Maryland	1 20	902		
	20g METHOD OF DISPOSITION 1 N Burlet 2 Commetton 3 Re	movel from State	20b. PLACE AND DATE			804 TE 200	LOCATION - CI	ty or Town	, State		
	4 (Donation & Other/Specify)		Arlingto		nal Cemet	ery' A	clington		rginia		
	22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service, Inc. 20012										
	7400 Georgia Ave. N.W., Washington, D.C.										
	23. PART I. Epter the diseases, o	r complications that cau a. List only one cause of	sed the deeth. Do						Approximate		
_	IMMEDIATE CAUSE (F)nai	. List only one cause of	n each line.	. 0	4 .				Onset and Death		
	MANNEDIATE CAUSE (F) hall disease of condition a Metostatie Gartie Concer							17/14			
		DUE TO (OR A	AS A CONSEQUENCE O	NF):							
Z	Sequentially list conditions,	k	4:								
ATIC	If any, leading to immediate										
임	CAUSE (Disease or Injury										
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
8									1		
AL	PART II. Other significant condition	ons contributing to deat	h but not resulting	in the under	ying cause given in	Part I, 24a. WA	S AN AUTOPSY		ERE AUTOPSY FINDINGS		
EDICAL							YES 2 NO		OMPLETION OF CAUSE F DEATH?		
ME									YES 2 NO		
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	28. PLACE OF DEATH (Check only one) EXAMINER? AGENITAL: OTHER:										
YS	1 🗆 YES 2 XNO	1	Outpatient 3 DOA	4 - Nursing	Home 5 Residence	8 Other (Specify)					
표	1 Natural E Pending	28a. DATE OF INJU! (Month, Day, Yea		JURY	WORK?	28d. DESCRIBE H	OW INJURY OCCU	RED			
BY	3 Accident Investigation 1 YES 2 NO										
8	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								te Number,		
国	25s. CERTIFIER . L										
COMPL	(Check only TE CERTIFYING PHY	SICIAN: To the best of my kr									
8		YER: On the basis of exemina	ation end/or investigati	on, in my opinic	on, death occured at the	time, date and plec	e, and due to the	cause(s) a	nd manner as atated.		
BE	SIGNATURE AND TITUE OF CERTUF	ER/1 MO			29c. LICENSE NUI	MBER L/	29d. DATE :	SIGNED (M	lonth, Day, Year)		
2	19000 1001/21/95										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) RAHUL GILLOTRA M.D. 12016 GEORGIA Are Wheaten MD 20902										
	20902										
	JUI 28 1995	32. REGISTRAR'S S	x Rarball								
	JUL 4 8 1995	- William									



_	
	١
-	
9	
26	
œ	
9	
BOX 6876	
0	
m	
_	
0	
ο'	
_	
S	
α	
RECORI	
Ö	
Ш	
\mathbf{r}	
TAL	
\vdash	
7	
<u></u>	
U	
Z	
11810	
7	
-	
2	

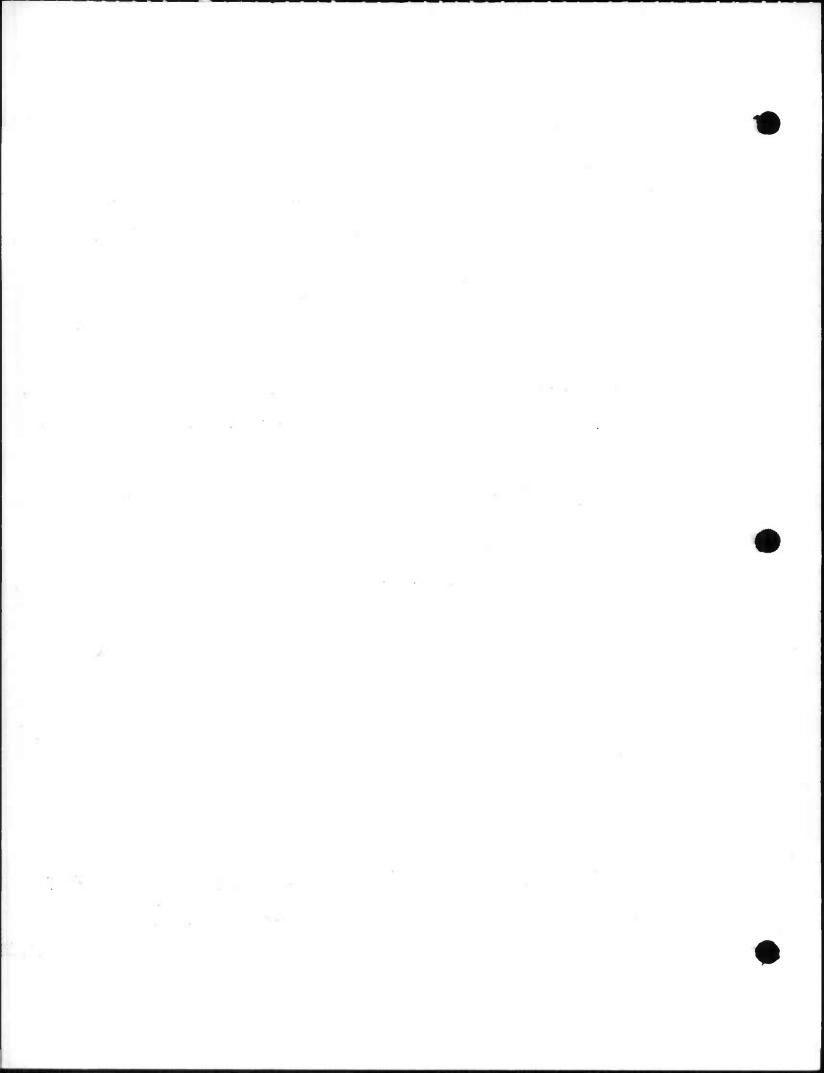
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	OF MARYLAND	DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIEN				
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH	
	JETER GRI	MSLEY				JULY 1		YEAR	5:46 A M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. In	st birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	ACE (State or Foreign	
	294-14-5721 XX ^M 2	²□	YRS, MONT	HS DAYS	HOURS MIN.	Jan. 1,1	914	Country) Kent	ncky	
	9s. FACILITY NAME (If not institution, give street and nut		9b.	CITY, TOWN O	R LOCATION OF DE			TY OF DEAT		
DIRECTOR	NATIONAL NAVAL MEDICAL CENTER BETHESDA MONT								RY	
E	10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON			10	d. INSIDE CITY	
5	Virginia		Fair	fax				1	LIMITS?	
AL	10e. STREET AND NUMBER		1 4421		ZIP CODE		10g. CITIZI		T COUNTRY?	
FUNERAL	10527 Cedar Ave.			1 2	2030			U.S.	Δ.	
5	11. MARITAL STATUS 12. WAS D	DECEDENT THER IN U.S. AF	RMED	13. WAS DECI	NDENT OF HISPAN	IIC ORIGIN? (Specify Ye				
BY F		B, GIVE WAR OR DATES	NO		cify Cuben, Mexics 2 XNO Specify	n, Puerto Rican, etc.)		Specify:	hits, stc.	
							White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/G	ECEDENT'S USUA Give kind of work d	one during mos	N t of working	16b. KIND OF BL	SINESS/INDU	STRY		
۳	Elementary/Secondary (0-12) College (1-4 or 5+)	Do NOT use retir	ed.)	V 40 C C C	, , , , , , , , , , , , , , , , , , ,	24			
¥	5		aptain				Navy			
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)			
BE	Isaac M. Grimsley					E. Kessle				
임	198. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
	Suzanne E. Grimsley					rfax, Va.	-			
- 1	291. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from S		AND DATE OF DIS	ece)		1	CATION - CI			
	4 Donation 5 Other (Specify)	Arling	ton Nat	ional	Cemeter	7/25/95	Arlin	ngton	, Va.	
		(Yh.		22. NAME AN	D ADDRESS OF FA	Everly	Funera	1 Hon	ne	
	Harrin U. Va	log			10565 M	lain St. F	airfax	, Va.	22020	
	23. PART Litter the disesses, or complication on the process of the complication of the complication of the complication of the complication of the complex	ons that caused the de	eath. Do not a	ntar tha mod	la of dylng, auc	h ss cardlac or resp	Iratory arre	st,	Approximate	
	IMMEDIATE CAUSE (Final	ma cause on aach iins	а,						Interval Between Onset and Death	
	disease pr condition resulting in death)	LMONARY EDE	MA							
	DUE TO (OR AS A CONSEQUENCE OF):									
z I	Sequentially list conditions. ACUTE CONGESTIVE HEART FAILURE									
ĔI	if sny, laading to immadiata	DUE TO (OR AS A CONSE	OUENCE OF):							
	cause, Enter UNDERLYING CAUSE (Disease or Injury	Due To con an a course								
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
CERTIFICATION	d									
AL.	PART ii. Other significant conditions contribu	iting to death but not	resulting in the	undarlying	cause givan in	Part I. 24s. WAS AN		24b. WE	RE AUTOPSY FINDINGS	
<u> </u>						PERFO			MILABLE PRIOR TO MPLETION OF CAUSE	
요						1 (X YES :	Z [] NO		DEATH?	
2	DID TOBACCO USE CONTRIBUTE 1	O CAUSE OF DEA	TH VES T	I NO []	UNCERTAIN			''	YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL		CE OF DEATH (Ch		OTTCERIAII	<u> </u>				
ဗ္ဗ	EXAMINER? 1 YES 2 NO NO NO Input		OTI	IER:	E C Basidanas	6 Other (Specify)				
ቷ	27. MANNER OF DEATH 28s. I	DATE OF INJURY	28b. TIME DF	28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		
BY PHYSICIAN: MEDIC	1 K Natural 5 Pending	Month, Day, Year)	INJURY	WOF	IK7 ES 2 NO					
	3 Suicide 6 Could not be 28e. I	PLACE OF INJURY — At ho	ome, ferm, street,			28t. LOCATION (Street		r Rural Route	Number,	
ED	4 Homicide detarmined	building, atc. (Specify)				City or Town, State			100	
ן ב	29s. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the	a heat of my knowledge de	anth occurred at t	ha tima data	and olono and due		-20 5-10-10			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the bit								d menner se stated	
	296. SUGNATURE AND THE OF CENTIFIER .									
H B	We Uli A	A A A	1		29c. LICENSE NUN		29d. DATE	SIGNED (Mo	onth, Day, Year)	
2 ∦	36. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CALIBE OF DESTRICT	H 170.2			362 (VA)	0	1//	8/95	
		_	III. AND AND PARTY PARTY			NAVAL MEI		CENTE	R	
-	M. ZUHDI JASSER TT 31. DATE FILED (Morth, Day, Year) 32. RI	MC USNR			RETHESDA	MD 20889-	5600			
	JUL 27 1995	EGISTRAR'S SIGNATURE								
	00L & / 1995 Stale	Develor Park	200							



3ALTIMORE, MARYLAND 21215-0020	Daniel Committee and the charge of the committee of the c
-	
AND 2	the francisco
Z	1
MAR	Section of the second
-	4
)RE	-
0	0
2	Dag
ALT	a dande
m	

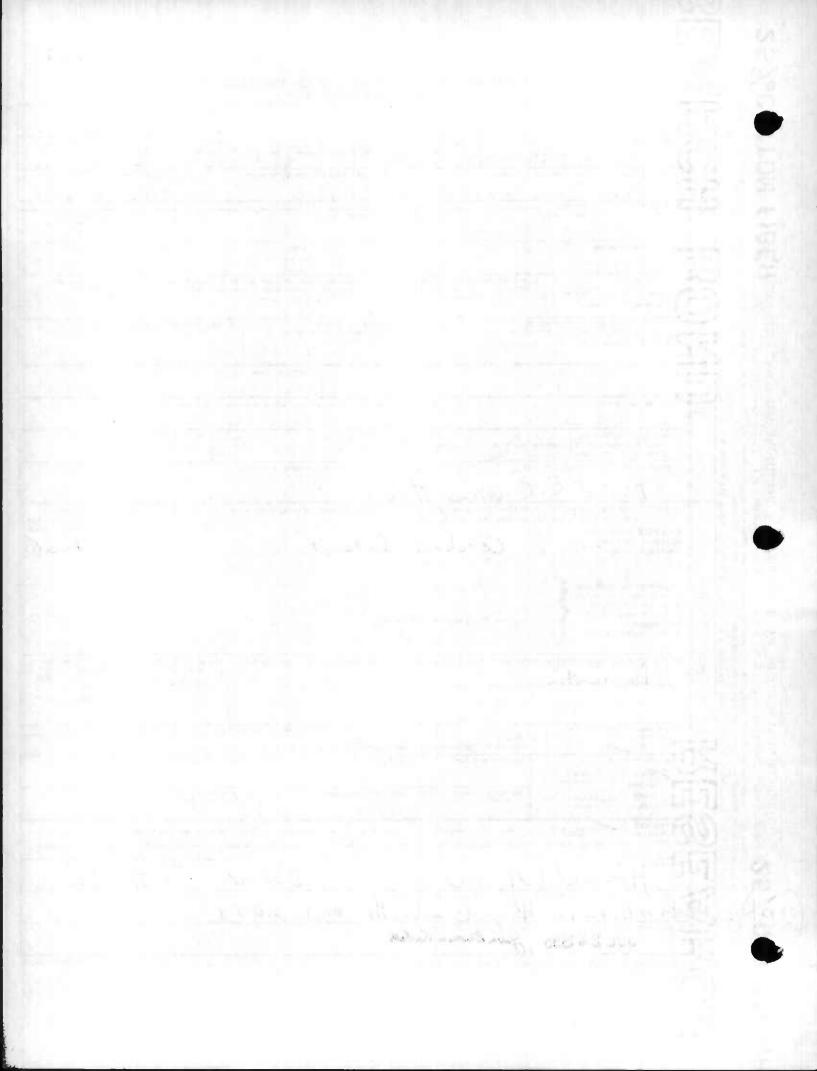
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within characteristic forms after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).				
1. DECEDENT'S NAME (First, Middle, Last)					2, DATE OF DEATH	YEAR 3. TIME OF DEATH				
Carroll Mende					JUly a	9 11	95 3°5 A			
4. SOCIAL SECURITY NUMBER 063-32-9777	10 M 2 D F	90 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 - 5 - 5	5 4	a. BIRTHPLACE (State or Foreign Country)			
	Se. FACILITY NAME (If not institution, give street and number) Se. COUNTY OF DEATH Se. COUNTY OF DEATH Se. COUNTY OF DEATH Se. COUNTY OF DEATH Anne Arundel									
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d									
10a. STREET AND NUMBER 3004 Tarragon La 11. MARITAL STATUS 1 Never Martied 2 A Married	ne	10f. ZIP CODE 20715				ted States				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1XXYE IF YES, GIVE WAR OR	S 2 NO If yes, specify Cuban, Me			in, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	CATION	16a. DECEDENT'S USUAL OCCUPATION			16b, KIND OF BU	SINESS/INDUS	STRY			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.) Quartermaster U.S. Army								
17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (First, Middle, Maiden Surname)								
Frank Bickel Hen	derson			Jessie	Maud Park					
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
Cebe H. Vicino		3004 T	arragon	Lane	Bowie Mar		20715			
20a. METHOD OF DISPOSITION 1 Burlet 2 1 Cremation 3 Rem 4 Donation 6 Other (Specify)	ovel from State	20b. PLACE AND DATE OF DISPOSITION (Name of Competer). Crematory 7/26/95 Alexandria Virginia								
21. SIGNATURE OF FUNERAL SERVICE LICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Robert E. Evans Funeral Home, P. A 16000 Annapolis Rd. Bowie Md. 207									
23. PART I. Enter the diseases, or o	omplications that cause	and the death Do not								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition									
Sequentially list conditions,	DUE TO (OR AS A CONSEQUENCE OF):									
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
that initiated events resulting in death) LAST	J	S A CONSEQUENCE OF):								
PART II. Other algnificant condition	contributing to deet	but not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN		24b, WERE AUTOPSY FINDING			
Jementia 1 → YES 2 → NO OF							AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AMOTO			
25. WAS CASE REFERRED TO MEDICAL										
EXAMINER?	HOSPITAL:		THEB:	ACE OF DEATH (Ch						
27. MANNER OF OEATH	28e. DATE OF INJUR	INJURY WORK? 1 YES 2 NO URY — At home, farm, street, factory, office			6 Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED					
1 Natural 5 Pending	(Month, Day, Yea				280. DESCRIBE NOW	NEU				
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
one	CIAN: To the best of my kn									
2 MEDICAL EXAMINE	<u> </u>	tion and/or investigation,	in my opinion, d	eath occured at the	time, data and place, ar	nd due to the o	cause(s) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	my hor	D35848			29d. DATE S	29d. DATE SIGNEO (Month, Day, Year) 7/25/95				
30. NAME AND ADDRESS OF PERSON WH 1438 De Lange	Hen C	DEATH (ITEM 27) (Type, Pr	s hn	0 21	054					
31. DATE FILED (Month, Day, Your) JUL 2 8 1995	July O'lus	GNATURED SANGER								



IMPORTANT: It item

P.B

6

	rsit per	
hysician	vurial-tra	
anding p	as the b	
al or att	for use	
hospita	tached	ce.
by the	d be de	d at on
retained	5 shoul	outfled
тау ре	c, page	st be
Page 6	directo	er mu
death.	funeral	examin
irs after	in by the	edical
24 hos	y filled or	the m
d withir	Crems	event,
execute	to buria	matic
icate be	physician e prior	er trau
th certif	ending i	or oth
the dea	the att	injury,
res that	igned by	rs any
w requi	of of H	3 show
I: The la	cate has	item 2
YSICIAN	s certifi	9d, or
ING PH	After thi	mark
ATTEN	S affer of	1 28 is
D THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dent, or Health and Mental Hydiene brior to burial, cremation, or removal	MPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPI	FUNER	TANT
3TE	THE fled	HP0H

Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY JOSOPH E. HITTE July 26. 1995 6:50P 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign August 6, 1910 578-18-7579 1X M 2 | F 84 DAYS Washington, DC 9a. FACILITY NAME (If not institution, give street and numb 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DOCTORS COMMUNITY HOSPITAL LANHAM PRINCE GEORGES DIRECTOR RESIDENCE OF DECEDENT Maryland Prince Georges 10c. CITY, TOWN OR LOCATION Riverdale 10d. INSIDE CITY 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 20737 10g. CITIZEN OF WHAT COUNTRY? 5811 Roanoke Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR DR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White ETED. 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)
Security Guard 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest 1 () Elementary/Secondary (0-12) Corcoran Gallery of Art College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last)
John H. Hitte 18. MOTHER'S NAME (First, Middle, Melden Surname)
Mary V. Raley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town. State, Zip Code)
5811 Roanoke Avenue, Riverdale, MD 20737 5 Addie C. Hitte 20a. METHOD DF DISPOSITION
1 Duriel 2 (2 Cremation 3 Removal from State
4 Donation 5 Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Methodolican ruleral Service, Inc. 7-19 Alexandria, VA 21. SIGNATURE OF EVERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
REDOON/Hale Funeral Hone 9013 Annapolis Road, Lanham, MD 20706 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not re ng in the underlying cause given in Part I. 34x. WAS AN AUTOPSY 24b. WERE AUTOPSY PROIN AMALABLE PRIGHTO COMPLETION OF CAUSE T YES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only or 1 YES 2 NO 1 I Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 5 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 A Natural 1 YES 2 NO BY 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Then, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals ation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED Month, Day, 2 30. NAME AND ADDRESS OF PERSON WHO OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Maloney 4814 71st Abenue Hyattsville, Thomas MD 20784 32. REGISTRAR'S SIGNATURE 1995

New York Cit

Approximata interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

2. DATE OF DEATH

DAY 3

95 EAR

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

JUL 2 4 1995

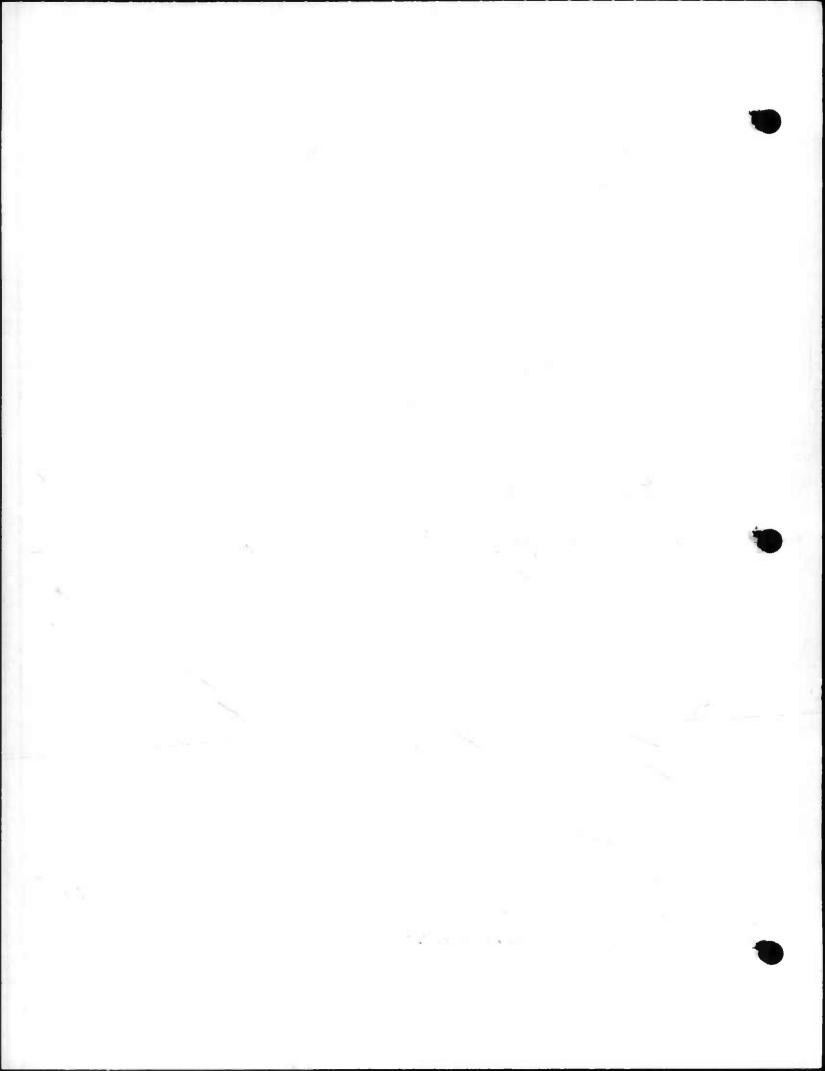
Warren W. Howard JR.

_	8
09	Wiffin
289	executed
5	9
	certificate
J.	death
$\ddot{\Box}$	the
L L	that
Z LC	reduires
AL	The law
DIVISION OF VITAL RECORDS, P.O. BOX 68760	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
NISION	ATTENDING
5	OR
	-

		4. SOCIAL SECURITY NUM		5. SEX		rs. last birthday)	IF UNDER		IF UNDER 24	/4/	TE OF BIRTH onth, Day, Year)		8. BIRTHI Country	LACE (State or Foreign
Ð		077-50-66		1 📉 M 2 🗌 F	3	7 YRS.	MONTHS	DAYS	HOURS	Juij	y 15,	1957	New	York C
3 should	l	9e. FACILITY NAME (If not is							OR LOCATION				TY OF DE	
N,	DIRECTOR	FORT WASH		N MEDIO	CAL C	ENTER	F	ort	Was	hingt	on	Pri	nce	Georges
sades	W.	10a. STATE	10b. COUNTY				ry, town o							10d. INSIDE CITY LIMITS?
permit. Pages 1,	ā	Maryland	Prin	ce Geo:	rges		Fort	: Wa	shin	gton			- 1	TES 2 NO
реп	\¥	10e. STREET AND NUMBER						101	. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
in. ansit		3012 Marc	quis I						207	44		1	J.S.	Α.
Yours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divi		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	2X NO		f yes, sp		Mexican, Puer	GIN? (Specify to Ricen, etc.)	fes or No-	Black,	- American Indian, White, etc.
atten se as	<u>a</u>		EDENT'S EDU		16	Give kind of	USUAL O	CUPATIO	ON set of working		16b. KIND OF E			
tal or	COMPLET	Elementary/Secondary (College (1-4 or 5	+)	Ille. Do NOT L	se retired.)	admy mo	St or working		Marri	Serv	ices	
hospi ached	MP	12				Che	1				roou	SELV	TCE	,
d by the	ш	17. FATHER'S NAME (First, A Warrer	n W.	Howar	d Sr.				18. MOTNE	G10	n, Middle, Meid Oria	Dix	on	
s should 5 should notified	TO B	190. INFORMANT'S NAME (umber, City or T			00544
y be re age 5 be no		Elsie A.		d Wif	e	3012	Maı	qu:	is Dr	Ft.	Washi	ngton	, Md.	20744
rector, pa		20s. METHOD OF DISPOSIT t X Burlel 2 Crematic 4 Donetion 5 Other	on 3 🗆 Reme	oval from State	20b. PL cemete. Har	ACE AND DATE ry, crematory or of MONY	of disposition of the place of the place of the control of the con	ori a	al Pa	rk 7		Lando	-	
death. Pag funeral di examiner		21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE	,		22.	NAME A	O ADDRESS	OF FACILITY	Hunt	Fune	ra1	Home
deatl fun exan		1 + 130	mand	Him	T		1,	120	3/1+1	St S	S.E.Wa			
d in by the or removal medical		23. PART I. Enter the d	iseases, or o	complications that	it caused th	na death. Do								Approximata
withway withway fille cremation.		ahock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	asrt fallure.	List only one can	adence	MINA. WHILE (Lava				_			Interval Betwee
certificate be ding physician lygiene prior r other trau	CERTIFICATION	Sequantially list condit if any, laading to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	2		ONSEQUENCE O					-			
the death the attend d Mental H Injury, or		DADE # Ont I - Iff												
law requires that the as been signed by the lept. of Health and M 23 shows any Inju	MEDICAL	PART II. Other eignifica	int condition	a contributing to	daath but	not reaulting	In the un	derlying	g cause giv	ven in Part I.	24a. WAS PERE	N AUTOPSY OFFMED? 2 NO		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
been sign t. of Heal		DID TOBACCO U	ISE CONTI	RIBLITE TO CA	LISE OF I	DEATH Y	ES \square 1	JO F	LINCE	RTAIN [72	1		3	YES 2 NO
The law are has a late Dept	CIAN:	25. WAS CASE REFERRED T		CIDOTE TO CA		PLACE OF DEA			OIACEI	KIMIN LA				
N: The ficate h State		EXAMINERS 1 → YES 2 → NO		HOSPITAL:	EB/Outpatle	nt 3 🗆 DOA	OTHER	t:		4				
SICIA certil	PHYSI	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIR	E OF	28c. INJ		dence 6 0 0	DESCRIBE NOW	INJURY OCC	URED	
NG PHYS fter this sath with marked	ВУ Р		Pending Investigation	(Month, D	Pay, Year)	IN.	JURY		RK?					
TTENDII TTOR: A after de 28 Is		0 0 0 4 14	Could not be determined	28e. PLACE Obuilding,	of INJURY — etc. (Specify)	At home, ferm,	street, fact	ory, office			OCATION (Streetly or Town, Stee		or Rural Ro	oute Number,
TAL OR A VAL DIREC 72 hours If Item	COMPLETE			CIAN: To the best of										
HOSPITAL FUNERAL WITHIN 72 P	8	2 D MEO			xamination ar	no/or investigation	on, in my o	pinion, d	eath occured	at the time, d	ate and place,	end due to the	cause(s)	end manner se stated
THE HOSP THE FUNE In filed within) BE	296, SIGNATURE AND TITLE	OF CERTUFIEF	Edina.	us-1	CAN		-	11	SE NUMBER	-	290. DATE	SIGNED (Month, Day, Year)
~ /		TE HAME AND ARROPESS OF	E4 EBEON WILL	COMPLETED A	or Adar	OTEN OF	01.0						-	11/1/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DNMH-16 Rev 1/89

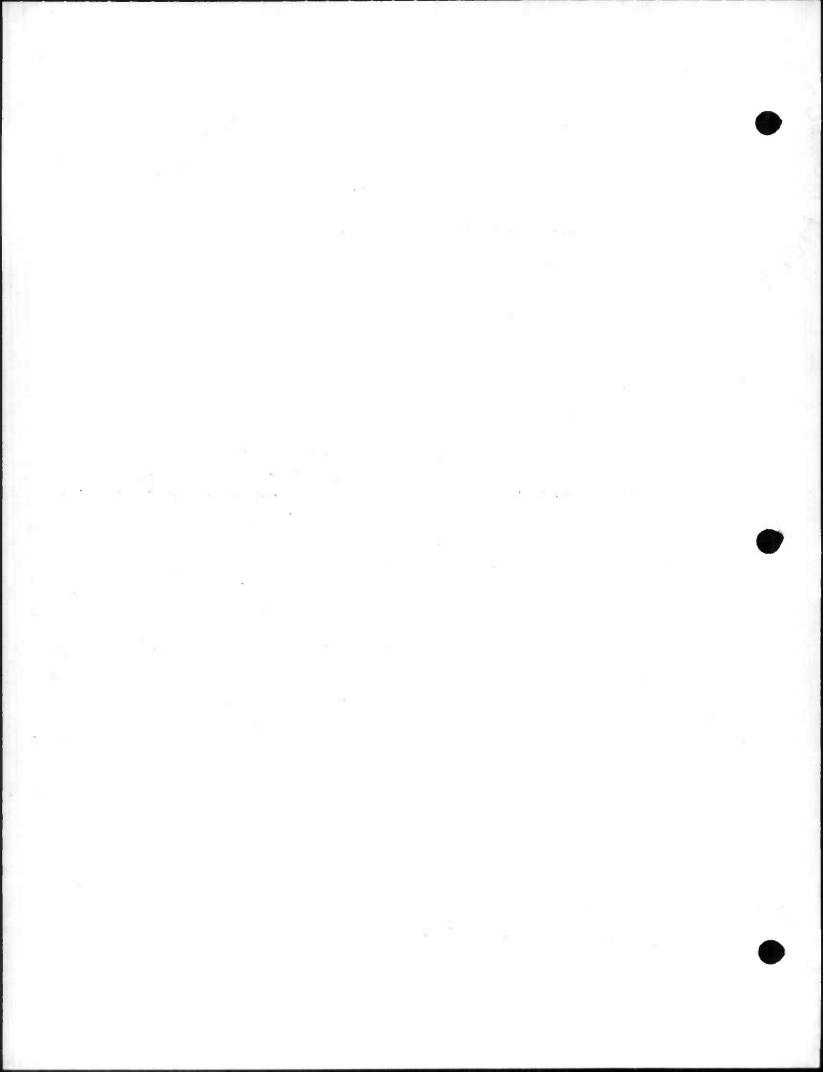


_	
0	٠
S	
005	- 1
Õ	
1	è
S	1
~	
21215	
-	
Ò	
_	- 3
\Box	
-	
AND	4
⋖	4
_	-
>-	
000	-
Щ.	
MARY	
~	1
	i
ш	
C	- 1
$\overline{}$	1
O	-
5	1
	j
TIMORE	
5	4
_	3
BA	4
m	1
	- 4

	DIVISION	>	S	ō	Z	OF	Z	AL	VOF VITAL RECORDS,	$\ddot{\circ}$	8	Ö	_	0.0	BOX 6876	×	387	769	
-																			ļ

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

			1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DE CERT	PARTMENT OF	HEALTH AND	MENTAL HYGIEN		
		N.	1. DECEDENT'S NAME (First, Middle, La	nst)				2. DATE OF DEATH		3. TIME OF DEATN
•		į.	Lenora Bertha H	oover				1.0	1995	1:30 p M
			4. SOCIAL SECURITY NUMBER		(In yrs. lest birth	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
9			045-01-2568	1 DM 2 0 F 8	0 Y	RS.		July, 9 10	915 Ma	ssachusetts
3 should		œ	9a. FACILITY NAME (If not institution, gi		1		N OR LOCATION OF E	DEATH	9c. COUNTY	
2,	- 1	CTOR	Washington Adve	ntist Hospita.	1	Takom	a Park		Montgo	omery
ages		뿐	10a. STATE 10b. COL			CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?
alt. P	- 1		Maryland Pri	nce George's	H	yattsvil				14 YES 2 NO
020 physician. burial-transit permit, Pages 1,		FUNERAL	3705 Kennedy Pl	200			10f. ZIP CODE 20782		- 114	S.A.
clan.		3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS		ANIC ORIGIN? (Specify Ye		RACE — American Indian,
5-0020 nding physic is the burial	-		1 Never Married 2 Merried	FORCES? 1 YES	2 X NO	If yes	specify Cuban, Mexic YES 2 2 NO Spec	an, Puarlo Rican, atc.)	4 OF NO - 14.	Bleck, White, etc.
1215-0020 r attending physician. use as the burial-tran		BY	3x Widowed 4 Divorced							Specify: White
5	ı	COMPLETED	15. DECEDENT'S I (Specify only highest g		(Give kir	NT'S USUAL OCCUP d of work done during OT use retired.)		16b. KIND OF BU	SINESS/INDUS	TRY
ND 21 hospital or ached for u		PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Secre				Depart	
AN the hos detach	at once.	OM	17. FATHER'S NAME (First, Middle, Last)			<i>J</i>	16. MOTHER'S N	AME (First, Middle, Maiden	GOVETME	ent
RYLAN ed by the hos	to l	ш	Morris Heitt				Mary A	nn McCarthy	У	
MARYLAND 21 retained by the hospital of 5 should be detached for	notified	10 B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	e a	-	Mary Ann Anderso					lyattsville		
ORE 6 may ctor, pa	must be		20a. METNOD OF DISPOSITION 1	Removal from State	metery, cramator	ATE OF DISPOSITION	Matory 07		CATION City	
TIMOR n. Page 6 ma	ner n	,	21. SIGNATURE OF FUNERAL SERVICE		erropor	22. NAMI	AND ADDRESS OF F	ACILITY		la, Virginia
BALTIM er death. Page the funeral direct	examiner	i	N. R.					n's Sons Fu		
after after by the moval	cal		23. PART I. Enter the diseeses,	or complications that cause	ed the deeth.	Do not enter the	Baltimon	ce Ave., Hy	attsvi	11e, MD 20781
of p	E		shock, or heart failu	re. List only one cause on	each lina.	0	^		indicity direct	intarval Between Onset and Death
with with pletery fille cremation.	event, the		disease or condition resulting in death)	· Acute	Ren	al.	Leili	^.		> deu
68760 secuted with and completely burial, cremati	even		,	DUE TO (OR AS	A CONSEQUEN	CE OF):	Recro	· ·		3 47
Secure and	traumatic	NO	Sequentially list conditions,	DUE TO (OR AS	1 Uh	eller.	Kecro.	5,5		3 days
o ga a	tra	E I	If any, leading to immediate cause. Enter UNDERLYING	552.10 (511.25	A CONSCOURT	JE OF J.				
. 2 2 2	other	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUEN	CE OF):				
U SET	6	CERTIFICATION	resulting in deeth) LAST	d						
N 5	injury,	AL C	PART il. Other significent condit	tions contributing to deeth	but not result	ing in the underl	ing cause given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
W - 50	any	2	Chrossie ?	BSTructive	Lun	9 025	1858.	PERFOR	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE
RECOF requires that ben signed to	shows	MEDIC	with	gent -	exacu	hebio	7		X	OF DEATH?
> P #	23 sl	ä	DID TOBACCO USE CON			YES NO	UNCERTAI	N 🗆		
一年 章章	Hem	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ne)			
11 2 55	0	4×S	1 YES 2 NO 27. MANNER OF DEATH	1 Simpatiant 2 ER/Out 26a. DATE OF INJURY		DA 4 Nursing P	Iome 5 Residence			
O 뜻 분	+		1 Natural 5 Pending	(Month, Day, Year)	200	INJURY	WORK?	26d. DEŞCRIBE HOW I	INJURY OCCUR	ED
VISION ATTENDING ECTOR: After	Is ma	D BY	2 Accident Investigation 3 Suicide 8 Could not	28e. PLACE OF INJUR	Y — At home, fa			28t. LOCATION (Street i	and Number or F	Rural Route Number,
DIVISION OR ATTENDING F DIRECTOR: After hours after death	00	ш	4 Nomicide determined		эспу)			City or Town, State)		
DIV L OR A	Item	COMPLET	29a. CERTIFIER (Check only	IYSICIAN: To the best of my know	wledge, death or	curred at the time, o	late and place, and du	e to the cause(s) and mar	nner as stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72	Ë	Ŏ.		IINEFI: On the basis of exemination						nuse(s) end manner as atated.
보 분 명	ORTA	ш	296. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
55%	M	10 8	Jungpa Le	e do D			0260	707	1 7-	2495
(0)			30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	4-		0.1.	· · ·		2000/
0)		H	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGI	154	Kinghan	Dr. 3.71	er spring	o MD	2090/
-			JUL 26 1995	Stelle divoler	MANGE					



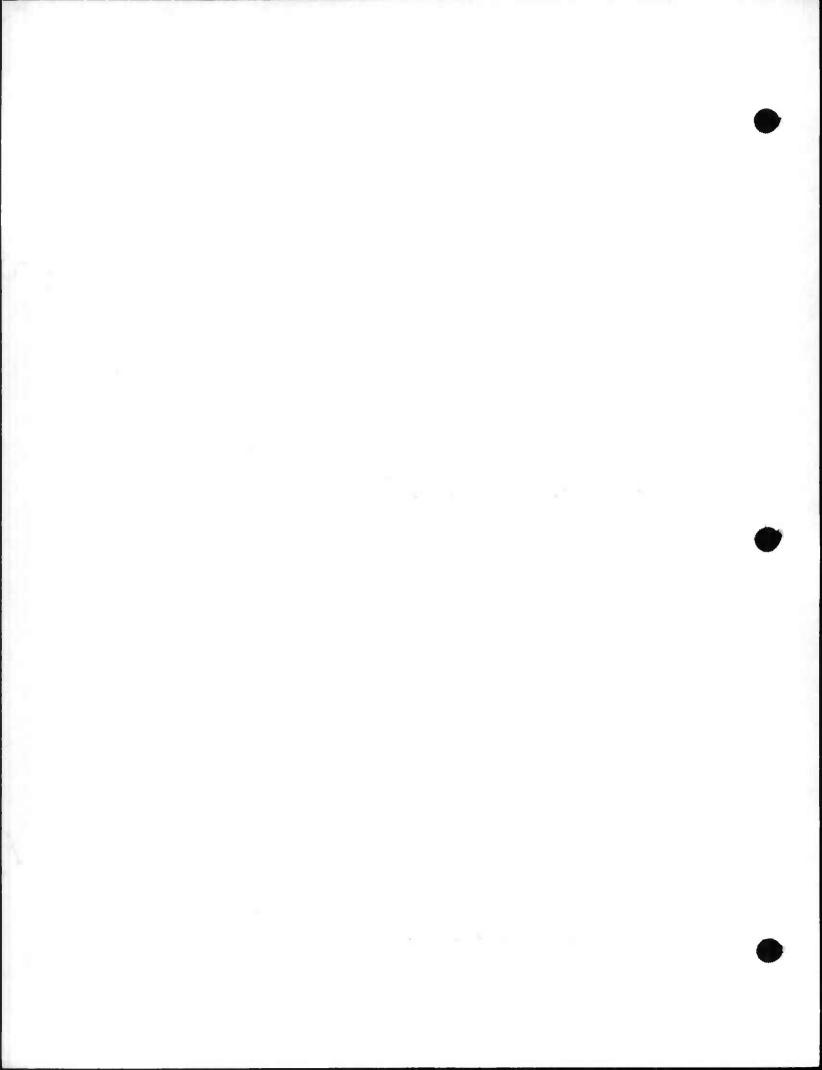
7
9
9
-
00
9
-
×
\circ
=
•
O
9
o.
ш.
. In
ഗ
0
Œ
\sim
\circ
III
Contract of the last
ш.
-
P
-
_
>
-
4
0
\cup
7
4
0
=
10
~
-
0

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without a hier death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Las	31)		<u> </u>		2. DATE OF DEATH		3	. TIME OF DEATH		
	Jon	C. Hinson				July	21 1	995 1	1:30 P.M.		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign		
	427-94-2906 9e. FACILITY NAME (# not institution, giv		53 YRS.	MONTHS DAYS	OR LOCATION OF D	March 16,	1942	Tyler	town, Ms.		
DIRECTOR	1220 East West		- 1		Spring			tgome			
Ä	10e. STATE 10b. COUR	NTY	10c. CITY,	TOWN OR LOCA	TION			16	Dd. INSIDE CITY		
	Maryland Prin	nce George's		Silv	er Spring			1	LIMITS?		
FUNERAL	10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CITI	ZEN OF WH	AT COUNTRY?		
NE.	P.O. Box				2091	.0	Ur	nited	States		
2	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	Il yee, sp	CENDENT OF HISPA Healty Cuben, Mexica 3 2 NO Specia	NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yes or No-	14. RACE — Black, Y Specify:	American Indian, White, etc.		
3	15. DECEDENT'S EI (Specify only highest gra		18a. DECEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF E	BUSINESS/IND	USTRY	WILLEE		
4	Elementery/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	ork done during me retired.)	ost or working						
COMPLETED		5+	Congr	essman		Gove	rnment				
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meid	len Surname)				
20		n F. Hinson			<u> </u>	Lyndel					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1					
	Jon C. Hins					ver Sprin		20910			
	1 Buriel 2 X Cremetion 3 Re 4 Donetion 5 Other (Specify)	emoval from State cen	D. PLACE AND DATE OF THE PROPERTY OF STATE OF THE PROPERTY OF STATE OF THE PROPERTY OF THE PRO	er place)	ame of	1 1	CO de la				
Y	21. SIGNATURE OF FUNERAL SERVICE		TEE S CIE		ND ADDRESS OF FA		Clinto	on, Ma	aryland		
	1 1 7	ot	1-11		RI FUNEF						
-	23. PAGE I. Enter the diseases, o	Sieurani	111	4001	Benning	Road, N.E	.,Wash	ningto	On, D.C.		
	iMMEDIATE CAUSE (Finel disease or condition reaulting in deeth)	s. AIDS DUE TO (OR AS A	A CONSEQUENCE OF)	:					interval Between Onset and Desth		
niricalion	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERIIFIC	CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)								
7	PART II. Other algnificent conditi	ons contributing to death b	out not resulting in	the underlyin	g ceuse given in	Pert I. 24s. WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS		
TISICIAIN. MEDICA	PART H. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO 24b. WERE AL AMALABIC COMPLE OF DEATH 1 YES 2 X 1 YES										
2	DID TOBACCO USE CON	TRIBUTE TO CAUSE O	F DEATH YES	□ NO 🛭	UNCERTAI	N 🗆					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
2	1 YES 2 X NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)										
10	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
3	3 Suicide a Could not b 4 Homicide determined	building, etc. (Spec	' — At home, farm, str cify)	m, streat, factory, office 28f. LOCATE City or			ION (Street and Number or Rural Route Number, Town, State)				
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY	YSICIAN: To the best of my know NER: On the basis of examination	riedge, death occurred n end/or investigation	at the time, date	and place, and due	to the cause(e) end m	nanner ee state end dua to the	ed. o cause(s) er	nd manner ee stated.		
	296. SIGNATURE AND TITLE OF CERPE	6						SIGNED (M	onth, Day, Year)		
	MANUAL AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)	034590			July 2			
	Roy Fried, MI				e, Kensi	ngton, Mai	ryland	208	95		
	31. DATE FILED (Month, Day, Year) JUL 2 7 1995	32 REGISTRAR'S SIGN									
_									DHIM to D		

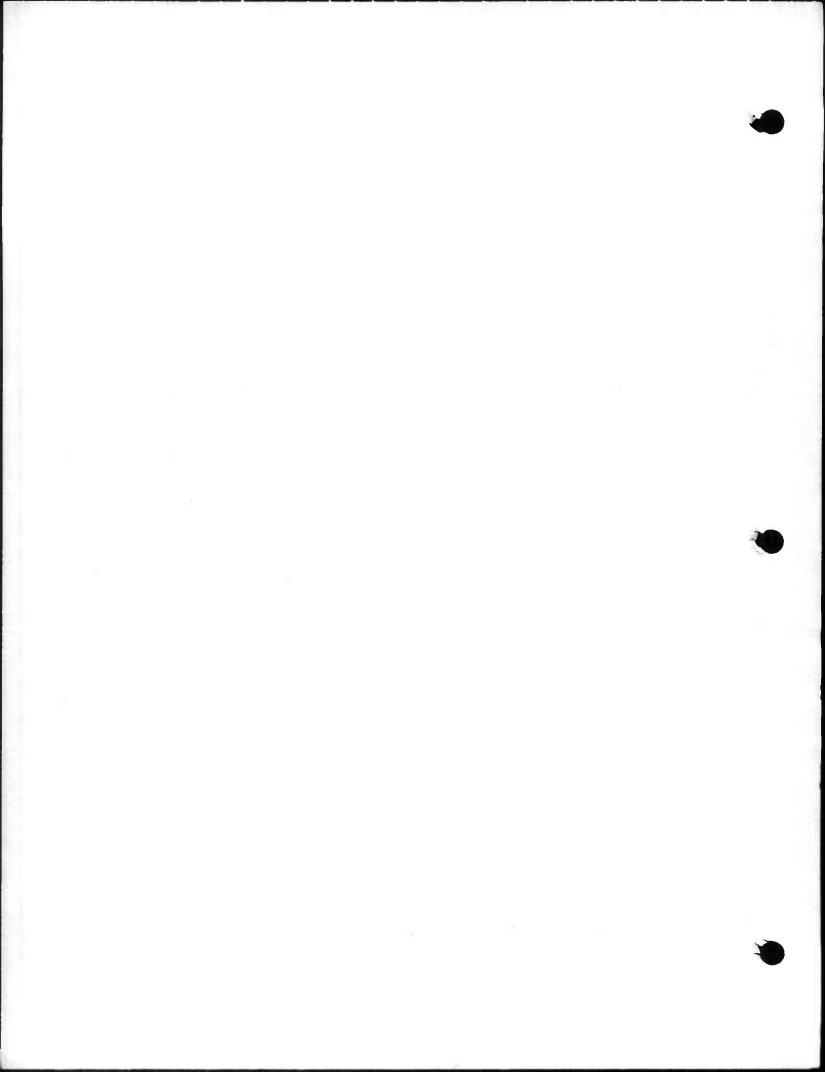


$\overline{}$
3
7
00
9
×
BOX
\approx
ш
o.
P.0
۵.
-
S
00
0
RECORDS
2
ш.
OF VITAL
4
-
=
ш.
0
-
5
0
(A)
=
>
\overline{a}

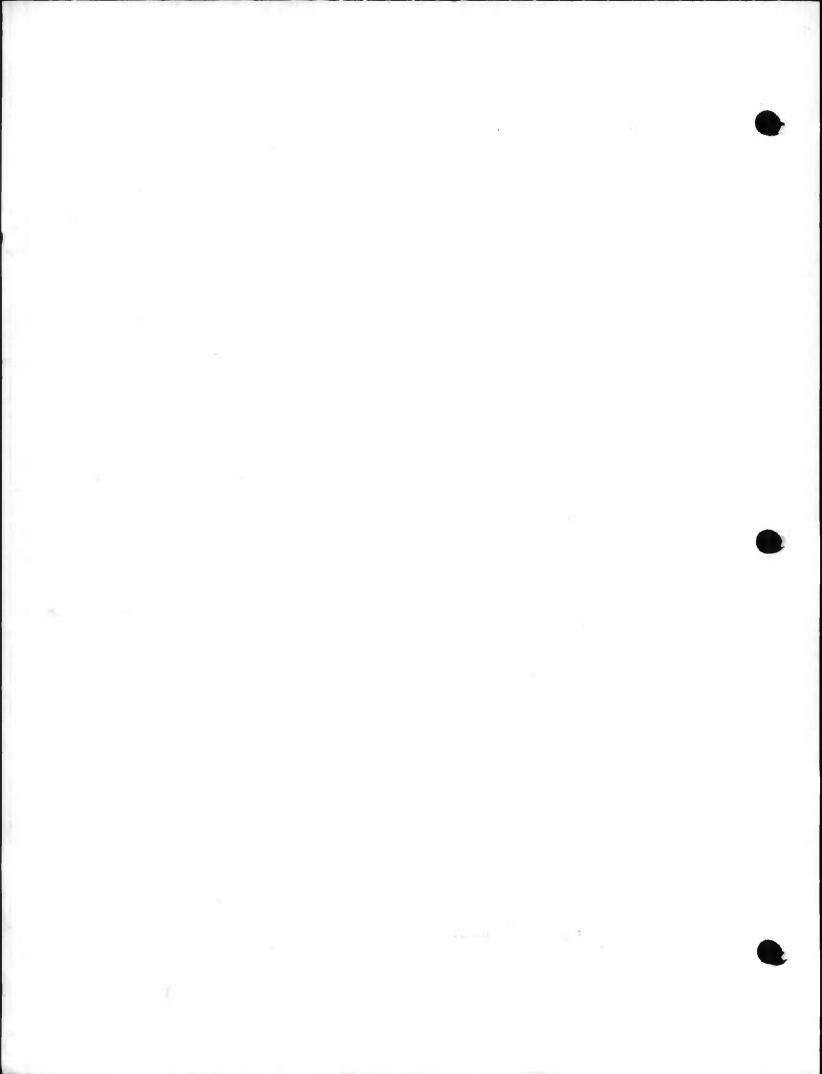
CONTRACT NO COLO DE CE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
yal,	I'm fied writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, should
ter death. Page 6 may be retained by the hospital or attending physician.	III THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, flours after death. Page 6 may be retained by the hospital or attending physician.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF		F DEATH		REG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	Carlethea	Hatchett					MONTH T. 1	y 12		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		, 199		4:45 P M
	219-82-6239	1 □ M 2√∑ F	36	YRS.	MONTHS DAYS		(Month, D	ey, Year)	9	Country	imore
	9e. FACILITY NAME (If not institution, give				9b. CITY, TOW	OR LOCATION OF	DEATH			NTY OF DE	
DIRECTOR	730 McCabe Ave.				Balt:	imore					
E	10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
	Maryland			I	Baltimo	re					LIMITS?
FUNERAL	730 McCabe Ave. 101. ZIP CODE 10g. CITIZEN OF WHAT 20212 USA									HAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARI	MED	If yes,	ECENDENT OF HISP/ specify Cuben, Mexic ES 2 PNO Specific	en, Puerto Rica	ipecify Yes	or No-	14. RACE Black Specifi	- American Indian, White, etc.
	15. DECEDENT'S EDI	ICATION	400 000	OFBENTIO					J		Black
13	(Specify only highest grad	le completed)	(G/	ve kind of	USUAL OCCUPA work done during	TION most of working	16b. Kil		BINESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Nü	rsin	ig Ald			Priv	ate		
8	17. FATHER'S NAME (First, Middle, Last)			-		18. MOTHER'S N	AME (First Midd	la Mairian	Sumamai		
BE C	Nathainal Hatch	ett					hine Je				
10 B	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	t and Number or Rura				Code)	
F	Josephine Parke	er	7	30 M	cCabe A	ve., Bal	timore,	Md.	202	12	
	20e. METHOD OF DISPOSITION 1c Burlet 2 ☐ Cremation 3 ☐ Ren	noval from State	20b. PLACE A	NO DATE	OF DISPOSITION	Name of	DATE		CATION —	*	
	1 Donation 6 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE □		Churc	h of		rd J. C.		Iro	nsid	e, Ma	aryland
	21. SIGNATURE OF PUNEHAL SERVICE L	ICENSTIE.				and address of F		ne.			
	trans.	DOG				28th Str			Wash	. D.	. C.
	23. PART i. Enter the diseeses, or shock, or hasrt fallure.	complications that	caused the dec	eth. Do i	not enter the r	node of dying, au	ch se cerdiac	or respi	retory arr	est,	Approximate
	IMMEDIATE CAUSE (Final										Intervel Batween Onset and Death
	disease or condition resulting in death) s										18 months
	disease or condition resulting in death) s. CNS TOXOPIAS MOSIS DUE TO (OR AS A CONSEQUENCE OF): 18 Months Sequentisity list conditions, but To (OR AS A CONSEQUENCE OF): 18 Months 18 Months										
CERTIFICATION											
CAT	CAUSE (Disease or Injury										
E	that initiated events	DUE TO (OR AS A CONSEO	UENCE O	F):						
ERI	resulting in deeth) LAST	d									
0	PART II. Other algolificant condition	ns contributing to	death but not re	eaulting	In the undarly	ng cause given ir	Pert I. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL								PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED							''	YES 2	NO		OF DEATH?
	DID TOBACCO USE CONT	RIBUTE TO CAL	JSE OF DEAT	TH YE	S TI NO	UNCERTA	N D				1 TES 2 DPNO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)										
SIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing He	me 5 Residence	6 Other (Se	pecify)			
E	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED								CURED		
BY	1 X Natural 5 Pending 2 Accident Investigation		,, ,,	,,,,,,	INJURY WORK? M 1 TYES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF building, e	INJURY — At hon rtc. (Specify)	At home, farm, street, factory, office			281, LOCATION (Street end Number or Rural Route Number, City or Town, State)				
	4 Homicide determined										
절	29s. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner se stated.										
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner as stated.										
BE	296. SIGNATURE-AND TITLE-OF CERTIFIER . 296. LICENSE NUMBER 296. DATE SIGNED (Month, One, War)										Month, Dec. Wary
2	Clary !	kun	MI)		10439	59		b =	7/19	4/95
	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE		1 27) (Type,		S.GRE	27/1/-	راسم	en.	77")	111 0.71
	31. DATE FILED JUL 2 5 1995	32 FEGISTRA	'S SIGNATURES	11	4 00	J. 6 PC	- 116	3/-	שולוכן	10.	110 21201
M	OOL 20 1995	your do	wedger Ran	dall							



		REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.			
		1. OECEDENT'S NAME (First, Middle, Last)			***	_	2. DATE OF OEAT		3. TIME OF DEATH		
		Clinton Georg	e. Thomas H	anninon			JULI :	7 /99°	5 0452 M		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1011 8	BIRTHPLACE (State or Foreign		
2		217-12-1351	XXM 2 □ F	79 YRS.	MONTHS DAYS	HOURS MIN.	July 26	0 13 6	country) ovettavilleV		
3 should	OR	98. FACILITY NAME (If not institution, give s 10 N. 5th Aven			Bruns	wick	EATH	Free Free	of DEATH denick		
1, 2,	стов	RESIDENCE OF DECEDENT									
permit. Pages	DIRE	100. STATE 10b. COUNT Maryland Fre	denick		TOWN OR LOCA UNAWLC				10d. INSIDE CITY LIMITS? 1. YES 2 \(\sum \) NO		
is:	FUNERAL	100. STREET AND NUMBER 119 N. 6th Ave	nue		10	21716		10g. CITIZEN	OF WHAT COUNTRY?		
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3/1/Widowed 4 Divorced	FORCES? 1 TYES	FORCES? 1 YES 2 X NO If yes,			AS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— 14. F. yes, specify Cuben, Maxican, Puerto Rican, etc.) YES 2X NO Specify:				
ending as the	ED E	15. DECEDENT'S EDU	ONTION .				100000000		White		
5	1	(Specify only highest grade		(Give kind of w	USUAL OCCUPATE ork done during mo o retired.)	ON ost of working		BUSINESS/INDUST			
N = 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Towing			Bruns	son's wick, i	10 wing		
AND the hospit detached once.	l Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Me				
क विव	BE (N/A				N	/A				
5 sho	2	19a. INFORMANT'S NAME (Type/Print)				RESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Lt "D" St., Brunswick, MD 21716					
		Carlis C. Conn 208. METHOD OF DISPOSITION									
6 may ctor. pa		pc Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Qther (Specify)	oval from State	D. PLACE AND DATE O metery, cremetory or off ARR HEL	r place)	ame of	7/20 A	LOCATION — City	or Town, State		
LTIM ath. Page uneral dire aminer i		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	uick nec	22 NAME A	ND ADDRESS, DE FA	CILITY 7	- I	u u		
BALTIM after death. Page by the funeral dire- emoval.		Banbana A.	WELLLams	me	100	Petenny	ille Ro	l Bruns	Home wick MD		
after after by the		23. PART I. Enter the diseases, or	complications that ceuse	d the deeth. Do no							
d in or re		shock, or haart fallure.	List only one ceuse on e	each lina.		, ,		4	Intervel Batween Onset and Death		
15 mil 15		IMMEDIATE CAUSE (Final disease or condition	· Non-S	00110	0110	DACCIA.	MA	1,200	onset and country		
1760 ted within completely ial. cremat		resulting in deeth)	OUE TO (OR AS)	A CONSEQUENCE OF):	00 01/10	Mila	10110	- MOITING		
cxecuted with and complet burial. cren	z		b								
OX 68 be execute sician and confor to burie traumatic	E	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d									
	2										
certificat dirig phy lygiene p	Ë										
death death attend	CEF		d								
ORDS, that the dea ed by the att th and Menta any Injury,		PART II. Other significant condition	s contributing to deeth b	out not resulting in	the underlyin	g ceuse given in		S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SOR es that gned by safth and	MEDICAL						1 YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?		
一言の主義	ME							\wedge	1 - YES 2 NO		
> 0											
= a e = = =	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)				
F VIT, SICIAN: Th certificate the State the State to or item	ΙλS	1 YES 2 NO	1 Inpatient 2 ER/Outp		4 Nursing Hon	\rightarrow	6 Other (Specify)				
C His with O		1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCCUR	ED		
ONG Poling R	В	2 Accident Investigation 3 Suicide 8 Could set be	28e. PLACE OF INJURY	/ — At home, ferm, st			28f LOCATION /S/	reet and Number or F	Zuraf Bouto Number		
TISI TITEN TITEN after	TED	4 Homicide 8 Could not be detarmined	building, atc. (Spec	cify)	mout, ractory, office		City or Town, S	itate)	iurai riodio rumper,		
ter DIRE	7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	riedge, death occurred	d at the time, date	and plece, end due	to the ceuse(s) and	manner as stated.			
HOSPITAL FUNERAL WIThin 72 TANT: If	COMPLETE		R On the basis of examination						ouse(a) end menner as stated.		
FUNEF Within	и	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU			GNED (Month, Day, Year)		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 !	BE	1 Men	mx			D2=>C	577	D 7	27/95		
F F 0 =	2	30. NAME AND ADDRESS OF PERSON WH	O OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	/200		, , ,	0./1./.		
		610 1940	MUR F	Brunsu	JICK	MD	217/6				
.		31. DATE FIRE THE THE THE THE THE THE THE THE THE TH	THE GUILLAND	Rereall	1						

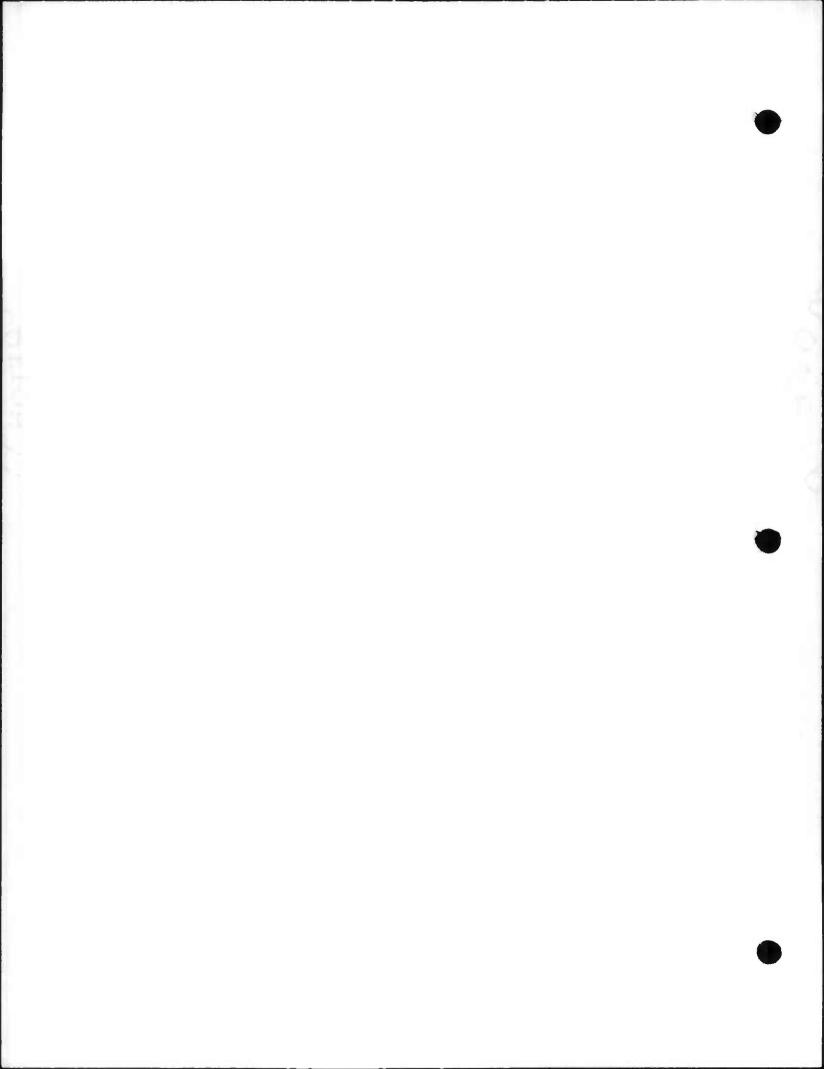


HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing the after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformering physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transformering pages 1 2 should	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	DRTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
D THE HO	THE FL	be filed wi	IMPORTA

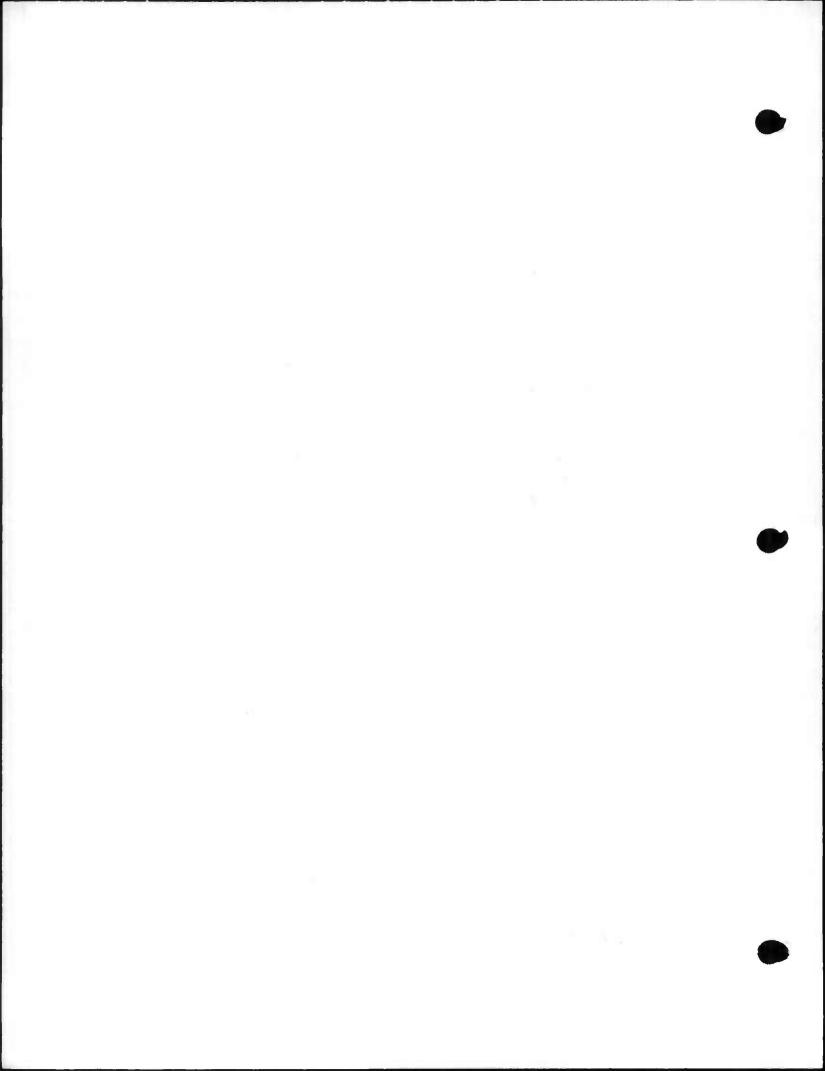
	1 - STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			YGIENE					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D			3. TIME OF DEATH			
	Ja	mes F.	Hocke	nberry		July	2 ^{pay} 1	995	0030 A M			
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In y	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTHP	LACE (State or Foreign			
	21.7-36-8366 1 9•. FACILITY NAME (If not institution, give stree	M 2 F 53	YRS.	MONTHS DAYS	HOURS MIN.	Jan. 22		Washi	ngton, D.C.			
DIRECTOR	Montgomery General Residence of Decement			Jo. Citt, TOWN C	Olney		inty of dealontgo					
S	10a. STATE 10b. COUNTY	-	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY				
L DIR	Maryland Mont	gomery		Clark			LIMITS? 1 YES 2					
FUNERAL	12429 Dancre	st Drive		101	ZIP CODE 208'	71		10g. CITIZEN OF WHAT COUNTRY? United States				
5	11. MARITAL STATUS					NIC ORIGIN? (Spe	ecify Yee or No-	14. RACE -	- American Indian,			
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	S		2 NO Specific		etc.)		White, etc.				
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	e. DECEDENT'S U (Give kind of wo life. Do NOT use	ISUAL OCCUPATION OF COME OF CO	IN st of working	OF BUSINESS/IN	DUSTRY						
COMPLETED	Elementary/Secondary (0-12)	iceman		C	ounty Po	lice	Dept.					
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame)											
BE (Clarence James Hockenberry Minnie Ruth King											
TO E	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12429 Dancrest Drive, Clarksburg, Md. 208											
	20c_METHOD OF DISPOSITION 1 Description 3 Removal from State 20c_Description 3 Removal from State 20c_Description (Name of complete, cremeter, cremeter, cremeter, cremeter) 20c_Description (Name of complete, cremeter) 20c_Description (Name of com											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Olin L. Molesworth, P. A. 26401 Ridge Rd., Damascus, Md. 20872											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
	Interval Betwee IMMEDIATE CAUSE (Final disease or condition resulting in death) A ETATAT: LUNC LANCE For all the condition of the condi											
		DUE TO (OR AS A CO	MAEGUENCE OF	•					.0010			
	See to (on as a consequence of):								MAN			
N	Sequentially list conditions b	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
ATION	if any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF)	:					work			
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	BONE	NSEQUENCE OF)	7A >7A					month's			
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF)	:					work			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ME NEOUENCE OF)	7A >7A	ses				work			
AL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ME NEOUENCE OF)	7A >7A	ses	Part I. 24a.	WAS AN AUTOPSY PERFORMEN?		VERE AUTOPSY FINDINGS			
AL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ME NEOUENCE OF)	7A >7A	ses		PERFORMED?	â	MAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of	DUE TO (OR AS A CO DUE TO (OR AS A CO CONTRIBUTING TO death but of	NSEQUENCE OF) NOTE OF THE PROPERTY OF THE PRO	TA) TA	ceuse given in			a c	WAILABLE PRIOR TO			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the conditions of the cause of th	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DOINTIBUTING TO death but r	INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF)	the underlying	ceuse given in	1	PERFORMED?	a c	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DOINTIBUTING TO death but r	NSEQUENCE OF) NO E NSEQUENCE OF) NOT resulting in DEATH YES PLACE OF DEATH	the underlying	ceuse given in	1	PERFORMED?	a c	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DOINTIBUTING TO GETT OF EACH 26. I	NSEQUENCE OF) NO E NSEQUENCE OF) NOT resulting in	the underlying NO [] (Check only one) OTHER: Nursing Home	Ceuse given in UNCERTAIL	N 🔲	PERFORMED? YES 2 NO	a c	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DOINTIBUTING TO death but r	INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF)	the underlying (Check only one) OTHER: Nursing Home OF 28c, INJURY WOI	UNCERTAIL 5 G Residence	N	PERFORMED? YES 2 NO	1	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the conditions of the cause of the conditions of the cause	DUE TO (OR AS A CO DUE TO	DEATH YES PLACE OF DEATH 1 3 DOA 28b. TIME INJU	the underlying (Check only one) OTHER: Nursing Home OF WOI 1 Y	UNCERTAIL 5 G Residence	6 Other (Spec	YES 2 DHO	1 CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions of the conditions of the cause of the conditions of the cause of the conditions of the cause of the c	DUE TO (OR AS A CO DUE TO	DEATH YES PLACE OF DEATH 1 3 DOA 28b. TIME INJU	the underlying (Check only one) OTHER: Nursing Home OF WOI 1 Y	UNCERTAIL 5 G Residence	6 Other (Spec	YES 2 DHO 2/ly) E HOW INJURY OC (Street and Number	1 CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Sturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO DUE TO	DEATH YES PLACE OF DEATH 1 3 DOA 28b. TIME INJU At home, ferm, str	the underlying (Check only one) OTHER: Nursing Home OF 28c, INJU WO 1 Y reet, fectory, office	UNCERTAIL 5 G Residence JRY AT KES 2 NO	6 Other (Spec 28d. DESCRIBE 261. LOCATION City or Town	PERFORMED? YES 2 DHO City) E HOW INJURY OC (Street end Number n, State)	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO DUE TO	DEATH YES PLACE OF DEATH 1 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME	the underlying (Check only one) OTHER: Nursing Home OF 28c. INJ! WOI 1 Y rest, factory, office	UNCERTAIL 5 G Residence JRY AT 18K? ES 2 NO	6 Other (Spec 28d. DESCRIBE 26t. LOCATION City or Town	YES 2 DHO 2/ly) E HOW INJURY OC (Street end Number n, State)	CURED CURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! VES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vestural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	DUE TO (OR AS A CO DUE TO	DEATH YES PLACE OF DEATH 1 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME	the underlying (Check only one) OTHER: Nursing Home OF 28c. INJ! WOI 1 Y rest, factory, office	Ceuse given in UNCERTAII 5 G Residence JRY AT 18C? ES 2 NO end place, end due ath occured at the	6 Other (Spec 28d. DESCRIBE 28t. LOCATION City or Town	PERFORMED? YES 2 DHO City) E HOW INJURY OC (Street end Number n, State) and menner ee stat lisce, end due to the	CURED CORED To Rural Rote ted.	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO REPORT OF INJURY (A CO) DEPTAL: 280. DATE OF INJURY (Month, Day, Year) 280. PLACE OF INJURY — building, stc. (Specify) DIE TO the best of my knowledge. Do the best of examination and	DEATH YES PLACE OF DEATH 1 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME 1 NOTE OF DEATH 28b. TIME	the underlying (Check only one) OTHER: Nursing Home OF 28c. INJ! WOI 1 Y rest, factory, office	UNCERTAIL 5 G Residence JRY AT RES 2 NO and place, end due asth occured at the	6 Other (Spec 28d. DESCRIBE 26t. LOCATION City or Town to the ceuse(e) of time, date end p	PERFORMED? YES 2 DHO City) E HOW INJURY OC (Street end Number n, State) and menner ee stat lisce, end due to the	CURED CURED CURED To Rural Rotated, the cause(e) of the cau	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO Ute Number, and menner se stated. Month, Day, Vear)			
COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Vestural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER CERTIFYING PHYSICIAL (Check only One) 2 MEDICAL EXAMINER: Certifyer 29b. SIGNATURE AND LITE OF CERTIFYER	DUE TO (OR AS A CO 28. DUE TO (OR AS A CO 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — building, stc. (Specify) DIE TO The best of my knowledge on the best of examination and t	DEATH YES DEATH YES PLACE OF DEATH 1 3 DOA 28b. TIME INJU At home, farm, ste e, death occurred d/or investigation,	the underlying (Check only one) OTHER: (Nursing Home OF WOI 1 Y reet, factory, office at the time, date In my opinion, de	UNCERTAIL 5 G Residence JRY AT 1872 ES 2 NO end place, end due ath occured at the 29c. LICENSE NUI	6 Other (Spec 28d. DESCRIBE 26t. LOCATION City or Town to the ceuse(e) of time, date end p	PERFORMED? YES 2 DHO City) E HOW INJURY OC (Street end Number n, State) and menner ee stat lisce, end due to the	CURED CURED CURED To Rural Rotated, the cause(e) of the cau	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO 28. DUE TO (OR	DEATH YES PLACE OF DEATH 28b. TIME INJU At home, farm, str e, death occurred d/or investigation,	the underlying (Check only one) OTHER: 1 Nursing Horn OF 28c. INJI RY M 1 Y reet, factory, office at the time, date In my opinion, de	UNCERTAIL 5 G Residence JRY AT RES 2 NO and place, end due asth occured at the	6 Other (Spec 28d. DESCRIBE 26t. LOCATION City or Town to the ceuse(e) of time, date end p	PERFORMED? YES 2 DHO City) HOW INJURY OC (Street end Number n, State) end menner ee statisce, end due to the	CURED CURED TO Rural Rote ted. The Cause(e) of the Signed (A. C.	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO Ute Number, and menner se stated. Month, Day, Vear)			

FOR 1 - STATE REGISTRAD STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_	REGISTRAR				CERTIF	ICALE	OF	DEATH		REG. NO.			
		1. DECEDENT'S NAME (First, M	liddle, Last)								E OF DEATN		3	. TIME OF DEATN
		Daisy B. H.	ackey							MO	カラララ	9	PASY	9 Care Am
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	last hirthday	I II IMPERA	VEAR		7.047		-		7,00/12
							MONTHS 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH oth, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
D		214-34-0294		1 M 2 K F	72	YRS.				Au	g. 17,	1924	Mar	yland
plnods		9a. FACILITY NAME (If not instit	tution, give s	treet and number)			9b. CITY,	TOWN (OR LOCATION OF D	EATH	9c. COUNTY OF DEATH			TH
60	<u>~</u>	Frederick	Memor	ial Hoen	ital		F,	rade	erick			Fr	ederi	ala
1, 2,	CTOR	RESIDENCE OF DECE	DENT	IGI HOSP	Tear		1.1	Leur	ETICK		rrederiek			CK
S -	ш		Ob. COUNTY	,		10c. C/1	Y, TOWN OF	LOCAT	TION				14	Od. INSIDE CITY
Pages	DIR	Manueland	Ti-na o	A 0 and -1e										LIMITS?
JĘ.		Maryland	rre	derick		1	redei	rici	K				X	YES 2 NO
permit.	AL	10e. STREET AND NUMBER						101	f. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
isi	1 65	2910 Taney	Apart	ments					21702			IInd	nited States	
1215-0020 or attending physician. r use as the burial-transit	FUNI	11. MARITAL STATUS		12. WAS DECEDEN	T EVED IN II C	ABMED	T 40 W							
20 Jysi Lyrial	L	1 Never Married 2 Ma	erried	FORCES? 1	YES 2	2 NO If yes, specify Cuban, Maxican			NIC ORIGIN? (Specify Yes or No.— 14. F			14. RACE Black, 1	- American Indian, White, atc.	
215-0020 attending physic ise as the burial	₽	3 Widowed 4 X Divorce		IF YES, GIVE W	WAR OR DATES					fy:		- 1	Specify.	
as th	0													Black
affe as	ш	15. DECED (Specify only h	ENT'S EDUC	CATION completed)	16a.	6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working			10	b. KIND OF BUS	INESS/IND	USTRY		
21 alor for u	E	Elementary/Secondary (0-12		College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)								
O g g	립	8th			′	Homen	aker				Owr	1		
AND he hospit detached	COMPLET	17. FATHER'S NAME (First, Midd	to Last)	· · · · · · · · · · · · · · · · · · ·		11011101	.c.rcoz							
ALA be det	[1				16. MOTNER'S NAME (First, Middle, Maiden Surname)								
		Samuel J.							There	esa	May Her	bert		
retained 5 should		19a. INFORMANT'S NAME (Type	vPrint)			19b. MAILING	ADDRESS	(Street a	and Number or Rurel	Floute Nu	mber, City or Town	, State, Zip	Code)	
≥ 2 ° ° 2		Dorothy J.		112 k	ev Pa	arkv	way Fred	eric	k. Mary	land				
BALIIMORE, after death. Page 6 may be by the funeral director, page moval.									·					
BAL I IMOR or death. Page 6 ma the funeral director, p val.		1X) Buriel 2 Cremation 3 Removal from State												
De 6		4 Donation 5 Other (Sp	pecify)		Fai	rview	Cemet	tery	У	7/28	/9\$ Fr	eder	ick,	Maryland
- S - S		21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSIEE			22. N	AME A	ND ADDRESS OF FA	CILITY	tauffor	E	0201	Homes, P.A
ALTIMOR death. Page 6 m funeral director, J.		1/	1	1-1		no.								
DA DE PER CHE		James	-l	Mel	200		1162	21 (Opossumt	own	Pike I	rede	rick,	MD 21702
IS after in by the removal.		23. PART I. Enter the dise	asea, Dr C	omplications the	t caused the	death. Dp	not anter t	be mo	de of dylan suc	b aa ca	rdiac or readi	retory erro	not .	Approximata
3 -= , 9		shock, or haa	rt fallure. I	List only one cau	ise on each i	ine.					value or reapil	albiy air	por,	Intarval Between
		IMMEDIATE CAUSE (Final		,	4	/			1					Onset and Daeth
within a pletely fill cremation.		disease or condition resulting in death)	.	(eng)	olive	Mesel.	P	to	Nea.					Calmas
ted within completely ial, cremati	1 1	rosoning in death)		DUE TO	(OR AS A CON	SEQUENCE O	F):	100	109					- Crany
executed with and complet to burial, cremmatic even			_	- P 2 0	1	1	. /							<u> </u>
OX 68 be executed by the control of	CERTIFICATION	Sequentially flat conditions, b. CO COM LUCY CONTROL OF THE ACCOUNT OF AS A CONTROL OF THE ACCOUNT OF THE ACCOU									your			
be e be e sian or to		if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									()			
T page at a	0	CAUSE (Disease or Injury												
certificate ding physical sygiene pri	드	that initiated events DUE TO (OR AS A CONSCOUENCE OF):												
Hydin F	E	resulting in death) LAST												
				J										-
the deal wenta d Menta		PART II. Other algnificant	condition	s contributing to	death but no	ot reaulting	in the und	erlylne	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b W	ERE AUTOPSY FINDINGS
Y = 55 -		6 11		_				, , , ,			PERFOR		A	MILABLE PRIOR TO
uires that signed by Health and	ă	my	MA								1 TYES 2	NO		OMPLETION DF CAUSE F DEATH?
S Es Si		, 0									/			☐ YES 2 ☐ NO
v requ	3	DID TOBACCO USE	CONTE	PIBLITE TO CA	LISE OF D	CATH VE	C D N	0 [UNCERTAIL	мП				25 I g
he law he law he be bept.	PHYSICIAN:	25. WAS CASE REFERRED TO A		GEOTE TO CA					JUNCERIAII					
N: The hicate h State [ō	EXAMINER?	MEDICAL	HOSPITAL:	20. PI	LACE DF DEA	OTHER:							
SICIAN: The Certificate the State	S	1 YES 2 NO		1 🗆 Inpatient 2 🗆	ER/Outpatient	3 🗆 DOA			ne 5 🗆 Residence	6 🗆 011	er (Specify)			
SICIA certific	물	27. MANNER OF DEATN		26a. DATE OF		26b. TIM	E OF 2	8c. INJ	URY AT		EŞCRIBE NOW IN	JURY OCC	URED	
NG PHYS fler this c eath with		1 Alatural 5 Per		(Month, Di	ey, Year)	INJ	URY	_	YES 2 NO					
DING Affer death	B A		estigation	00. 10.00	= m. m. ==									
			uld not be	building,	F INJURY — At atc. (Specify)	home, ferm,	street, fector	y, office	a		CATION (Street & y or Town, State)	nd Number	or Aurel Rou	te Number,
ATTEN ATTEN CTOR: S after	E	4 Nomicide dat	armined											
E E E	5	29a. CERTIFIER	VINC DUVER	NAN: To the heat of	and beautates	4 4								
4 P F	MPLET			CIAN: To the best of										
NER Thin	8	2 MEDICA	L EXAMINE	R: On the basis of ex	camination and/	or investigation	n, in my opi	inion, d	leath occured at the	time, de	la and placa, and	due to the	cause(s) a	nd manner as stated.
S S W		29b. SIGNATURE AND TITLE OF	CERTIPLER	()					29c. LICENSE NUI	MRED		204 DATE	SIGNED (M	leath One Man
五 五 五 五 五 五 五 五	BE	- Kin	1/2	Vision). 0				0 1	2 4-	,	A DAIL	7/11	onth. Day, Year)
TO THE HOSPITAL ID THE FUNERAL DE DE filed Within 72 h	2		1110	man	W				114	210			110	(()
		30. NAME AND ADDRESS OF PE	IIRSON WHO	COMPLETED CAUS	SE OF DEATH (I	TEM 27) (Type	Print)					1		- 0
	1 1	word H	RIW	VILL his	1 /2	175	te	in	y GI	1	thea	E . 1	1	1 21701
		31. DATE FILED (Month, Day, Yes	(r)	32. REGISTRA	R'S SIGNATURI		1		1	-1	1-0	-W		10
		JUL 28	1995		Davelian	Rad 10					•			
	1 00	201 0	しししし	()		- WITCHE								



		1 - STATE REGISTRAR	SIAIE UF W			TMENT OF	F DEATH			GIENE G. NO.		
		1. DECEDENT'S NAME (First, Middle, Last))					2.	DATE OF DE	ATH	3.	TIME OF DEATH
		Pauline R. Herbe	rt						MONTH 1v	21 1	995	3:25 PM
	i	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24	H76. 7.	DATE OF BIR	ГН	8. BIRTHPLA	CE (State or Foreign
70		213-22-4555	1 - M 2 XF	7	1 YRS.	MONTHS DAY	8 HOURS	MIN. NO	(Month, Day, 1	, 1923	Marvl	and
pjnods		Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION			-	NTY OF OEAT	
1. 2. 3	STOR	Frederick Memori	al Hospit	al		Frede	rick			Fre	lerick	
Pages	DIRECTO	Maryland Frede				r town on Lo lerick	CATION					I. INSIDE CITY LIMITS? YES 2 NO
permit.	4	10e. STREET AND NUMBER					101. ZIP CODE			10g, CIT	IZEN OF WHA	
ist.	FUNERAL	1707 West 7th St	reet. Apt	. 102			21702			USA		
020 physician. burial-transit	3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	I.S. ARMED 13. WAS DECENDENT OF HISPAN				ORIGIN? (Spec		14, RACE —	American Indian.
5-0020 nding physic is the burial		1 Never Married 2 Merried	FORCES? 1 IF YES, GIVE W		2 NO If yes, specify Cuben, Mexica				verto Rican, a	tc.)	Black, W.	hite, etc.
215-0 attending	ВУ	3 Widowed 4 Divorced										Thite
afte afte	윤	15. DECEDENT'S EDI (Specify only highest grad		16a.	DECEDENT'S	USUAL OCCUPY	ATION most of working		16b. KINO (OF BUSINESS/INI	DUSTRY	
N 0 5	Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT us	e retired.)	most of Borning					
AND 2 the hospital detached for	COMPL	12		Se	1f				Homen	naker		
de de B	8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHE	R'S NAME (First, Middle, A	falden Surneme)			
RYL ed by uld be	BE	Harry Lawson Rey						Ducky				
MAR retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)								or Town, State, Zij		
- 9 9 8		Ashely Herbert			1707	W. 7th	Street	t, Ap	t 102,	Frede	cick,	MD 21702
E : 5		20e. METHOD OF DISPOSITION 1 N Burlel 2 □ Cremetion 3 □ Ren	novul from State	20b. PLAC	CEAND DATE O	F DISPOSITION	(Name of		7/26 2	0c. LOCATION —	City or Town,	State
MC age 6 direct		4 Donetion 5 Other (Specify)		Quan	ticó N	ationa	1 Cemet	tery1	995 (uantic	, Vir	ginia
BALIIMOR after death. Page 6 ma by the funeral director. It moval.	:	21. SIGNATURE OF FUNERAL SERVICE L	ICENISE			22. NAME	AND ADDRESS	OF FACILIT	^{rv} Stauf	fer Fu	neral 1	Home
		Kaymord	40/1110	7()		1621	Opossun	ntown	Pike,	Frede	cick,	MD 21702
hours after of in by the or removal.		23. PART I. Enter the diseases, or	complications that	caused the	daath. Do n	ot antar tha	moda of dying	g, such se	cardiac or	respiratory ar	rast,	Approximate
P o E		sprock, or heart failure. List only one csuse on each line.										
		IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence or):										Oliset Sild Dastii
od within ompleteh il, crema event,		the same of the same	17 -		1	r th			-			
TO E - 60		resulting in death)	S. DUE TO	OR AS A CON	SEQUENCE OF	7	4	196	_			
	z					•						2 490
	TION		b. OT Of	OR AS A CON	SEQUENCE OF):	nchr	Y. 3)			2 40
DA 68 be execute cian and co or to buria aumatic	CATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	b. OT Of	OR AS A CON	SEQUENCE OF):	nchr	Y. 3)	<i>''</i>		2 40
DA 68 be execute cian and co or to buria aumatic	FIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b or ol	OR AS A CONS	SEQUENCE OF	5 g	nchr	V. 3	· · · · ·			2 000
th certificate be execute tending physician and consistent to bunian to bunian or other traumatic	ERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OT Of	OR AS A CONS	SEQUENCE OF	5 g	nchr	V. 3	· · · · ·			2 00
15, P.O. BOX 58, 15, 16, 17, 18, 18, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	핑	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONS	SEQUENCE OF	5 g	nchr ocon of	V. A	e e e	ć e	24b WF	14-
ALDS, P.O. BOX 68 at the death certificate be execute by the attending physician and co and Mental Hygiene prior to bunia y Injury, or other traumatic	핑	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS A CONS	SEQUENCE OF	5 g	nchr ocon of	V. A	1 i. 24a. W	AS AN AUTOPSY ERFORMED?	AWA	RE AUTOPSY FINDINGS
that the death certificate be executed that the death certificate be executed by the attending physician and contain Mental Hygiene prior to buniany injury, or other traumatic	핑	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONS	SEQUENCE OF	5 g	nchr ocon of	V. A	1 i. 24a. W	AS AN AUTOPSY	AVA COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO APLETION OF CAUSE DEATH?
records, P.O. BOX 68 requires that the death certificate be execute signed by the attending physician and cot Health and Mental Hygiene prior to burian thous any Injury, or other traumatic	MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	b. OUE TO (OR AS A CONS	SEQUENCE OF	5 ():	o C Un er	Y . >	1 24a. W	AS AN AUTOPSY ERFORMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO
L RECORDS, P.O. BOX 68 is a requires that the death certificate be executed is been signed by the attending physician and copi. of Health and Memal Hygiene prior to buring shows any Injury, or other traumatic.	AN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SEQUENCE OF SECUENCE OF SEQUENCE OF SEQUEN	5 (c): 5 (c) n tha underly	O F	V. A	1 24a. W	AS AN AUTOPSY ERFORMED?	AVA COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO APLETION OF CAUSE DEATH?
L RECORDS, P.O. BOX 68 is a requires that the death certificate be executed is been signed by the attending physician and copi. of Health and Memal Hygiene prior to buring shows any Injury, or other traumatic.	AN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	oue to (c. DUE TO (d. RIBUTE TO CAL HOSPITAL:	OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUENCE OF SEQUENCE OF DEAT	The state of the s	o C to see	en In Pari	1 1 24a. W	AS AN AUTOPSY ERFORMED? (ES 2) NO	AVA COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO APLETION OF CAUSE DEATH?
L RECORDS, P.O. BOX 68 is a requires that the death certificate be executed is been signed by the attending physician and copi. of Health and Memal Hygiene prior to buring shows any Injury, or other traumatic.	SICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	c. DUE TO (OR AS A CONTROL OF THE PROPERTY OF THE PROPERT	SEQUENCE OF SEQUENCE OF SEQUENCE OF DEAT	The state of the s	one 5 Resident	ren In Part	ti. 24a. W P P 1 1 1 1 1	AS AN AUTOPSY ERFORMED? (ES 2) MO	AMI COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO APLETION OF CAUSE DEATH?
L RECORDS, P.O. BOX 68 is a requires that the death certificate be executed is been signed by the attending physician and copi. of Health and Memal Hygiene prior to buring shows any Injury, or other traumatic.	PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO (d	OR AS A CONTROL OF THE PROPERTY OF THE PROPERT	SEQUENCE OF SEQUENCE OF SEQUENCE OF DEAT	S NO H (Check only or OTHER: 4 Nursing H	UNCER	e c s	ti. 24a. W P P 1 1 1 1 1	AS AN AUTOPSY ERFORMED? (ES 2) NO	AMI COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO APLETION OF CAUSE DEATH?
ON OF VITAL RECORDS, P.O. BOX 68 DING PHYSICIAN: The law requires that the death certificate be executed After this certificate has been signed by the attending physician and coeath with the State Dept. of Health and Memal Hygiene prior to buring marked, or frem 23 shows any Injury, or other traumatic.	BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	DUE TO (d. RIBUTE TO CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	OR AS A CONSIDERATION OF ASSAULT OF AS A CONSIDERATION OF AS A CONSIDERATION OF ASSAULT	SEQUENCE OF SECULATION OF THE SECULATION OF DEAT 3 DOA 28b. TIME	S NO H (Check only or OTHER: 4 Nursing H E OF PRY M 1	UNCER	ren in Pari	Other (Special distribution)	AS AN AUTOPSY ERFORMED? YES 2 MO	AM COO OF I	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\square\) NO
TENDING PHYSICIAN: The law requires that the death certificate be execute TOR. After this certificate has been signed by the attending physician and caffer death with the State Dept. of Health and Mental Hygiene prior to buriance is marked, or item 23 shows any Injury, or other traumatic	ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	DUE TO (d. RIBUTE TO CAI HOSPITAL: 1 Impatient 2 280. DATE OF (Month, Da 280. PLACE OF	OR AS A CONSIDERATION OF ASSAULT OF AS A CONSIDERATION OF AS A CONSIDERATION OF ASSAULT	SEQUENCE OF SECULATION OF THE SECULATION OF DEAT 3 DOA 28b. TIME	S NO H (Check only or OTHER: 4 Nursing H	UNCER	ren in Pari	Other (Special distribution)	AS AN AUTOPSY ERFORMED? YES 2 NO NO INJURY OC	AM COO OF I	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\square\) NO
TENDING PHYSICIAN: The law requires that the death certificate be execute TOR. After this certificate has been signed by the attending physician and caffer death with the State Dept. of Health and Mental Hygiene prior to buriance is marked, or item 23 shows any Injury, or other traumatic	ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (d. TRIBUTE TO CAI HOSPITAL: 1 Inpetient 2 2 28e. DATE OF building, (OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUEN	S NO H (Check only or OTHER: 4 Nursing H E OF 28c. JRY M 1 treet, fectory, of	UNCER O UNCER O O O O O O O O O O O O O O O O O O O	ren In Paris	Other (Specific City or Town,	AS AN AUTOPSY ERFORMED? YES 2 NO YOU INJURY OC Street and Number State)	The Control of Rural Route	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\square\) NO
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute VAL DIRECTOR: After this certificate has been signed by the attending physician and c 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial item 28 is marked, or item 23 shows any injury, or other traumatic.	ED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Olsesse or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (d. RIBUTE TO CAI HOSPITAL: 1 Impatient 2 28e. PLACE Of building, (SICIAN: To the best of the control of the cont	OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUEN	S NO H (Check only or OTHER: 4 Numing H C OF JRY M 1 treet, fectory, of	UNCER TO UNCER	ren In Paris	Other (Specific City or Town,	AS AN AUTOPSY ERFORMED? YES 2 NO	AM COID OF 1 [RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute VAL DIRECTOR: After this certificate has been signed by the attending physician and c 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial item 28 is marked, or item 23 shows any injury, or other traumatic.	COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO (c. DUE TO (d	OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUEN	S NO H (Check only or OTHER: 4 Numing H C OF JRY M 1 treet, fectory, of	UNCEF TO UNCEF	ren In Paris	Other (Specific City or Town, date end ple	AS AN AUTOPSY ERFORMED? YES 2 MO HOW INJURY OC Street and Number State) Individual to the control of the con	The Course of th	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, If menner ee stated.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and colled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriate of the property of	COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Olsesse or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (c. DUE TO (d	OR AS A CONTROL OF THE CONTROL OF TH	SEQUENCE OF SEQUENCE OF SEQUENCE OF DEAT 3 DOA 28b. TIME INJUNCTION OF SEQUENCE OF DEAT 4 death occurred death occurred to the sequence of	S NO H (Check only or OTHER: 4 Numing H C OF JRY M 1 treet, fectory, of	UNCERD OF THE PROPERTY OF THE	ren In Paris	Other (Specific City or Town, date end ple	AS AN AUTOPSY ERFORMED? YES 2 MO Street and Number State) Id menner ee stat ce, end due to the	OF Rural Route or Rural Route ed. ee couse(e) end E SIGNEO (Mo.	RE AUTOPSY FINDINGS MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, d menner ee stated.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute DIRECTOR: After this certificate has been signed by the attending physician and coours after death with the State Dept. of Health and Mental Hygiene prior to buriatem 28 is marked, or Nem 23 shows any Injury, or other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Courld not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (d. TRIBUTE TO CAL HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da 28e. PLACE OF building, of the basic of except of the basic of except and the basic of except an	USE OF DE 26. PL ER/Outpatient INJURY y, 'ber') FINJURY — At sic. (Specify) my knowledge, amination end/A	SEQUENCE OF SEQUENCE OF RESUlting in the sequence of the seque	The the time, do not not not not not not not not not no	UNCEF TO UNCEF	ren In Paris	Other (Specific City or Town, date end ple	AS AN AUTOPSY ERFORMED? YES 2 MO Street and Number State) Id menner ee stat ce, end due to the	OF Rural Route or Rural Route ed. ee couse(e) end E SIGNEO (Mo.	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, If menner ee stated.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and colled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriate of the property of	COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Olsesse or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (d. TRIBUTE TO CAI HOSPITAL: 1 Dispetient 2 Dis	OR AS A CONTROL OF DEATH (I	SEQUENCE OF SEQUEN	S NO H (Check only or OTHER: 4 Nursing H C OF 28c. JRY M 1 treet, fectory, of d et the time, d i, in my opinion	UNCER DO L CO MO UNCER DO L C	ren In Paris	Other (Specific City or Town, date end plant	AS AN AUTOPSY ERFORMED? YES 2 MO HOW INJURY OC Street and Number and Number and Number and Number 29d. DAT	OF Rural Route or Rural Route ed. ee couse(e) end E SIGNEO (Mo.	RE AUTOPSY FINDINGS MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, d menner ee stated.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and colled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriate of the property of	BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Courld not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (d. TRIBUTE TO CAN T	OR AS A CONTROL OF DEATH (IT SO 1 Wes	SEQUENCE OF SEQUEN	S NO H (Check only or OTHER: 4 Nursing H C OF 28c. JRY M 1 treet, fectory, of d et the time, d i, in my opinion	UNCER DO L CO MO UNCER DO L C	ren In Paris	Other (Specific City or Town, date end plant	AS AN AUTOPSY ERFORMED? YES 2 MO HOW INJURY OC Street and Number and Number and Number and Number 29d. DAT	OF Rural Route or Rural Route ed. ee couse(e) end E SIGNEO (Mo.	RE AUTOPSY FINDINGS MABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, d menner ee stated.

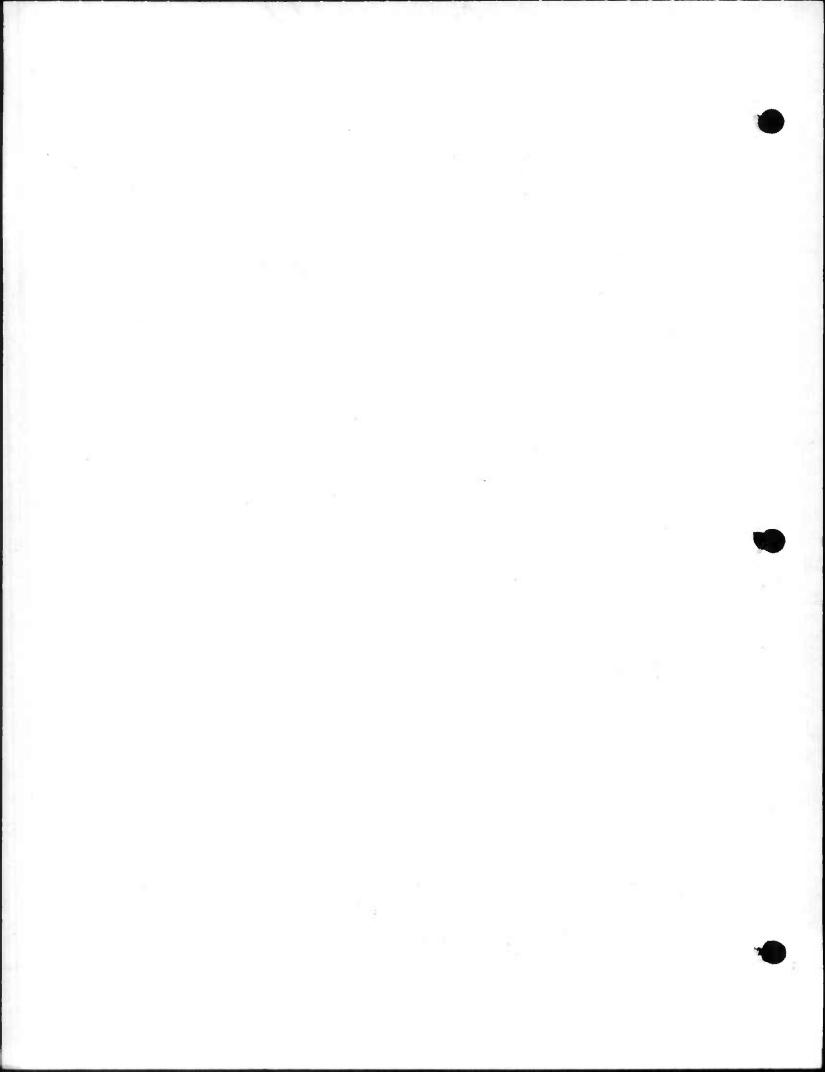


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3, TIME OF DEATH			
	Taliam		HA	DSHI		July 20	1995	7:27 am M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign			
	108-26-1489 9a. FACILITY NAME (if not institution, give str		2 YRS.	MONTHS DAYS	R LOCATION OF D	May 15, 1	913 Rus	ssia			
DIRECTOR	415 Biggs Aver				derick	EATH		lerick			
EC C	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland Fred	derick	F	rederick			LIMITS? 1 YES 2 □ NO				
FUNERAL				101	ZIP CODE			WHAT COUNTRY?			
JNE	415 Biggs	AVE. 12. WAS DECEDENT EVER IN	LIIC ABMED	40 100 050		1702 NIC ORIGIN? (Specify Ye	Russia				
BY FL	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	It yes, sp		an, Puerto Rican, atc.)	14. RAC Blac Spe				
	15. DECEDENT'S EDUCA	ATION	16. DECEDENT'S	USUAL OCCUPATION	A1	I am aring a const		white			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	vork done during mo	st of working	16b. KIND OF BU	ISINESS/INDUSTRY				
PL	Charles Amy Sacondary (0-12)	College (1-4 or 5+)	Welder			Manufa		ilroad Cars			
0	17. FATHER'S NAME (First, Middle, Last)		HEIGEI		18. MOTHER'S NA	AME (First, Middle, Maider		Cars			
BE C	BETUKHAN	HADS	HI		BOBII	NA.	?				
TO B	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a	777	Route Number, City or Tov	vn, State, Zip Code)				
-	Boris Hadshi		415 B	iggs Ave	./ Frede	erick, Mar	yland 21	.702			
	20e, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Remove		PLACE AND DATE O	her place)		DATE 20c. LOCATION City or Town, State					
	4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	L	aurel Gr	ove Ceme		17-22 To	towa Boro	, N.J.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FA	Stauff	er Funera	1 Home			
	minimal	Delus	en	1621	Opossumi	town Pike/	Frederick	,Md. 21702			
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, about, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease of condition ACRIDATE TO STATE OF THE PROXIMATE OF THE										
	reaulting in death)	Asphyxia DUE TO (OR AS A	CONSEQUENCE OF	7:				Minutes			
N	Sequentially list conditions, b.	Hanging									
Ā	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
E	resulting in deeth) LAST										
	PART II Other elapiticant conditions	acetalbustee to death to			Tentes I I I						
SAL	PART II. Other aignificant conditions	contributing to death bi	ut not resulting I	n the underlying	ceuse given in	Part I. 24a. WAS AN PERFO		MAILABLE PRIOR TO			
PHYSICIAN: MEDIC						1 TES :	₹ NO	OF DEATH?			
Σ	DID TOBACCO USE CONTRI	IRLITE TO CALISE O	E DEATH VE		LINICEDTAL			1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT		UNCERIAI	ишј					
SIC		HOSPITAL:		OTHER:	E W Besidence	8 Other (Specify)					
ξĺ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME	OF 28c INJ	IRY AT	28d. OESCRIBE HOW	INJURY OCCURED				
ВУБ	1 Natural 5 Pending 2 Accident Investigation	Jul 20,199	5 7:27	a M 1 □ Y	ES 2 X NO	Subject h	anged Se	lf			
	3 X Suicide 8 Could not be	28s. PLACE OF INJURY building, atc. (Speci	— At home, term, s	treet, factory, office		281. LOCATION (Street City or Town, Stete)	opd Number or Rural	Route Number,			
COMPLETED	4 Homicide determined	At home				Frederick	. Maryla	nd			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(e) and manner ea stated.											
one) 2 X MEDICAL EXAMINER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner								e) end manner ee stated,			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Da							(Month, Day, Year)				
5 B	malent	The same	~		D35164	+	▶ July	20, 1995			
- 1	30. NAME AND ADDRESS OF PERSON WHO										
1	Andrew Zarick,	Jr, M.D.	P.O. B	ox 369	, Walke	ersville,	Maryla	and 21793			
	JUL 3 1 1995	32. REDISTRAR'S SIGN	LOC PORTAL								

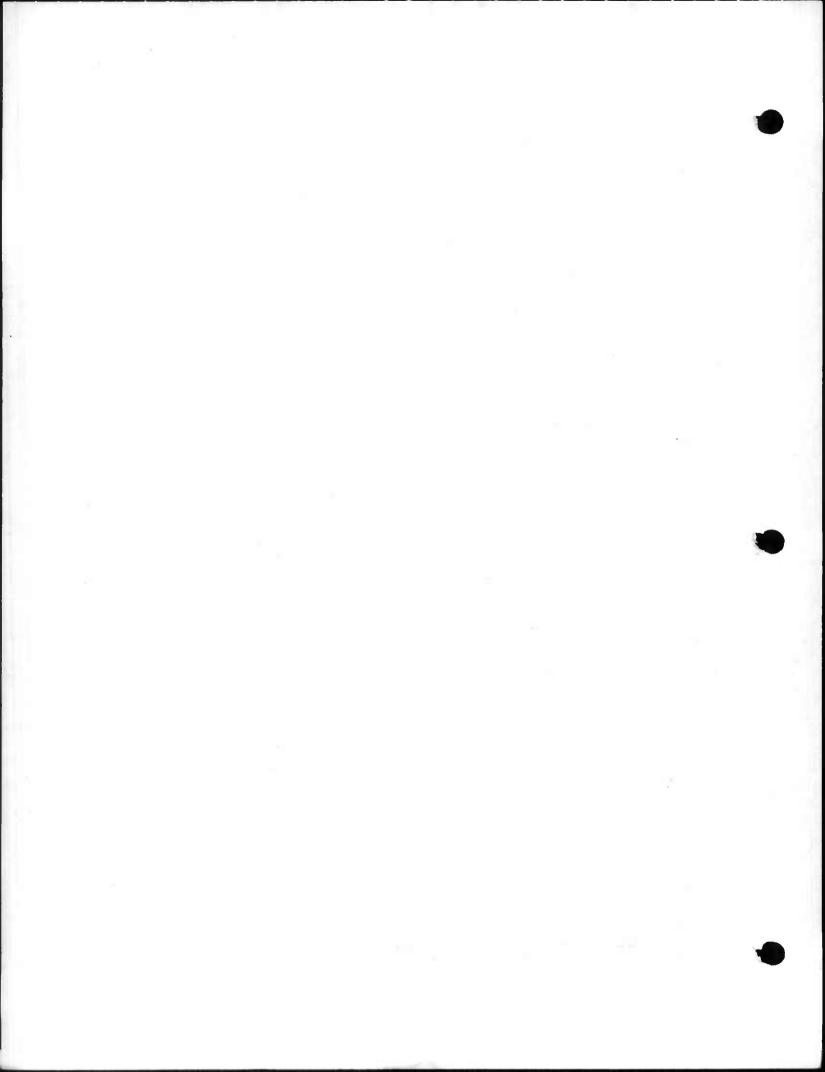


THE HOSPITAL PRESIDENT OF VITAL RECORDS, P.O. BOX 68 for THE HOSPITAL HOSPITAL PRESIDENT OF VITAL RECORDS. TO THE HOSPITAL DIRECTIONS PHYSICIAN: The law requires that the death certificate be executed within the form of the following physician of the following the following process of the properties of the following the following physician and completely filled in by the honeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Haalth and Mental Hyghen prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

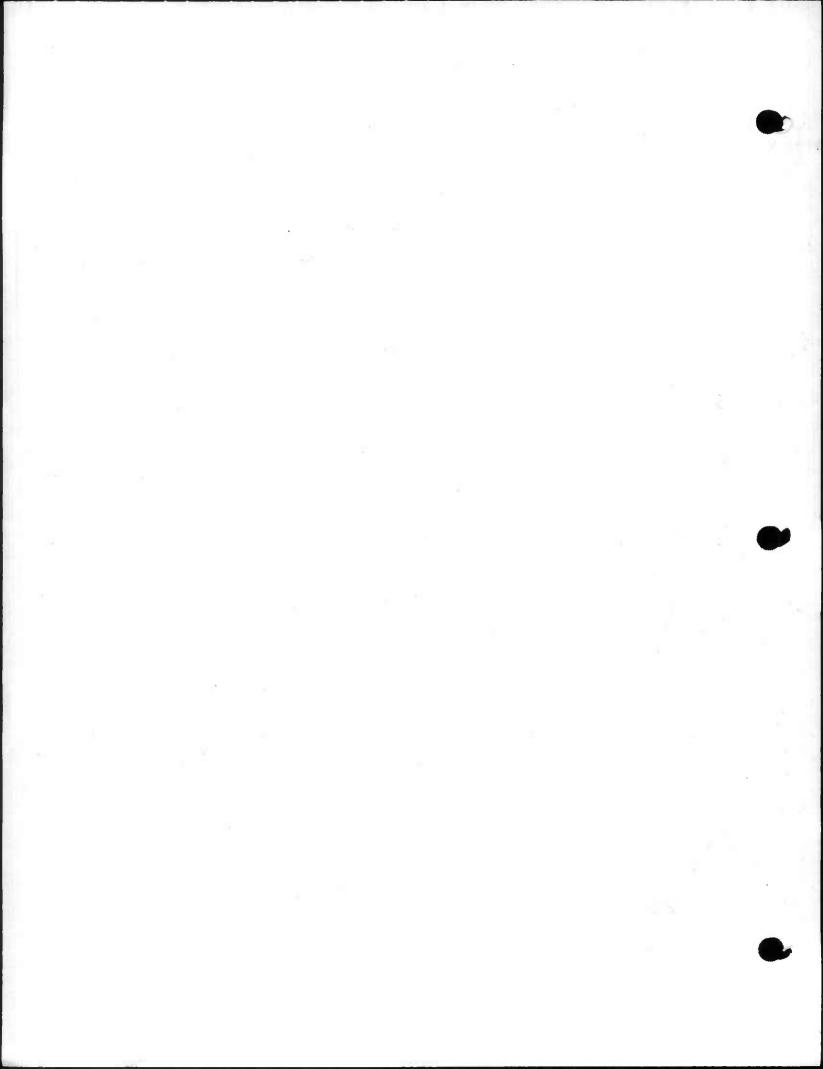
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	1. DECEDENT'S NAME (First, M.	Hiddle, Last)				1111110	711-	01	DLA		2. DATE OF DE	I. NO.			A 7
		ne H	TICHES	IUGHES				MONTH	DA		YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	R T	Maysie s. sex		In yrs. last b		UNDER 1	wr.a.m.	IF UNDER	0.1100	July 7. DATE OF BIR	20	', <u>1</u>	8. BIRTHPLACE (State or Foreign	
	F00 0/ F000		1 M 2 X F					DAYS	HOURS	ARRIVA	(Month, Day, 1	bar)		Country)
	500-24-5390 9a. FACILITY NAME (# not institu			76		200					Aug. 19	<u>, l</u>	_		souri
æ				_		96			R LOCATIO		ATH			NTY OF DE	
2	Frederick Me	emoria	<u>l Hospi</u>	tal_			Fr	<u>ede</u>	rick				F	rede	rick
2		Ob. COUNTY				10c. CITY, T	Y, TOWN OR LOCATION					10d. INSIDE CITY			
DIRECTOR	Maryland	Fred	erick			Sm	Smithsburg							- 1	LIMITS?
	10s. STREET AND NUMBER								ZIP CODE				10a CITI		HAT COUNTRY?
BY FUNERAL	13405 Loy Wo	olfe R	oad			21783					U.S.A				
N N	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	:n	12 MM	S DEC			IC ORIGIN? (Spec	46. 16.			
T.	1 Never Merried 2 Ma		FORCES? 1	YES	2 V NO		lf y	res, spi	ecify Cuba	n, Maxicar	ı, Puerto Rican, a	tc.)	OF NO-		- American Indian, White, atc.
	3 Widowed 4 Divorce	ed .	IF 120, GIVE V	MR OR DA	ii ES		י'	TES	2 X NO	Specify	:			Specify	White
COMPLETED		ENT'S EDUCA			18a. DECE	DENT'S USI	UAL OCC	UPATIC	N .		16b, KIND (OF BUS	INESS/INC	USTRY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)															
릴			5+		Profe	essor	of	Phy	siol	.ogy	Scien	nti	fic F	Resea	rch
ő	17. FATHER'S NAME (First, Middle	R'S NAME (First, Middle, Last)						Ĭ	18. MOTH	ER'S NAM	NE (First, Middle, N	faiden :	Sumeme)		
William S. Hill Myra Macbeth															
Stephen H. Hughes 13405 Loy Wolfe Road, Smithsburg,										783					
	20a. METHOD OF DISPOSITION	Y		20b.	PLACEANE	DATEOFD	ISPOSITI			oau,				City or Tow	
	1 Donation 5 Other (Sp	3 🗆 Remov	al Irom Stata	ceme Sm:	ithery, crema	tory or other	place)	ato	*T7	T11737				•	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											e Maryranu				
	Keeney & Basford P.A. Funeral Home														
	M00/03 106 East Church St., Frederick, MD 21701														
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final disease or condition)														
	reculting in death)														
	DUE TO (OR AS A CONSEQUENCE OF):														
o l	Sequentially list condition			(OR AS A C	CONSEQUE	ENCE OES									
AT.	if any, leading to immediate cause. Enter UNDERLYING			984											
표	CAUSE (Disease or injury that initiated events	6		(OR AS A	CONSEQUE	ENCE OF):									
CERTIFICATION	resulting in deeth) LAST	100													
MEDICAL	PART II. Other algnificant	conditiona	contributing to	death bu	it not resi	ulting in ti	he unda	rlying	cause g	iven in f	Part i. 24a. W	AS AN	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă											_ 101	ES 2	NO		COMPLETION OF CAUSE OF DEATH?
M															1 _ YES 2 _ NO
ż	DID TOBACCO USE		BUTE TO CA	USE OF	DEATH	YES	DN		UNC	ERTAIN					
8	25. WAS CASE REFERRED TO M EXAMINER?		HOSPITAL:	2	6. PLACE C	OF DEATH (C		/ one)							
PHYSICIAN:	1 YES 2 NO		☐ Inpatient 2 ☐	ER/Outpar	tient 3 🗆		THER:	Home	5 🗆 Res	sidence 6	Other (Specif	y)			
표	27. MANNER OF DEATH 1 Netural 5 Pen		28e. DATE OF (Month, D.		2	86. TIME OF		c. INJL	IRY AT		28d. DESCRIBE I	IOW IN	JURY OCC	URED	
BY		estigation							ES 2	NO					
CI I		uld not be ermined	28e. PLACE O building,	F INJURY - etc. (Specify	— At home,	ferm, atree	t, factory	, office			281. LOCATION (S City or Town,	State)	nd Number	or Rural Ro	ute Number,
		ermined													
COMPLET	29a. CERTIFIER (Check only	ING PHYSICIA	AN: To the best of	my knowle	dge, death	occurred at	the time	, deta	end place,	end due t	o the cause(a) an	d meni	ner as state	d.	
ō	one) 2 MEDICAL	L EXAMINER:	On the basis of a	camination	and/or Inve	etigation, in	my opin	ion, de	ath occur	d at the t	ime, data and pla	ce, and	dua to the	cause(a)	and manner as stated.
									29c. LICE	NSE NUMI	BER		29d, DATE	SIGNED (Month, Day, Year)
	29b. SIGNATURE AND TITLE OF	CERTIFIER					1 51(000 P 7 1 00 100F								,,
H	29b. SIGNATURE AND TITLE OF	CERTIFIER	_					1	1ת	6030)	- 1	T ₁	117 2	0 1995
	29b. SIGNATURE AND TITLE OF	177	COMPLETED CAUS	BE OF DEAT	TH (ITEM 2	7) (Type, Prin	nt)		D1	6939	9		Jı	ıly 2	0, 1995
H	30. NAME AND ADDRESS OF PE	ERSON WHO	mo M D	S	outh	Churc		Fr				Mi			
H	30. NAME AND ADDRESS OF PE	ERSON WHO O		S	outh	Churc		Fr				Mi			0, 1995 , MD 21769



		1 - STATE REGISTRAR	STATE UF MARY				DEATH AN		REG. N			
		1. DECEDENT'S NAME (First, Middle, Last	SIE	4	DUP	I=		MON	E OF DEATH		795 3.	9.28 A
		4. SOCIAL SECURITY NUMBER		(in yrs. last b		UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
9		239-30-9201	1 🗆 M 2 💢 F	65	YRS. MO	NTHS DAYS	HOURS MIN	Nov	th, Day, Year)	1929 N	Orth	Carolina
should	~	9a. FACILITY NAME (If not institution, give	4.4			CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	ГН
.2	Ē	RESIDENCE OF DECEDENT	MANYIAND	HOSP	2471	Chi	NION			INI	NCE	-Grantes
ages 1	DIRECTOR	10a. STATE 10b. COUN	TY		10c. CITY, 10	OWN OR LOCA	TION				10	d. INSIDE CITY
регтіг. Pages		110110	one		Wash	ningtor	n, DC				1)	LIMITS?
t pen	됳	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
ian. transi	FUNERAL	2012 Maryland A	1				20002		_	United States		tates
1215-0020 or attending physician.	B	3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 YNO	ED	If yes, sp	ecity Cuban, Mai 2 M NO Sp	dcan, Puerto	can, Puarto Rican, atc.) Black. Specify: Specific			American Indian, /hita, atc.
r attend		15. DECEDENT'S ED (Specify only highest grad				JAL OCCUPATION		16	b. KIND OF B	USINESS/INDUS		301
ल व	once.	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. D	o NOT use rea	worke		Tobacco Company				
LAND the hospit	COM						18. MOTHER'S	NAME (First,	Middle, Maide	fen Sumame)		
MARYL retained by 1 5 should be	BE a	Leonard Braswe	<u> </u>		Sudie Coley							
MAR retained 5 should	TO B	Katherine Faire			Mailing adi Same a		and Number or Ru	ral Route Nun	nber, City or To	wn, State, Zip Co	ode)	
AE, page	3	20a. METHOD OF DISPOSITION	20			ISPOSITION (Na	ame of	DATE 20c. LOCATION — City or Town, State				
AOF pe 6 m	must	1 Donation 8 Other (Specify)	noval from Stata	old Mi	atory or other p	emetery	/	1		ne Cou	ntv.	Month
BALTIMORE, after death. Page 6 may be yoy the funeral director, page moval.	examiner	21. SIGNATURE OF FUNERAL SERVICE L				22. NAME A	D ADDRESS OF	FACILITY				Carotina
SAL r deat		Cleen	N. Kaj	exp			Funera Gist Av				na l	MD 20910
filled in t	event, the medical	23. PART I. Enter the diseases, or shock, or heart failura IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a Resilia ly Due to (or as	each lina.	// -	enter tha mo	de of dying, s	uch aa car	diac or res	piratory arres	t,	Approximata Interval Between Onset and Death New ov ext
6876C acuted withman nd completely burial. cremat	even		DUE TO (OR AS	A CONSEOU	ENCE OF):	11: 26	0 . 1 .	0				2 Mo. 12
6876 precuted and com	S I	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									27/10/1	
BOX ficate be ex physician a	CATION	Cause. Enter UNDERLYING END STON 1. J									4-54-	
D. B. rrtificate of physiene pr	or other traumatic	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):										10
		resulting in death) LAST d. Denne tim									10 years.	
RDS, lat the de by the a		PART II. Other significant condition	ns contributing to death	but not rea	witing in th	ne underiying	g ceuse given	in Part I.	24s. WAS A			RE AUTOPSY FINDINGS
S that ned by lith an		H.	Pert 1/ Ceri						1 YES	RMED?	CO	AILABLE PRIOR TO IMPLETION DF CAUSE DEATH?
AL RECOF he law requires that has been signed is bept. of Health a	shows:										1	YES 2 X NO
law ras be Dept.	23 s	DID TOBACCO USE CONT	RIBUTE TO CAUSE (UNCERTA	AIN 🗆				
► F 2 8 8	ed, or Item 23 s PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		OT	heck only one)						
4. D 5 5	H Y	27. MANNER OF DEATH	1 Inpetient 2 ER/Out 28e. DATE OF INJURY		28b. TIME OF	-	o 5 ☐ Residenc	7		INJURY OCCUP	ee0	
PHYS r this th with	marked, BY PH	1 Natural 5 Pending Investigation	(Month, Day, Year)		INJURY	WO	RK? 'ES 2 NO	1	V0.110E 11011		ie D	
TISIC TOR: A after d	28 ls	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home	, farm, street	t, factory, office		28f. LOI City	CATION (Street or Yown, State	and Number or	Rural Route	Number,
DIV DIREC DIREC Hours	Item 2	29a. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the best of my know	wledge, daath	occurred at	the time, date	and place, and d	ue to the ca	use(a) and me	enner se stated	-	
HOSPITAL FUNERAL within 72	MPORTANT: It Ite D BE COMPL		ER: On the beels of examination				eath occured at t	he time, date		nd due to the c	euse(e) en	
THE OT THE De filed	E H	K.V	04	m	0		29c. LICENSE N	LII		29d. DATE S	IGNED (Mo	onth, Day, Year)
E E B	≥	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE			U.	vas.	0 40		0	102	1790
		KHROSLOW Dr	TUACH!	1328		DUTK	17N 6	AUE.	5.6	· WA	SHI	NGTON DX
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
		JUL 26 1995	Jalia Davidson	ardall								
			_									DHMH-18 Rev 1/89



COMPLETED

BE

0

les 1, 2, 3 should

TO THE LINCOLTAI OD ATTENDING DUVERFORM The law considers that the death and death and death death of the second sidely of the second s
TO THE PROPERTY OF ALL EMPINES THE FIRST THE TOTAL THE T
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page
be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

95 24067 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH I. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EUNSUNG HUH July 22, 1995 12:00 P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIFTH Morth, Day Year NOV. 5, 8. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 73 YRS. 473-06-9793 1 X M 2 | F Korea, Taegu 1921 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Kensington Gardens DIRECTOR Kensington Montgomery RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Silver Spring YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12306 Herrington Manor Drive 20904 Perm Res. -U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yo 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuba 1 ☐ YES 2 📉 NO BY Specify: Specify: Asian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Colone1 Korean Military 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Hae Park Huh Sooni BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael G. Huh 12306 Herrington Manor Dr. Silver Spring,Md.20904 20e. METHOD OF DISPOSITION
1) Burlel 2 Cremation 3 R.
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State commetery, crematory or other place) Norbeck 7/25 01ney Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver 23. PART I. Enter the diseases, or complications titlet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one gause on each line. Approximata Interval Between **IMMEDIATE CAUSE (Finel Onset and Death** disease or condition_ ancrealic reaulting in death) UYS DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. BY PHYSICIAN: MEDICAL

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEA	ATH YES 🗆	NO UNCERTAI	PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLAI HOSPITAL: 1 □ Inpatient 2 □ ER/Outpatient 3	CE OF DEATH (Check	6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28d. DESCRIBE HOW INJURY OCCU	RED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, street, fac	story, office	281. LOCATION (Street end Number or City or Town, State)	Rural Route Number,

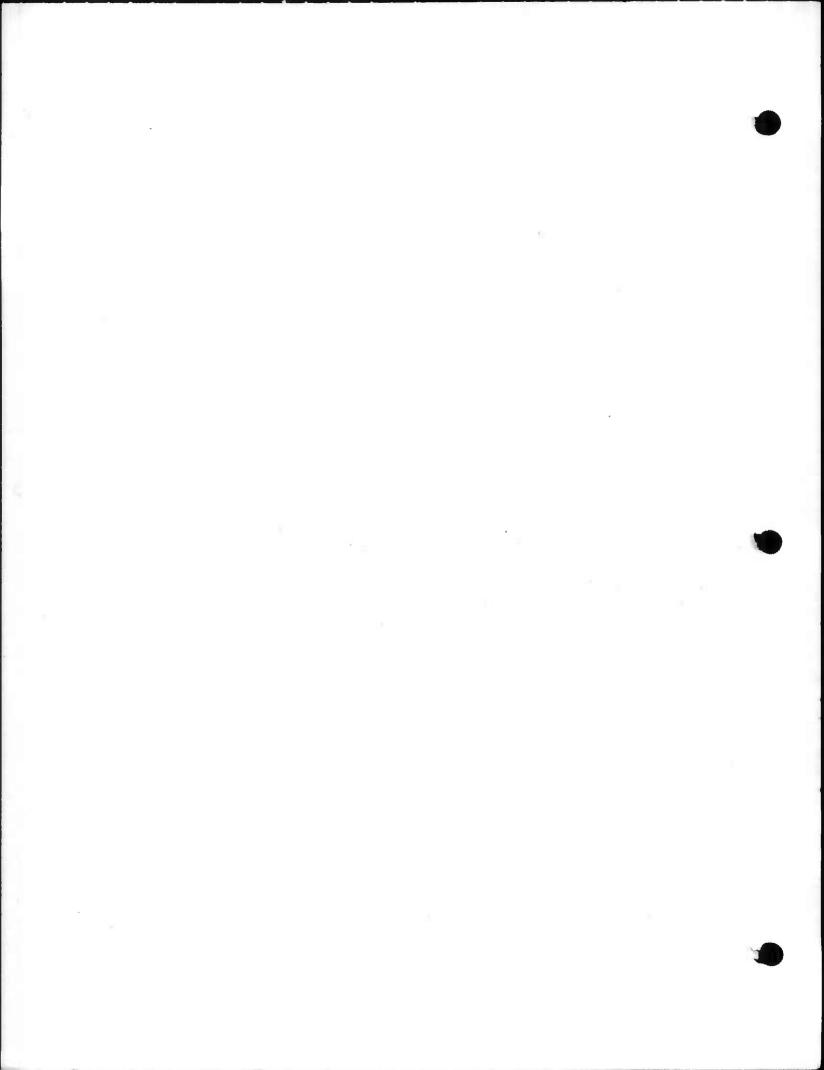
29e, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as atated.

2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

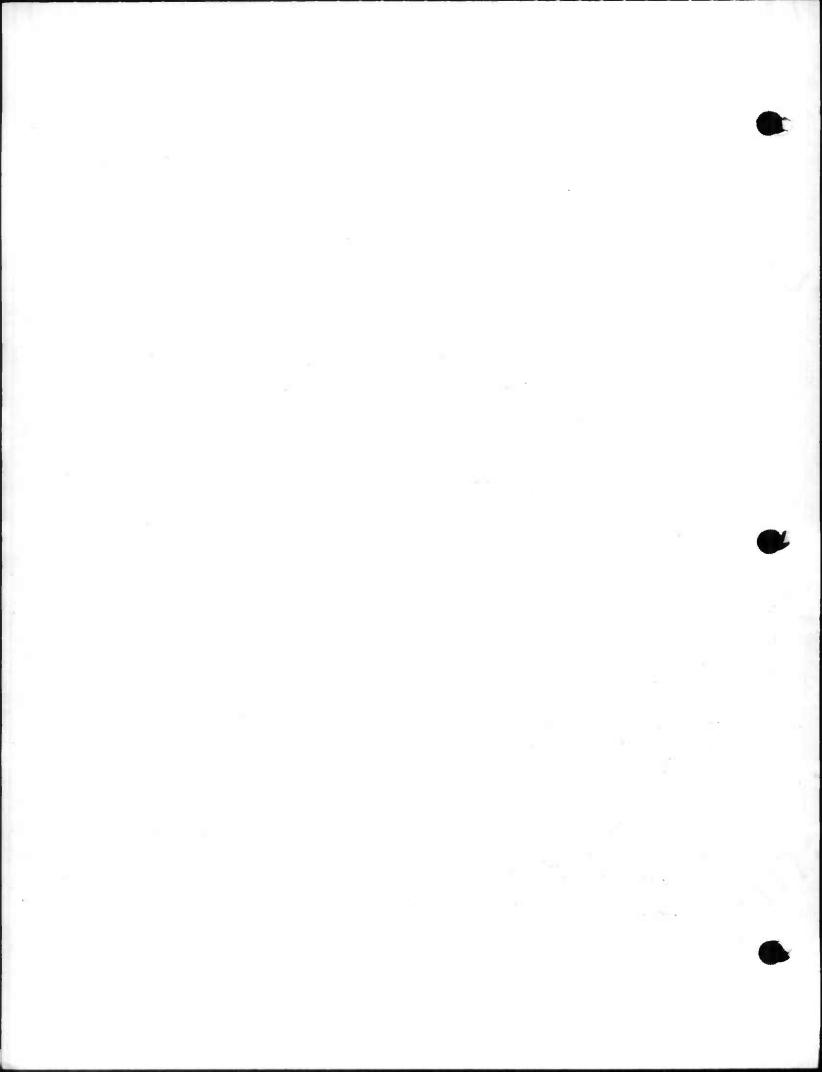
NATURE AND/TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7610 Carrol

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE



		for STATE REGISTRAR	STATE OF MARYL	AND / DEF	PARTMENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.				
	8	1. DECEDENT'S NAME (First, Middle, Last)	. Hor	VIS			2. DATE OF MONTH		21 6	EAR 3.	TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		In yrs. last birtho	MONTHS DAVE	IF UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)			ACE (State or Foreign	
should		577-44-0121 9e. FACILITY NAME (If not institution, give str	1 M 2 F	62 YR	S.	OR LOCATION OF DI	Feb.	5, 19		Wash	ington, D.	
2. 3 sh	OR	SUBURBAN HOSPITA			ROCKVI		EATH		MONT			
Pages 1.	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR LOCA	TION				10	d. INSIDE CITY	
permit. Pa		10e. STREET AND NUMBER			Washingto						LIMITS?	
2	ERAL	1701 Varnum Stree	t. N.W.			20011					T COUNTRY?	
020 physician. burial-transit	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	CENDENT OF HISPAI Decify Cuben, Mexica				. RACE -	American Indian, Thits, atc.	
	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			S 2 NO Specify		an, etc.;		Specify: Blacl		
r attending use as the	ETED	15. DECEDENT'S EDUC (Specify only highest grade of		(Give kind	NT'S USUAL OCCUPATE of work done during me	ON ost of working	16b. K	IND OF BUSI				
ND 21 hospital or ached for u	MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4 Supervisor Social Services D.C. Go							Vernmont		
A S S S		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
TARYL stained by should be		Joseph F. Harris	, Sr.	T 195 MAII	ING ADDRESS (Street	Anozell			On the The Co			
be retained ge 5 should be notified		196. INFORMANT'S NAME (Type/Print) 196. Mary L. Harris 197. Washington, D									20011	
ALTIMORE, death. Page 6 may be tuneral director, page		20a_METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, St completely cremetory or other places									State	
ALTIMORE death. Page 6 may funeral director, pa	1	4 Donation 5 Other (Spycity)	NSEE F	t. Lin	22. NAME A	ND ADDRESS OF FA	CILITY			d, Ma	ryland	
		Marie	- E 7/2	acli		re Funera Georgia A					20012	
BA hours after of in by the or removal.		23. PART I. Epter the diseases, or co shock, or hairt fellure. L	emplications that caused	the death. I	Do not anter the mo	ode of dying, suc	h as cardia	c or reepire	wasnii etory srree	igtor t,	Approximate	
filled i		IMMEDIATE CAUSE (Figal			C M M	0		0	0		Interval Between Onset and Death	
Within E4 mpletely fill cremation,		resulting in death)	DUE TO (OR AS A		GEAL E OF):		M	CE	/<		3 Years	
- 8 8 B	NO	Sequentially list conditions, b.										
Cian be	CATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEGUENC	E OF):							
ertificate ing physicians progress progress of their progress prog	CERTIFICATION	CAUSE (Disease or injury thet initiated evente reaulting in deeth) LAST	DUE TO (OR AS A	CONSEGUENC	E OF):							
S, P.O. B(death certificate e attending physi fertal Hygiene pr ury, or other t	CER	d.										
way at the way we have the	1 (5)	PART II. Other eignificant conditions	contributing to deeth bu	ut not resulti	ng in the underlyin	g cause given in	Part I. 2	4a. WAS AN A		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO	
Sign Meal	MEDICAL						— ¹	☐ YES 2 Ĵ	Жио	OF	MPLETION DF CAUSE DEATH? YES 2 NO	
23 test		DID TOBACCO USE CONTR					V 🛛] 163 2 [] 110	
OF VITAL PHYSICIAN: The la this certificate has with the State De	SICIAN:		HOSPITAL:		OTHER:		11 - 200					
HYSICIA his certif with the	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		TIME OF 28c. INJ	JURY AT DRK?	`	Specify)	JURY OCCUP	RED		
ON OF OH OF After this c death with a marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
TEN TOR:	TED	3 Suicide 6 Could not be 4 Homicide detarmined								Rural Route	Number,	
Big Disk	COMPLET		IAN: To the beat of my knowle									
THE HOSPITAL THE FUNERAL filed within 72 I	CON		: On the besis of examination	and/or Investig	getion, in my opinion, d	leath occured at the	time, date an	d place, and	due to the c	euse(a) an	d manner as stated.	
TO THE HOSPIT TO THE FUNER De filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER ROS	sell_			29c. LICENSE NUN					orth, Day, Year)	
FFA	임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)		_	AUK				
10		DANIEL KOSE	NBLUM		KEN	NECTIVE	02,	MD	20	895		



REG. NO

FOR STATE REGISTRAR

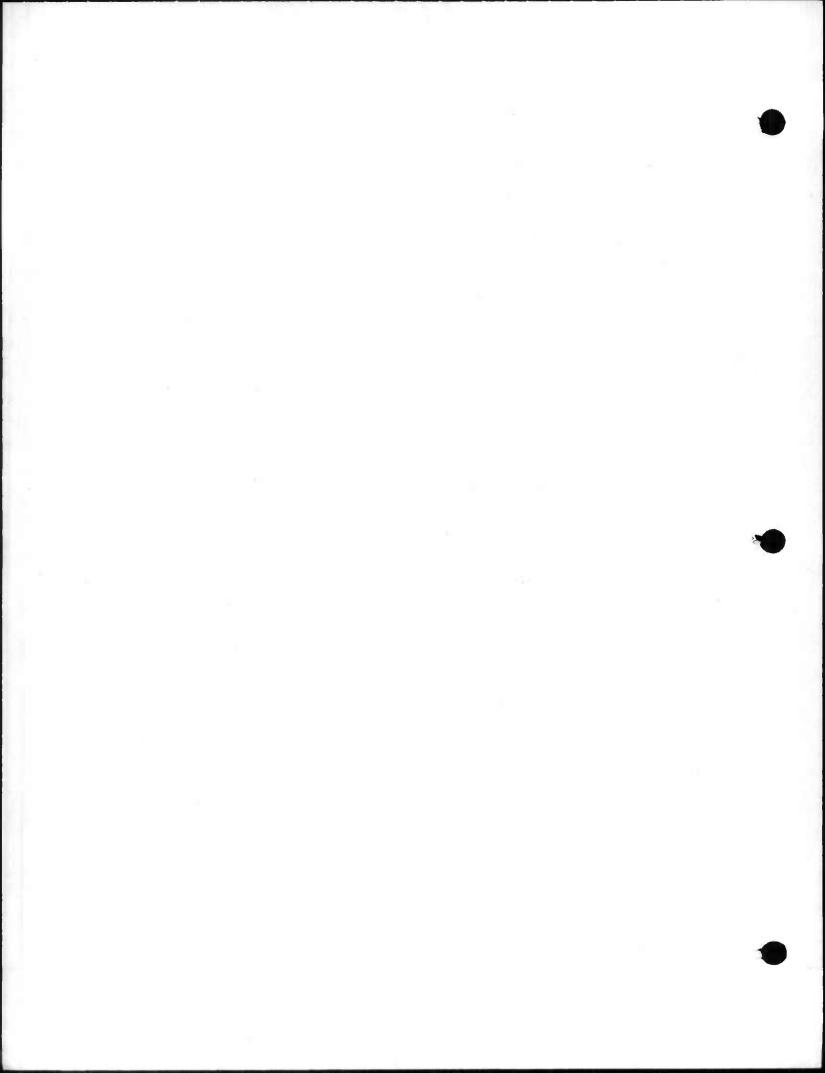
68760
BOX
, P.O
CORDS
TAL RE
OF VII
DIVISION

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YANCEY A . HARRIS July 1995 2:45 P M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Month, Day, Yes DAYS HOURS 577-40-1340 1 X M 2 - F 81 1913 Gainesville, FL Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10117 Renfrew Road Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Montgomery Silver Spring 1 YES 2 THO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10117 Renfrew Road funeral director, page 5 should be detached for use as the burial-transit 20901 United States retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO IF YES, GIVE WAR OR DATES WOTLD WAY II 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2 XNO Specify: BY Specify: white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify Elementary/Secondary (0-12) College (1-4 or 5 +) 2 years Retired govt. U.S.I.A. contractor - fed. govt. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Yancey A. Harris Bessie E. Morrison BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marjorie A. Harris 10117 Renfrew Rd., Silver Spring, Md. 20901 2 pe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 □ Cremetion 3 □ Removel from State death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must "Metropolitan Crematory 7/23/9Alexandria, VA 4 ☐ Donation 5 ☐ Other (Specify) _ examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Francis J. Collins Funeral Home, Inc. inothy 500 University Blvd.,W. Sil.Spr.,MD 20901 Metani been signed by the attending physician and completely filled in by the st. of Health and Mental Hyglene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Desth disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, arkinson's Disease traumatic CERTIFICATION years Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any generalized Arteriosclevosis; Coronary Artery Discore; 1 TES 2 NO shows a Oppostation OF DEATH? Discutoromia, severe 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN r this certificate has bee th with the State Dept. of PHYSICIAN: SW. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item HOSPITAL: 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 🗆 Inpetiant 2 🗆 ER/Oulpatient 3 🗆 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 50 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural BY 1 YES 2 NO After 2 Accident Investigation DIRECTOR: Af hours after de Item 28 is r 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner as stated. HOSPITAL FUNERAL (
within 72 h
TANT: If II TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Peter S. Birky M.D. 15060 July 24, 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peter S. Birk. 10829 Georgia Avenue #T-2 Silver Spring Maryland 20902 31. DATE FILED (Month, Day, Year) JE REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

JUL 25 1995

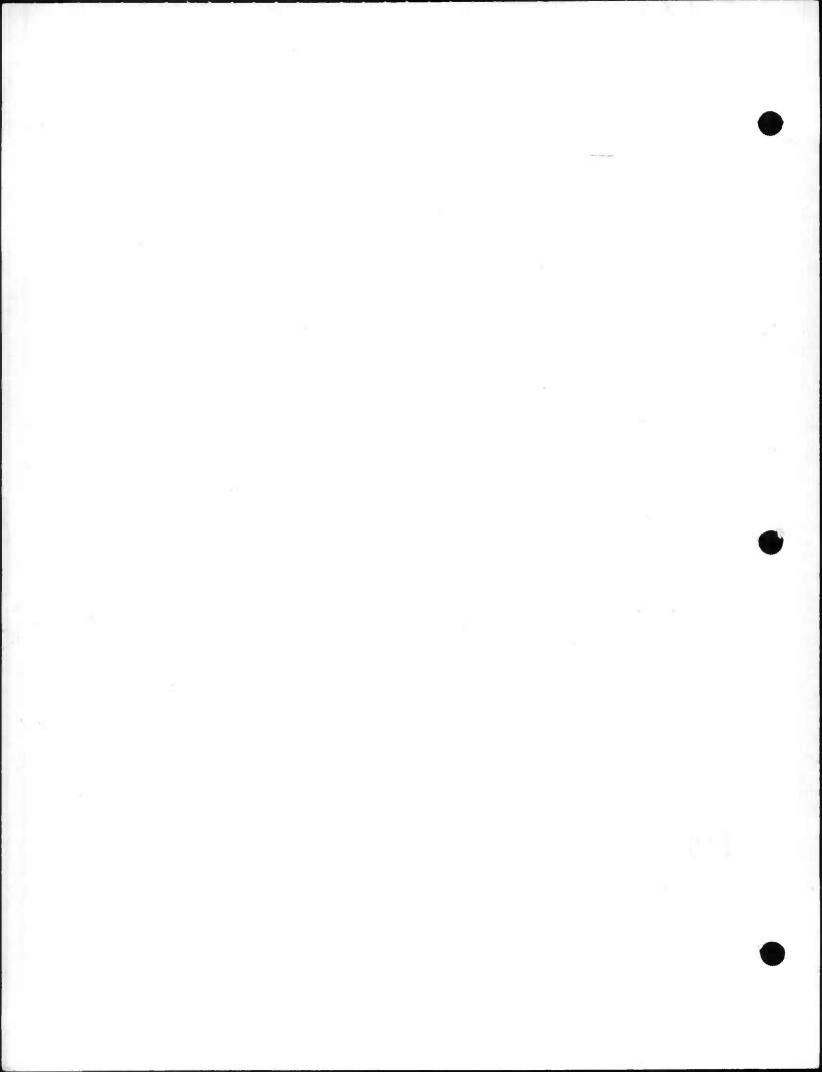


DIVISION OF VITAL RECORDS, P.O. BOX 68760

1	-	FOR STATE REGISTRAR	STAT

TE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	11201011011			-111111	CALL	. 01	DEAL	п		HEG. NO.				
- 8	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME									3. TIME OF DEATH				
29	LeRoy	Hackett					July 25 1995 9:10 A							
	4. SOCIAL SECURITY NUMBER	Edward s. sex	6. AGE (In yrs. les					24 HRS.	_	OF BIRTH	8. BIRTNPLACE (State or For			
- 0	293-01- 2744 2794		80	YRS.	MONTHS	DAYS	HOURS	(Month, Day, Year)			1.5	()		
- 8			00	1110.						29, 19		5 Ohio		
~	9e. FACILITY NAME (If not institution, give st						R LOCATIO	N OF D	EATN		9c. COU	NTY OF DEATH		
Ö	16713 Cavalry Dr:	ive			Ro	ockv	ille				Mo	ntgon	nery	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY													
DIRECTOR				10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland Monts	gomery		Re	ockvi	.11e						1 TES 2 NO		
A	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
E	16713 Cavalry Dri	ive					2085	3						
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	12 W	MS DEC			HIC OBIO	IN? (Specify Yes	- American Indian,			
	1 Never Merried 2 🔯 Merried	FORCES? 1	YES 2 P	10	16	yes, spe	cify Cubar	i, Mexico	m, Puerto	Rican, atc.)	OF 140-	Black	White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	H OR DATES		1	YES	2 📉 NO	Specif	y:			Specif	White	
	15. DECEDENT'S EDUC			CEDENTIO	USUAL OC	OUBLEIG							WILLE	
	(Specify only highest grade		(G	ive kind of v	vork done d	uring mo:	et of working	7		b. KIND OF BUS				
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5+)			•					.S. De				
\$		5	A	ttori	ney				V	eteran	s Af	fairs	3	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, Meiden	Sumame)			
BE	William Francis H	lackett					Mar	gar	et M	lurtaugl	1			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILINO	ADDRESS	(Street a				nber, City or Town		p Code)		
2	Martha Hackett									ville,			3	
	20a. METHOD OF DISPOSITION		20b. PLACE					-,						
	1 X Buriel 2 Cremation 3 Remo	wal from State	cemetery, cre	matery of o	her place)	TION (Na	me or	7	DA DA	OF C41-	ATION —	City or To	wn, State	
	4 Donation 5 Other (Specify)		Gate	OI He	eaven	Cei	neter	y /	7787	95 Sil	er :	Sprin	ig, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE						D ADDRES							
	> Kobert € K		Francis J. Collins Funeral Home, Inc.							Inc.				
-	23 PART Fries the disease of condition of the day of the disease of condition of the disease of condition of the disease of													
- 1	ahock, or heart failure. List only one cause on each line. Approximate interval Batween													
	IMMEDIATE CAUSE (Final										Onset and Death			
	disease or condition a. Metastatic Prostate Cancer										5 Yrs.			
	DUE TO (OR AS A CONSEQUENCE OF):													
z														
일	Sequentially list conditions, If any, leading to immediata													
S	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	UENCE OF);							-			
1	resulting in death) LAST													
CERTIFICATION														
	PART II. Other eignificant conditions					darlying	cause g	iven in	Part 1.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS	
EDICAL	Chronic Obstructive Lung Disease							PERFORMED?					AVAILABLE PRIOR TO COMPLETION OF CAUSE	
유										1 TYES 2	K) NO		OF DEATH?	
Σ	Congestive H												1 TES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR	IBUTE TO CAU					UNC	RTAI	/ X			(3)		
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEAT	N (Check o	_								
Š	1 TES 2 NO	1 Inpatient 2 E	ER/Outpatient 3	□ DOA	OTHER 4 Nursi		5 10 Res	idence	8 🗆 Oth	er (Specify)				
ΞI	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIM	E OF	28c. INJU	JRY AT				/ INJURY OCCURED			
	1 🗷 Natural 5 🗌 Pending	(Month, Day,	Year)	INJ	URY M	WOI		NO						
B	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF	INJURY — At ho	me ferm s	treet facto			-	204 1 04	CATION (Owner)	-d A1 h		Del market	
ᇜᅦ	4 Nomicide determined	building, et	c. (Specify)	,,	iller, lecto	ry, ornee			City	CATION (Street as or Town, State)	na Numbei	r or Hunit H	oute Number,	
COMPLETED														
ᆲ	298. CERTIFIER (Check only	IAN: To the best of m	y knowledge, de	ath occurre	d at the tin	ne, data	and place,	and due	to the ca	use(a) and man	ner an atal	ted.		
8	one) 2 MEDICAL EXAMIN												and menner as stated.	
	296. SIGNATURE AND TITLE OF CENTIFIER	1 1												
8	The second	19 cay	A A				29c. LICE				29d. DAT	E SIGNED	(Month, Day, Year)	
၉		1	w/~	_			ソ.	17	63)	PJ.	יון	(1) (1)	
- 1	30. NAME AND ADDRESS OF PERSON WHO					25								
Joseph Kaplan, M.D. 18111 Prince Philip Dr., # 327, Olney, MD 2083									32					
1	31. DATE FILE OF PRINT 28 1995.	MIA DINE						,	OTIL	-) , 1111		54		

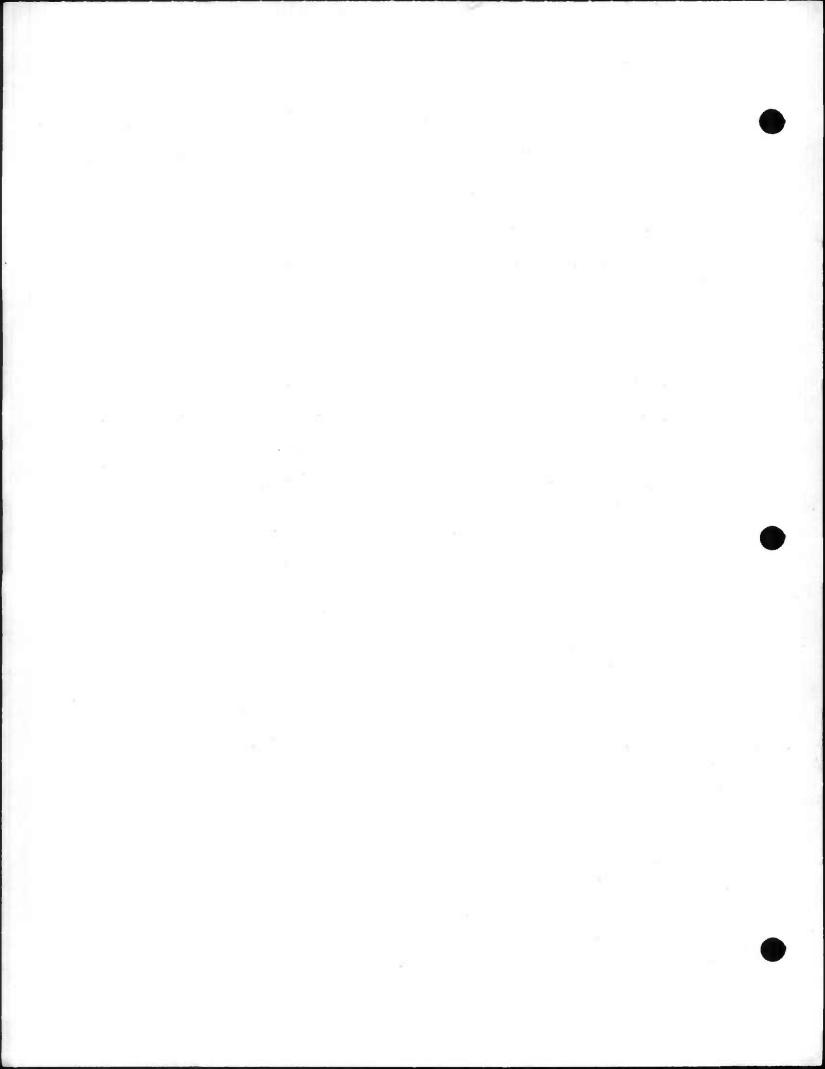


2
9/
8
9
~
BOX
0
$\mathbf{\alpha}$
_ 0
0
0
Luis.
'n
Š.
7
<u> </u>
0
CO
ш
RE
-
7
A
-
5
-
ш.
0
Chapter 1
~
0
75
(7)
>
=

shad from the control of the control	TO BE COMPLETED BY FUNERAL DIRECTOR	9e. FAC Shad PESIE 10e. STI 10e. STI 816 11. MAR 1
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been sent controlled within 12 hours after death. Page 6 may be retained by the hospital or attending physician. O THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the thereal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Dept. or Health and Merital Hygheine prior to burial, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PA IMMED disease resulting from the control of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEF	RTIFICA	ATE OF	DEATH	F	REG. NO.					
	BILLY EDWARD HYMAN JULY 34, 1995 1								3. TIME OF DEATH 1124 A.M.				
	4. SOCIAL SECURITY NUMBER 579-26-9158	1 🔀 M 2 🗆 F	AGE (In yrs, lest bi	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De Dec. 3	ly, Ybar)	926	Country	PLACE (State or Foreign		
~	9e. FACILITY NAME (If not institution, give str		9b.		OR LOCATION OF D	EATN		9c. COU	NTY OF DI	NTY OF DEATH			
DIRECTOR	Shady Grove Advent		Rocky	rille			Mon	tgome	ery				
E	10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION								T	10d. INSIDE CITY LIMITS?			
	Maryland Mor	tgomery		Roc	kville						1 X YES 2 NO		
FUNERAL	816 Crocus Drive			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMEI	D I	13. WAS DE	20850 CENDENT OF NISPA	NIC ORIGIN? IS	necity Yes			- American Indian		
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X 1 IF YES, GIVE WAR O KOTE &	R OATES		If yes, s	ecity Cuben, Mexico 3 2 X NO Specia	en, Puerto Ricar	n, etc.)		- 14. RACE — American Indian, Block, White, etc. Specify: White			
COMPLETED	15. DECEOENT'S EOUC. (Specify only highest grade of	ATION >>mpleted)	(Give i	kind of work of	AL OCCUPATI	ON ost of working	16b, KIN	ID OF BUSI	NESS/INC	DUSTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	NOT use reti	red.)								
NO.	17. FATNER'S NAME (First, Middle, Last)	5+	Sa	les Ma	anagei	18. MOTHER'S NA		tomo					
		man				Gertrud		nks	urneme)				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	IAILING ADD	RESS (Street	and Number or Rural			State, Zip	Code)			
٦	Barbara A. Hyman		810	6 Cro	cus Dr	ive, Roc	kville	, Mai	ryla	nd 20	0850		
	20a. METHOD OF DISPOSITION 1 Structure 2 Cremation 3 Remove	val from State	20b. PLACE AND cemetery, cremet					20c. LOC					
	4 Donation 6 Other (Specify)	NSEE	Parklaw	n Memo	orial	lly 28, 1 Park	OUTY Dab	Rock	cvil.	le, N	Maryland		
	1 X/m 137st	A.	100689		Home/F	Rockville ne. Rockv	Inc.	300 Marvi	Wes land	2085	rey Funeral atgomery		
	23. PART Line the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, Approximate												
	IMMEDIATE CAUSE (Final									Interval Between Onset and Death			
	disease or condition resulting in death) a. Sudden Cardene death ALINS										MIN'S		
_		DUE TO (OR AS A CONSEQUENCE OF): CITY MEAN (Litery deserted) The Secretary (Litery deserted)											
일	Sequentially list conditions, If any, landing to immediata DUE TO (OR AS A ODNSEQUENCE OF):										100		
<u>Ş</u>	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									1			
CERTIFICATION	that initiated events resulting in death) LAST	DOE 10 (ON)	AS A CONSEQUE	NCE OF J:	Q.						/		
- 11	PART II Other significant conditions	postella de de de		140 1 44									
EDICAL	PERFORMED? AMILIAN									WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								NO		OF OEATH?			
PHYSICIAN: M	DID TOBACCO USE CONTRI	IBUTE TO CAUSE	OF DEATH	YES [] NO [UNCERTAI	NEO				1 - YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:\ /		F DEATH (Ch	eck only one)								
ı X	1 YES 2 NO	1 Inpetient 2 ER/	Outpatient 3 🗆	DOA 4 🗆		ne 5 🗆 Residence	6 Other (Sp	ecity)					
	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Ye		86. TIME OF INJURY	W	URY AT DRK? YES 2 NO	26d. DESCRIE	BE HOW IN	JURY OCC	CURED			
BÁ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJ	URY — At home,	farm, street,			281, LOCATIO	N (Street en	d Number	or Rural Br	oute Number		
ETED	4 Homicide determined												
<u></u> [29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my k	nowledge, death	occurred at t	the time, date	and place, and due	to the cause(a) and menn	er se stat	ed.			
COMPL	one) 2 MEDICAL EXAMINER:										and menner se stated.		
BE	29b. SIGHATUHE AND TITLE OF CERTIFIER					29c. LICENSE NUI	WBER		29d. DATE	E SIGNED ((Month, Day, Year)		
2	20 June on	2				2497	/		N.	ULY	24 1995		
	30. HAM AND ADDRESS OF PERSON WHO	15225	341	DY (ROUE	Rd,	R	verv	ill	me	24 1995		
	JUL 27 1995	32 REGISTRAR'S, S	IGNATURE	ll,		,							

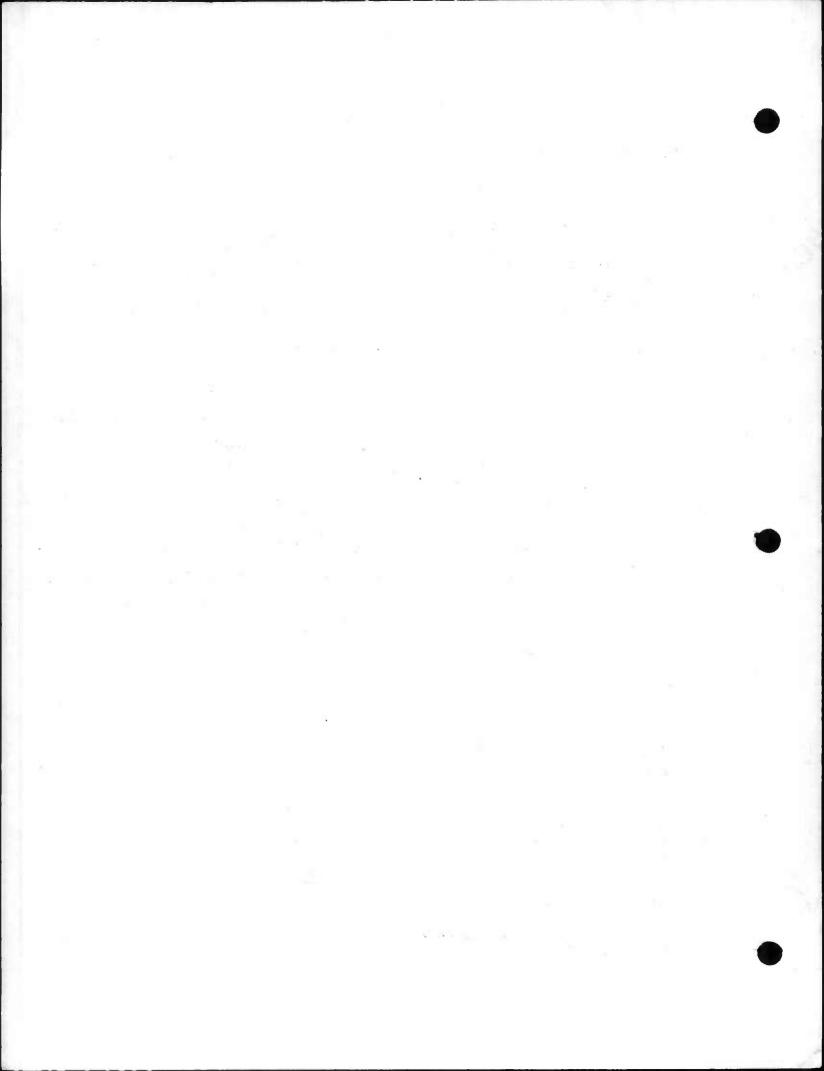


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALLIMORE, MARTLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shouls be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
Consider of the AE AECONDS, F.O. BOA 60760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Inours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND	MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)			GRAM		2. DATE OF DEATH 3. TIME OF DEATH						
	ETHEL	C.		JULY	1 71	5	2:24	PM				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF	Day Mart	IRTHPLACE	F (State or For	sign		
	579-07-6275	1 □ M 2√2 F	92 YRS.	WOMING DAYS	HOURS MIN.	Aug.	I1 1	902 V	irgi	nia		
œ	9e. FACILITY NAME (If not institution, give st				OR LOCATION OF D	DEATH		9c. COUNTY C				
DIRECTOR	Bowie Health C	<u>are Center</u>		Bowi	е			PRINCE	GEO	RGES		
3EC	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCAT	TION				10d.	INSIDE CITY		
	VA. CITY C	E CI	hesapea	ke				LIMITS?	10			
M	10a. STREET AND NUMBER			101	. ZIP CODE			OF WHAT	COUNTRY?			
FUNERAL	2112 Vickers				23320							
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yee	or No— 14, F	RACE — Ar Black, Whit	nericen indiar e, etc.	١,	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES	2 NO Speci	tty:		S	Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. K	IND OF BUS	INESS/INDUSTF		ack	-	
ET	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT u.			0.00						
MP	UNKNOWN		DAY CA	RE SPE	CIALIST		Priv	ate				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mic	idle, Meiden S	Surname)				
BE	John Cuffee				Mary							
6	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a					IU	025		
	James Cuffee	T _{an}		Centra			_				2	
	1X Buriel 2 Cremation 3 Remo	oval from State cert	netery, crematory or o	OF DISPOSITION (No		JUI		ATION — City of		ate		
	4 Donation 5 Other (Specify) California Cemetery 27 Norfolk, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	J.B. Jenkins Funeral Home											
	23 PART I. Enter the disease, or complications that caused the feeth Doorg enter the mode of this caused the course of the cours											
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between											
	IMMEDIATE CAUSE (Final disease or condition									Onset and		
	resulting in death) a. CEREBRO - VASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF):									v2 Hr	S	
z	101 1 Walter Walter 12											
CERTIFICATION	Sequentially list conditions, of any, leading to immediate b. ATHEROSCLEROTIC CARDIO-VASCICAR DISCUSSE YEARS YEARS											
2	CAUSE (Disease or injury											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
CEL		d										
AL	PART il. Other algnificent conditions				cause given in	Part I. 2	4a. WAS AN A			AUTOPSY FINE		
MEDIC	1990, PRIOR CERET	3RO-VA & CULA	IR ACCIDE	TVT		1	YES 2			LETION DF CA		
ME	1 1								YES 2 NO	,		
PHYSICIAN:	DID TOBACCO USE CONTR				UNCERTAI	N 🗆				-		
20		HOSPITAL:	26. PLACE OF DEAT	OTHER:							=	
¥.	YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA 28b. TIM	4 Nursing Hom							_	
	1 Natural 5 Pending	(Month, Day, Year)	INJ	E OF 28c, INJI	RK?	28d. DESCR	HBE HOW IN	JURY OCCURED)			
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, ferm, s			28f. LOCATION (Street and Number or Rural Route Number,					-	
Ë	4 Homicide determined	building, etc. (Spec	Hy)			City or	Town, State)			on acon,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	AAN: To the best of my know	edge, death occurry	ed at the time date	and place, and due	to the cause	(a) and mage					
MO	298. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the tima, date and place, end due to the cause(e) and manner as stated.									led.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			29d. DATE SIGN			\rightarrow	
) BE	Serger MI)			D259			> Jul			; [
2	the state of the s	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	1	~~					-	
	J. BERGER MD #	COMPLETED CAUSE OF DE	WISCON	SIN AW	e Bei	Thoslo	2, Ma	e 201	814			
	31. DATE FILED (Month, Day, Year) JUL 2 6 1995	32REGISTRAN'S SIGN	QURE)						-	_		



-
0
9
-
8
Ö
\times
0
\simeq
$\mathbf{\omega}$
0
٠.
0
_
S
-
CC
$\overline{}$
\cup
()
-
ш
α
_
⋖.
\vdash
=
ш.
0
0
7
_
0
4.00
S
=

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within—flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAL		ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH									
		Eulogio	G. Ja	ro	J		1995	8:50 AM M		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	DATE OF BIRTH (Month, Day, Year)	B.	BIRTHPLACE (State or Foreign Country)				
	351 72 6109	1 🗷 M 2 🗆 F 58	YRS.	NONTHE DAYS HOU	J MIN.	an. 21,19	37 i	Philippines		
-	9e. FACILITY NAME (If not institution, give s	treat end number)		9b. CITY, TOWN OR LO		Н	9c. COUNTY	OF DEATH		
DIRECTOR	103 Saxton Court			Upper Mar	lboro		Prince	e George's		
<u> </u>	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY		
片	Maryland Prin	ice George's	Uppe	er Marlbor	0			LIMITS?		
A A	10e. STREET AND NUMBER			101, ZIP	CODE		10g. CITIZEN	OF WHAT COUNTRY?		
띮	103 Saxton Court			20	772		Unite	ed States		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDE	NT OF HISPANIC	ORIGIN? (Specify Yea		RACE — American Indien, Black, White, etc.		
BY I	1 Never Married 2/12 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES 2 S		Puerto Rican, etc.)		Specify: White		
	15. DECEDENT'S EDUC	CATION	44- 0505051510.0							
	(Specify only highest grade	completed)	(Give kind of wo life. Do NOT use	rk done during most of w	vorking	166. KIND OF BUS	INESS/INDUST	TRY		
PL	Elementery/Secondary (0-12)	College (1-4 or 5+)			Anolyat	Health	Insura	nce Company		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Senior 1			(First, Middle, Meiden		ince company		
BE C	Hilario G. Jaro			S	egundin	a Guarizo)			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Nu	mber or Rural Rout	le Number, City or Town	. State. Zip Coo	(e) 1 00770		
F	Irene S. Jaro		103 Sa	exton Cour	t Upper	Mariboro	Maryl	land 20772		
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oviil from State 20b	atery, crematory or othi	DISPOSITION (Name of	1		,	or Town, State		
	4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	L	akemont N	<u>lemorial</u> G			Davids	sonville Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Robert E	DRESS OF FACILI	Funeral	Home.	P. A.		
	Rovert C.	Cours	Mea	16000 An	napolis	Rd. Bow	ie Md.	20715		
	23. PART I. Enter the diseases, or of ahock, or heart feliure.	complications that caused	tha death. Do no	t antar the mode of	dying, such a	a cardiac or reapin	ratory arrest,	Approximata		
	IMMEDIATE CAUSE (Final	~				,		Interval Between Onset and Death		
	disease or condition a. Common and a disconsidered of the second of the									
	DUE TO (OR AS A CONSEQUENCE OF): Metastusi									
NO	Sequentially list conditions, Bue TO (OR AS A CONSEQUENCE OF):									
AT	if any, leading to immediate cause. Enter UNDERLYING		,							
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in deeth) LAST	d								
AL C	PART ii. Other aignificent condition	a contributing to death b	ut not resulting in	the underlying cau	se given in Par	t I. 24s. WAS AN	MITOPSY	24b, WERE AUTOPSY FINDINGS		
				,	g	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
圓					/	1 TYES 2	[]J-NO	OF DEATH?		
2	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	F DEATH YES	□ NO M	NCERTAIN		I	1 TES 2 NO		
IAP	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH		TOLKI AIT					
SIC	1 TES 2 THO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	Residence 6	Other (Specify)	.8			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY A		d. DESCRIBE HOW IN	JURY OCCURE	D		
BY I	1 Natural 5 Pending 2 Accident investigation	(1101111, 102)		M 1 TYES	2 🗌 NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, atri	eet, tectory, office	28	t. LOCATION (Street er City or Town, Stete)	nd Number or R	lural Route Number,		
						1100				
린		CIAN: To the beat of my knowl								
COMPLET	2 MEDICAL EXAMINE	R: On the basis of examination	end/or investigation,	In my opinion, death o	ccured at the time	e, date end piece, end	due to the ce	use(e) and manner ee stated.		
BE (296. SIGNATURE AND TITLE OF CERTIFIER	4 - 1 -		29c.	LICENSE NUMBER	R	29d. DATE 910	IMED (Muhin, Day, Yayar)		
5	Marillun	-nn			1-2080	2-1	12	1/27/93		
	30. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P.	Enn. A	10.4	18 4	none	Marolboso		
	31. DATE FILED (Month, Day, Year)	32. BEGIŞTRAR'S SIGNA	ATURES			-	/	mm 2077		
	JUL 2 8 1995	Contract of the second								

in a succession

TO BE COMPLETED BY FUNERAL DIRECTOR

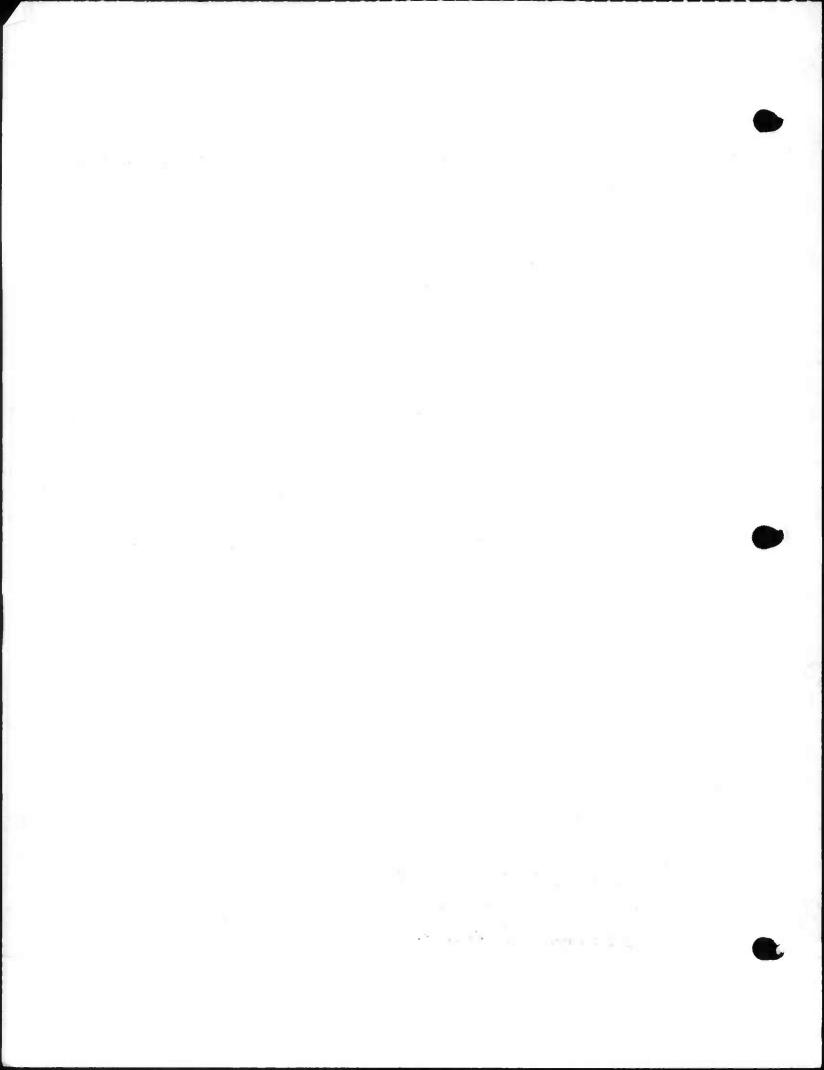
5

- 6	-
760,	
6876	
œ	
9	
~	
O	
BOX	
_	
Ö	
Ų	
9	
-	
ທົ	
RDS	
α	
0	
9	
ECO	
EC	
AL	
⋖	
-	
-	
>	
10	
OF	
0	
_	
~	
0	
$\stackrel{\sim}{=}$	
S	
-	
>	
\equiv	

()/5 pino		
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MA			MENT OF H		MENTA	L HYGIEN				
1. DECEDENT'S NAME (First		WALLACE	JON	NES, JR	₹.		MONT		1995	YEAR	3. TIME OF 7:40	
4. SOCIAL SECURITY NUMBER	BER :	5. SEX 6.	AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1000	8. BIRTH	PLACE (State	
241-52-6231		1 📉 M 2 🗌 F	57	YRS.	ONTHS DAYS	HOURS MIN.	NON	th, Day, Year) 7 13,	L937	Countr	γ)	ROLINA
9a. FACILITY NAME (If not in		•			9b. CITY, TOWN (OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH	
2807 Bell		treet			Temp1e	Hills			Prin	ce G	eorge	S
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TION					10d. INSIDI	CITY
Maryland 100. STREET AND NUMBER	Prince	Georges		Tem	ple Hil						1X YES	2 NO
2807 Bellb	rook St	reet			101	20748					vhat count State	
11. MARITAL STATUS	1	2. WAS DECEDENT E			13. WAS DEC	ENDENT OF HISPAI	NIC ORIGI	N? (Specify Ye				
1 Never Married 2 X		FORCES? 1	YES 2 X	Жо	If yes, sp	ecify Cuban, Mexica 2 NO Specifi	n, Puerto			Black Speci	— America c, Whita, atc.	
3 Widowed 4 Dive	1									Bla		
(Specify onl	EDENT'S EDUCAT y highest grade co	mpleted)	-	DECEDENT'S US (Give kind of wo. ife. Do NOT use	SUAL OCCUPATION rk done during mo retired)	ON st of working	161	b. KIND OF BU	SINESS/INC	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		re hou	ŕ		0	Frocer				
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA			Sumama)			
Wallace Jos	nes					Bell Po		miccie, merceri	Surriemey			
19a. INFORMANT'S NAME ()	ype/Print)			19b. MAILING A	DDRESS (Street a	nd Number or Rural i	Route Num	ber, City or Tow	m, State, Zic	Code)	·	
Arletha Jon	es					k Street					2074	8
20a. METHOD OF DISPOSIT		ol from State	20b. PLAC	EANDDATEOF	DISPOSITION (Na	me of	DAT	E 20c. LO	CATION -	City or To	wn, State	
4 Donation 5 Other	(Specify)		Mt M	oriah	B C CE	METERY	7/	28 Win	ton,	No.	Caro	lina
21. SIGNATURE OF ENWERA	L SERVICE LICEN	911				D ADDRESS OF FA	CILITY					
alley	& Von	12/17	M8	59		ANDER S. Marlbor						1747
23. PART I. Enter the d	seases, or cor	npilestione that c	nueed the	death. Do no	t enter the mo	de of dying, suc	h as car	diec or resp	ratory an	est,	Appr	oximats
IMMEDIATE CAUSE (Fir	nai											t and Death
disease or condition resulting in death)	→ e	Hyperte	nsive	e arte	eriosc	lerotic	ca	rdiov	ascu	lar		
				EGGBACE DE):								
Sequentially list conditi	ons, b.	diseas		EOUENCE OF):								
if any, leading to imme- cause. Enter UNDERLY		DOE 10 (0)	AS A CONS	EUUENCE OF):								
CAUSE (Disease or inju		DUE TO (OF	AS A CONS	EOUENCE OF):								
resulting in death) LAS	Т											
PART II Other significa	at annelitions				===						_	
PART ii. Other eignifice	nt conditions	Contributing to de	ath but not	resulting in	the underlying	ceuse given in	Pert i.	24a. WAS AN PERFOR		24b.	AVAILABLE F	
								1 🗌 YES 2	X NO		OF DEATH?	N OF CAUSE
DID TOPACCO II	CE CONTRI	NITE TO CALI	T OF DE	ATM MEG		7					1 TYES	2 🗍 NO
DID TOBACCO U		SUIE TO CAUS			(Check only one)	UNCERTAIN	<u>и П</u>					
EXAMINER?	F-	IOSPITAL:		To	THER:	5 X Reeldence						
27. MANNER OF DEATH		28a. DATE OF IN.	URY	28b. TIME (DF 28c. INJ	URY AT		SCRIBE HOW I	NJURY OC	CURED		
	Pending Investigation	(Month, Day,	Year)	INJUR	M 1 □ 1	RK? 'ES 2 NO						
2 Suitable	Could not be	28a. PLACE OF III building, etc.	IJURY — At I	nome, ferm, atre	et, fectory, office		281. LOC	ATION (Street	and Number	or Rural R	oute Number,	
4 Homicide	determined		Тороспу				City	or Town, State)				
29a. CERTIFIER (Check only	IFYING PHYSICIA	N: To the best of my	knowledge, o	feath occurred	at the time, date	and place, and due	to the car	use(s) and mar	ner as stat	ed.		
		On the basis of axam									and manne	r en stated.
296 SIGNATURE AND TITLE	OF CERTIFIER			nes		29c. LICENSE NUM	IBER		29d. DAT	SIGNED	(Month, Day,	Year)
Mylis	ro y	rong	MX	1111		D212	30		▶ J	uly	28,	1995
30. NAME AND APPRESS OF	PERSON WHO	OMPLETED CAUSE	F DEALD (IT	EM 37) (Type, P	rint)						-	
Augusto P. I	koarigue	ez, M.D.	5009	Raybur	n Ct.,	Camp Spr	ings	, MD 2	20748			
31. DATE FILED (Month, Day,	8 1995	32. DEGISTRAS	SIGNATURE	artall								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

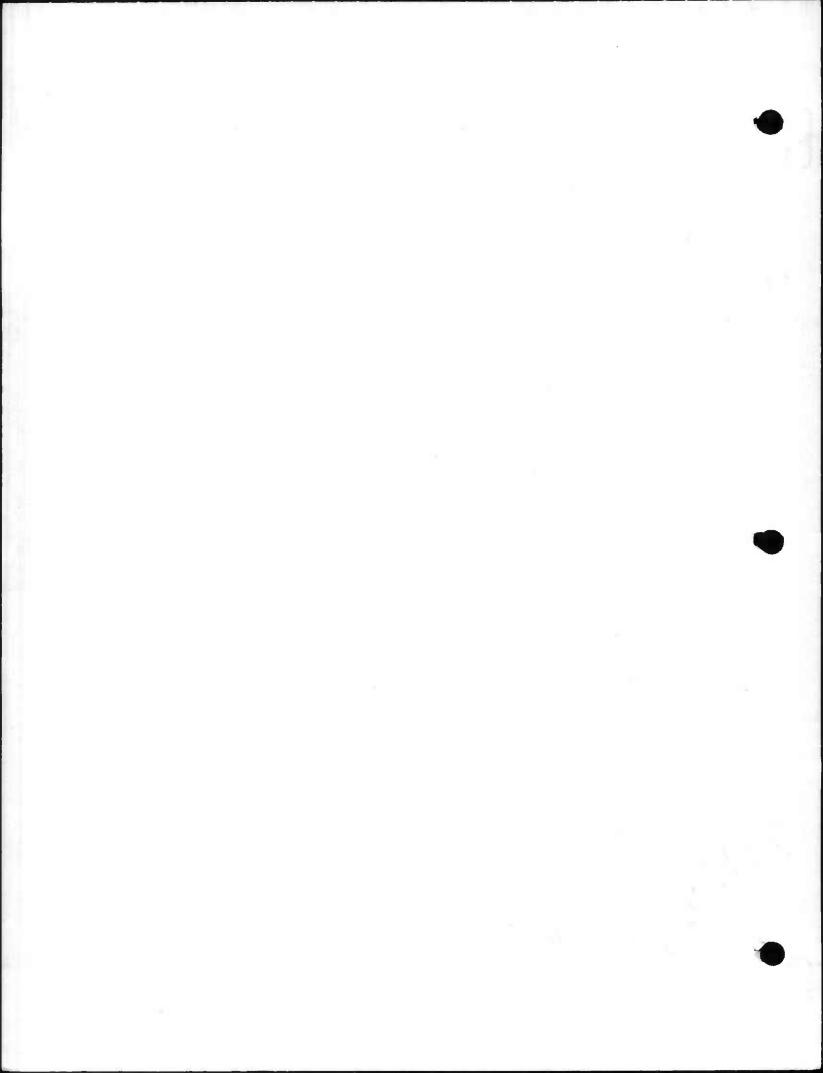
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERT	IFICATE	OF DEATH		RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MANUTAL									3. TIME OF DEATH		
	Marian W.	Jones					July 24, 1995 10:3					
	848-18-3592	5. SEX 6. AGE	(In yrs. lest birthde	MONTHS P		196 7 F	DATE OF BID	TM		e pierri	Dt ACE (State or Femilia)	
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TO	OWN OR LOCATION O	OF DEATH		7. 18, 1918 North Carolina				
DIRECTOR	Frederick Memorial Hospital Frederick Frederick										ick	
E I	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR	LOCATION					T	10d. INSIDE CITY	
LD	Maryland Frede	rick		hurmon							1 YES 2 NO	
FUNERAL	12836 Hessong Brid)7	10f, ZIP CODE 21788				U.S	A.		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If y	S DECENDENT OF HI DB, specify Cuben, M] YES 2 NO S	ISPANIC OI exicen, Pui pecify:	RIGIN? (Speerlo Rican, s	city Yes etc.)	14. RACE Black Specif	- American Indian, White, etc.		
	15. DECEDENT'S EDUCA	TION	16e. DECEDEN	T'S USUAL OCCI	JPATION		16b. KIND	OF BUS	INESS/IND	DUSTRY		
Щ	(Specify only highest grade co	College (1-4 or 5 +)	(Give kind life. Do NO	of work done duri T use retired.)	ng most of working		U.S.					
COMPLETED		4	Stati	Dept. of Army								
00	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER	S NAME (F	irst, Middle, i	Maiden 5	Sumame)			
BE	Vascal (NMI) Willi	ams			Grace		,					
2	19a. INFORMANT'S NAME (Type/Print)				treet and Number or R						21788	
	Winford B. Jones		1283	6 Hess	ong Bridg	ge Rd	. P.O). B	ox 3	07 T	hurmont, MD	
	20e. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	st from State 20b	PLACE AND DATE OF LUE RIC	reofdisposition of the place left	etery	1				City or Ton	on, State aryland	
i	21. SIGNATURE OF CINERAL SERVICE LICEN	C A)	ROBI	ME AND ADDRESS O ERT E. DA EAST MAI	ILEY	& SO				OMES, P.A.	
\neg	23. PART I. Enter the diseases, or con	mplications that esuaer	the deeth, D								Approximats	
	IMMEDIATE CAUSE (Finel disease or condition	ei Dnly one cause on e	ach line.					ТОЗР	and y arr	1001,	interval Between Onset and Death	
i	disease or condition resulting in death) S. Due To (or as a consequence of):										1049	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								
FFI	resulting in death) LAST											
	PART II. Other significent conditions	contributing to deeth b	ut not resultin	g in the unde	riying ceuse giver	n in Part	i. 24a. V	MAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL	AZOTEMIA PERFORMED? AMI								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
: ME	DID TOPACCO LISE CONTROL	PUTE TO CAUSE O	FDEATH	1060	/	2	-				1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIL 25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF D			IAIN J	4			Ш.		
딣	EXAMINER?	HQSPITAL:		OTHER:								
Ĭ	27. MANNER OF DEATH	26a. DATE OF INJURY	-		Home 5 Resider	_	Other (Speci DESCRIBE		HIEV OC	CHEED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	WORK?		DESCRIBE	now in	JUNT OCK	CONED		
111	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm	n, street, factory,	offica		LOCATION (City or Town,		nd Number	or Rural Re	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:	AN: To the best of my knowl On the beste of examination									and menner ee stated.	
H	296. SIGNATURE AND TITLE OF CERTIFIER	1)		no	29c. UCENSE	NUMBER 7	77)	T	29d. DATI	E SIGNED	(Month, pay, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Ty	pe, Print)	E AUE	Bu	06-1	4-	6 5	2606	SRICK, MD	
	31. DATE FILED (Month, Day, Year) JUL 2 8 1995	32. RESISTRARY SIGN	ATURE Randa	44	0 1100				<i>U</i>		1 /01	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

	FOR STATE REGISTRAR
	1. OECEDENT'S NAI
	4. SOCIAL SECURIT
	9a. FACILITY NAME N. S.
	RESIDENCE O
ŀ	OHIO
	100. STREET AND N
	11. MARITAL STATUS 1 Never Married 3 Widowed 4
П	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First	. Middle, Last,)					2. DATE O	F DEATH	NY.	YEAR	3. TIME OF DEATH
		N H. JONES					JUL 23 1995			5:23 PM		
	4. SOCIAL SECURITY NUME					birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			7. DATE OF BIRTH 8. E (Month, Day, Year)			HPLACE (State or Foreign
	292-74-679		1 M 2 D F	20			OCT	26 19	974		OHIO	
œ	9a. FACILITY NAME (If not in		street and number)				N OR LOCATION OF	DEATH	DEATH			
DIRECTOR	N. S. F.					TH	URMONT	FREDERICK				
E C	10a. STATE	10b. COUN	TY		10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY
풉	OHIO	CU	Y.AHOGA			CLEV	ELAND					LIMITS?
AL	10e. STREET AND NUMBER						101, ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	10726	REENL	AWN AVE.				44108				U.	S.A.
5	11. MARITAL STATUS		12. WAS DECEOENT, FORCES? 1	EVER IN U.S. ARI	AEO	13. WAS E	ECENDENT OF HISP	ANIC ORIGIN?	(Specify Yes	or No-	14. RACI	E — American Indian, k, White, stc.
ВУ	1 Never Married 2 3 Wildowed 4 Divo		IF YES, GIVE WA	R OR DATES	U		specify Cuban, Mexi ES 2 NO Specific		can, etc.)		Spec	thv:
		EDENT'S ED		PRESENT								BLACK
COMPLETED	(Specify only	y highest grad	ie completed)	(Gh	Do NOT use	JSUAL OCCUPA ork done during retired.)	most of working	16b. I	KIND OF BUS	SINESS/IN	DUSTRY	
2	Elementary/Secondery (0	3-12)	College (1-4 or 5 +)			MARI	MEG		Т	EFE	TOT	
ĕ	17. FATHER'S NAME (First, M	liddle, Last)			0. 0	· Paranta.	18. MOTHER'S I	NAME (First, Mi			ADT:	
S	OLLAM	ION H	. JONES	SR.			1000	ENDOL				
00	19a. INFORMANT'S NAME (7	Vpe/Print)			MAILING	ADDRESS (Street	et and Number or Run				p Code)	
유	GWENDOLYN	ABDU	RRAHIM	S	AME	AS I	TEM #10					
	20a. METHOD OF DISPOSIT		moral from State			FDISPOSITION		OATE	20c. LO	CATION -	City or To	wn, Stata
- 1	4 Donation 5 Other		mover from State	HIGH	LAND	PARK C	EMETERY	7/2	8 HI	GHLA	ND H	ILLS, OHIO
- 1	21. SIGNATURE OF FUNERA	L SERVICE L	ICENSEE	1		22. NAME	AND ADDRESS OF					
	* A.M.	1/K	unlers	W/ N	0009	L W. 1	V. CHAMBE	ERS CO.	RIV	ERD.	TE.	MD. 20737
\neg	23. PART I. Enter the d	Iseeses, or	complications that	caused the dec	th. Do no							Approximate
	immediate cause (Fir		. List only one cause	e on eech lina.								interval Between Onset and Death
- [disease or condition resulting in deeth)	\rightarrow	a. ASPHY	XIA								MINS
					UENCE OF	:						
<u>ح</u> ا	Sequentially list conditi	lons.	. HANGI	NG OR AS A CONSEO								
Ě	If any, leeding to imme- cause. Enter UNDERLY!	diate	DUE TO (C	OR AS A CONSEO	UENCE OF)							
윤	CAUSE (Disease or Inju		c. DUE TO (C	OR AS A CONSEO	UENCE OF	:						
CERTIFICATION	resulting in deeth) LAS	т 📜										
빙			d									
AL.	PART II. Other significe	nt conditio	ns contributing to d	eeth but not re	sulting in	the underly	Ing ceuse given i	n Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								_	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ							,					1 TYES 2 XNO
PHYSICIAN:	DID TOBACCO U		RIBUTE TO CAU					IN 🗆				
<u></u>	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:			OTHER:	ne)					
≥	1 YES 2 NO		1 Inpatient 2 I				ome 5 X Residence	_				
		Pending	28a. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	RY	NJURY AT WORK?	28d. DESC	RIBE HOW II	VJURY OC	CUREO	47.0
B√	2 Accident	Investigation		1995 INJURY — At hon	5,2		YES 2 NO	VELL	PSED ION (Street a	HAR	GED	SELF
		Could not be determined	building, et	c. (Specify)	ra, verm, au	reet, teletory, or	nce	City or	Town, State)			
	29a. CERTIFIER	IFVING BUILD	HO			<u> </u>			THU			U
COMPLETED	(Check only		BICIAN: To the best of m ER: On the basis of exam									
႘ၟျ		- I LANIN	1	manufit and/of it	- จะแน้ะแดบ	, in my opinion			nu praca, an	dua to ti	ne cause(s) and manner as atsted.
H BH	296. SIGNATURE AND ITS		11/1				29c. LICENSE N			29d. DAT	E SIGNEO	(Month, Day, Year)
2	20 MAME AND ACCOUNT	7	100	05.05			1312	SISC		7 3	UL.	24 1995
-	30. NAME AND ADDRESS OF	. COE	SWELL,	MAJ, U.	SAF	MC.	OAFME/	AFIP h	IASH I	NGT	DN 1	DC 20306
	31. DATE FILED (Month, Day,	6 199	5 July Oliv	S SIGNATURE	fall			-				

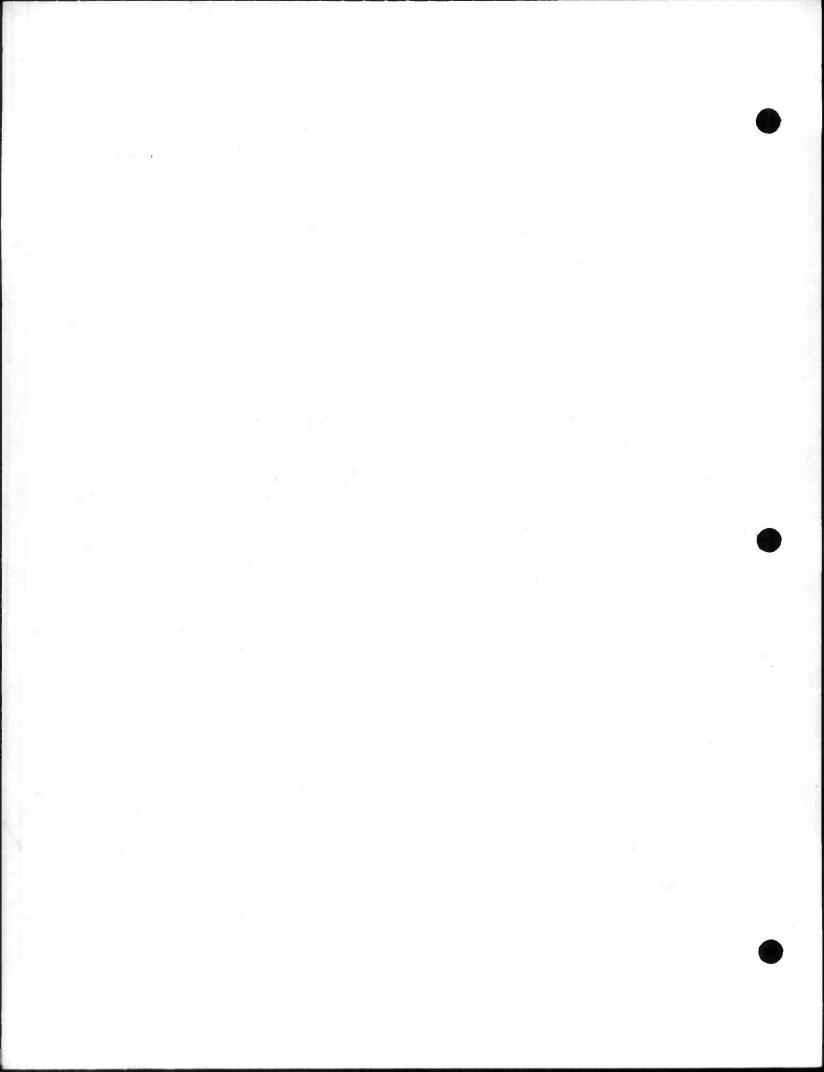
1C_____ 2.2 ¢ a A COLUMN STATE OF THE STATE OF

-	
S	
$\overline{}$	
215	
-	
-AND 21215-	
-	
=	
-	
\triangleleft	
i	
~	
-	
щ	
IARY	
MARYL/	
<	
- 0	
ш	
TIMORE	
-	
\circ	
5	
г.	
-	
BALT	
m	
_	
-	
4	
0	

0
876
99)
80
P.0
Š
R
COR
RE
A.
E
ΕV
0
ON
S
2

		1 - FOR STATE REGISTRAR
ALC FOLKING BOX 687 600 BALTIMORE, MARYLAND 21215-0020 at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should and Memial Hyghene prior to burlal, cremation, or removal. I hijury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAMI 4. SOCIAL SECURITY 579-42-2 9a. FACILITY NAME (I SUBURBAN 10a. STATE Marylan 10a. STREET AND NU 3306 Shi 11. MARITAL STATUS 1 Never Married 3 Widowed 4X(I Elementary/Secon 17. FATHER'S NAME (II John Si 19a. INFORMANT'S NI ROBERT 20a. METHOD OF DIS 1 Burial 2 X Cre 4 Donation 5 C
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-tran be filed within 72 hours after death with the State Dept. of Health and Mental Physiene prior to burlai, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter ahock, IMMEDIATE CAUS disease or conditive resulting in death resulting

	REGISTRAR		CE	RTIFIC	ATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DENT'S NAME (First, Middle, Lest) Spasoff Spasoff			2. DATE OF	DEATH	IY .	VEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER			VL	. , , ,		UVA		22		06.25 AM
	579-42-2482	1 M 2XXF 81 YRS. MONTHS DAYS HOURS MIN. NOV.						lly, Ybar)	913	Country	PLACE (State or Foreign ifornia
DIRECTOR	98. FACILITY NAME (If not institution, give a Suburban Hospita RESIDENCE OF DECEDENT			91	Bethe	Sda	EATH	eath Tery			
ည္ထ	10a. STATE 10b. COUNT			10c CITY T	OWN OR LOCAT	ION					10d, INSIDE CITY
		gomery			vy Chas	se		Πy			LIMITS?
FUNERAL	3306 Shepherd St	treet			101	20815			MAT COUNTRY? States		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4XXX Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 X N	MED O	If yes, sp	ENOENT OF HISPAI acity Cuban, Maxica 2 X NO Specif	in, Puerto Ricar	pecify Yea n, etc.)	- American Indian, , White, etc. y: White		
입	15. DECEDENT'S EDU (Specify only highest grade	CATION	18a, DEC	CEDENT'S US	UAL OCCUPATION	N	16b. KIN	ID OF BUS	INESS/INO		WITE 00
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			done during mo		Mus	sic	-self	-emn	loyed
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					20,00
BE C	John Spasoff					Ida May	y Mansi	field	i		
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	ORESS (Street a	nd Number or Rural	Route Number, (City or Town	n, Stete, Zip	Code)	
_	Robert H. Jenks		[38	319 S	Street	NW, Wa	ashingt	ton,	DC	2000	7
	20a. METHOD OF DISPOSITION 1 Disposition 3 Rem	20b. PLACE All cemptery, crem	NDDATE OF D	ISPOSITION (Na	me of	DATE		c. LOCATION — City or Town, Stata			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE	Chesa	apeake	Crema	tory	/-25	Beli	tsvil	lle,	Maryland
	· Eilex	W. R.	RO			Funeral					MD 20910
	23. PART I. Enter the diseeses, or	complications that ce	used the dea	th. Do not	enter the mo	de of dving, suc	th as cardiec	or teable	SDL1	eng,	Approximate
	anock, or neert failure.	List only one cause	on each line.								Interval Batween
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. OVER DOSE 9 PA)									9 DAYC	
	resulting in death)	DUE TO (OR	AS A CONSECU	UENCE OF):	101			-			1 770
Z											
5	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE (Disease or injury	C	AS A CONSECU	1151105 05							
CERTIFICATION	that initiated events resulting in death) LAST	AOJ OI 300	AS A CONSECU	UENCE OF):							
	DARK II OM - I III - A - III	0.									
DICAL	PART ii. Other algnificant condition	e contributing to dee	th but not re	aulting in t	he underlying	cause given in	Part I. 24s	PERFORI			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă							10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME	DID TOP LOCAL HOLION							,			1 TES 2 X NO
PHYSICIAN:	DID TOBACCO USE CONT	RIBUTE TO CAUS				UNCERTAIL	NO				
[I	EXAMINER?	HOSPITAL:		0	Check only one)						
₹	1 PYES 2 NO 27. MANNER OF DEATH	1 Impetiant 2 ER				5 Residence					
	1 Natural 5 Pending	(Month, Day, Ye		28b. TIME OF	WO	RK?	28d. DESCRII	BE HOW IN	JURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide & Could not be	26a. PLACE OF IN.	JURY — At hom	ne form street		ES 2 MO	100	K Command	PICE nd Number	<u></u>	
	4 Homicide B Could not be	building, etc.	(ареспу)	to M	15		City or To	wn, State)	#	//	oute Number,
۳.	29a. CERTIFIER	CIAN To the bank of an i			<i>O</i> *				- 1	10	
COMPLETED	(Check only one) 1 CERTIPYING PHYSI MEDICAL EXAMINE	R: On the basis of examin	nation and/or in	th occurred a westigation, in	t the fime, data is my opinion, de	end place, and dua eath occured at the	to the cause(a time, data and) and mens place, and	ner as state	ed. cause(a)	and menner as stated.
	250 SHOWATURE AND TITLE OF CERTIFIER		1	1		29c, LICENSE NUR					(Month, Day, Year)
#	America	(Ofte	Und	2	20	DAT	1 90		1/1	11 V).). G
24	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	DEATH (ITEM	27) (Type, Prir	11)	-010	1/-		00	/	11
	PRANCES C	MAYLE	1021	5/	ERNU	U008	RD B	ET	HE	501	AMD20812
	31. DATE FILED (MONT), Day, Year) 24 1995	32. REGISTRAN'S	SIGNATURED TON	, ,							
- 41	N T 1000	10									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
b th	o eq		at
D6	PI		0
ain	Short		Ĕ
9	S		9
A	age		2
E	or, p		15
9	necti		Ē
Pag	9		Je.
€.	Pera		Ē
dea	2	_	exa
after	y th	POVA	60
13	d m	ren	0
ě	pa	9	E
	N A	tion	the
£	leteh	еша	Ħ,
*	du	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2
cute	90 0	uria	3
900	an	Q Q	E
2	cian	00	30
Safe	hysl	P P	T
rtille	d b	ien	ĕ
90 [ngi	£	0 10
eath	afte	Ital	*
92	the	¥	를
1 1	à	and	W.
S	ned	듩	9
uire	Sig	H	N.
red	Deer	6	S.
AMP.	as L	Sept	23
E	ite h	ate	E
AN:	ifica	St	=
SICU	Cen	ŧ.	0
품	this	輔	Ked
10	ler !	ath	Та
S S	A	de	18
TE	TOR	afte	28
RAI	REC	ULS	E
0	0	2	He
MILE	RA	2	=
OSF	SNE	Ė	¥.
F	EF	3	E
프	H	fle	PO
F	F	8	=

Amended # 7

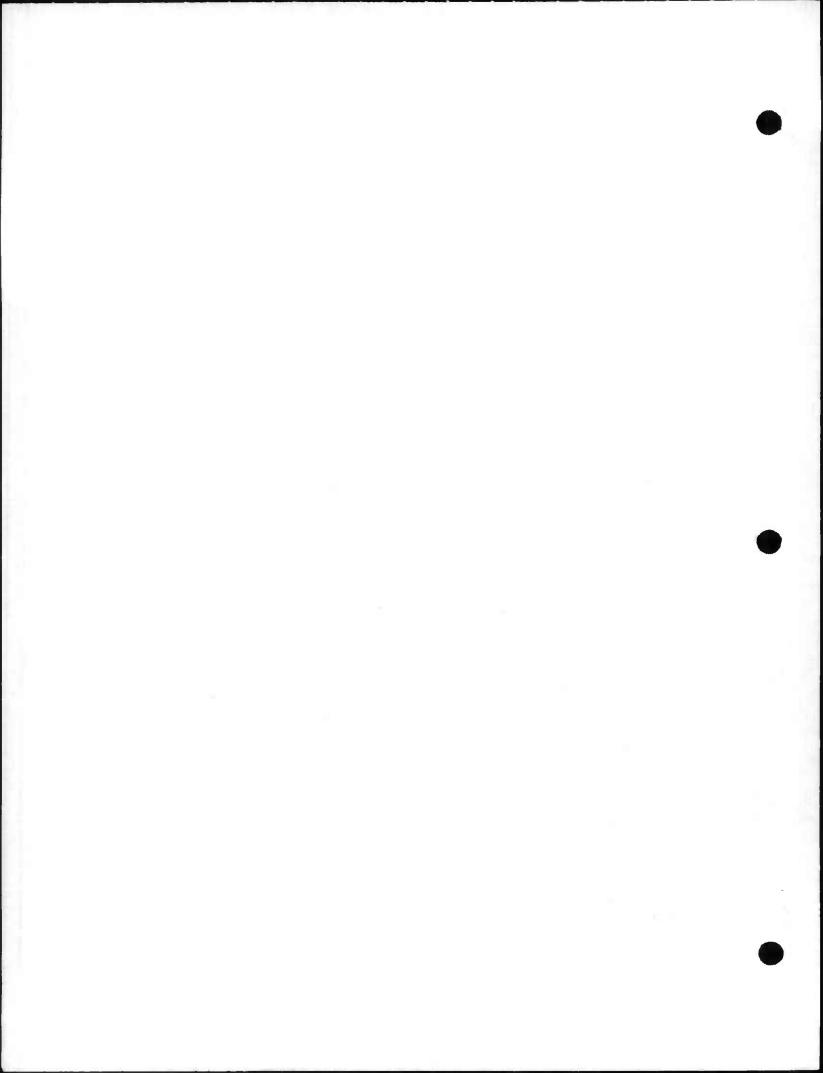
1 - STATE
REGISTRAR

1 - STATE
REGISTRAR

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REGISTRAR

95		40	7	8
(0	47	J		

	HEGISTHAH		-		ICALE	OI L	7-AII	11	H	EG-NO.			
- 87	1. DECEDENT'S NAME (First, Middle, Li	st)							2. DATE OF E	EATH DA		YEAR	3. TIME OF DEATH
- 17	N. Neube:	t Jaffa							July		1995	TEAH	9:04 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 1	YEAR	IF UNDER 24	4 HRS.	7. DATE OF B	HRTH /	914	8. BIRTH	IPLACE (State or Foreign
- 5	213-10-5720	1 🔯 M 2 🗌 F	81	YRS.	MONTHS	DAYS H	IOURS	MIN.	(Month, De		012	Countr	γ)
	9a. FACILITY NAME (If not institution, g	a street and number)	- 01		96. CITY, T	OWAL OR	LOCATION		March	1, 2		NTY OF D	w York
Œ								TOP DE	AIN		9c. COU	NIT OF D	EATH
DIRECTOR	Montgomery Gene	ral Hospi	tal		0.	lney					Mo	ontg	omery
S I	10a. STATE 10b. COL			10c, CIT	, TOWN OR	LOCATIO	N						10d. INSIDE CITY
E	Maryland Mon	+~~~											LIMITS?
	10s. STREET AND NUMBER	tgomery			Silve			g					1 YES 2 NO
FUNERAL						10f. Z	IP CODE				10g. CITI	ZEN OF V	VHAT COUNTRY?
9	3028 Aquarius A	venue					2090	6			Un:	ited	States
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13. WA	S DECEN	DENT OF	HISPANI	C ORIGIN? (S	ecify Yea	or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y		NO			X NO		, Puerto Rican	, atc.)	- 4	Speci	
	3 Widowed 4 Divorced												White
ш	15. DECEDENT'S (Specify only highest g		16a, DE	CEDENT'S	USUAL OCCI	UPATION	ed weedstee		16b. KIN	OF BUS	INESS/INC	USTRY	
(Specify only highest grade completed) (Give kind of work done during most of work life. Do NOT use retired.) (Give kind of work done during most of work life. Do NOT use retired.)				or working		Ba	ltime	ore (City				
5+ Educ			duca	tor						Schools			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHE	R'S NAM	ME (First, Middle			3010	
I	Adolph Jaffa								ichels		,		
H	19e. INFORMANT'S NAME (Type/Print)		19	h MAII ING	ADDRESS /S	Smal and			oute Number, C		On 1 71	0-40	
2	The state of the s												
	Gertrude J. Jaf:	a							Silve				20906
- 1	1 \(\text{Buriel} \) 2 \(\text{Cremation} \) 3 \(\text{D} \) F	emovel from State	20b. PLACE cemetery, cre	and Date (of DISPOSITION (In place)	on (Name Ju	ľv 2!	5, 1	L995		ATION —		
	4 🗆 Donation 5 🗆 Other (Specify)		- Parki	awn r	lemori	al I	Park		1	Roc	kvil:	Le, M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	M0.08	31	ROL	ME AND	ADDRESS	OF FAC	ohrev 1	Fune	ral F	iome.	/
	Lastara Jo	no male	antai	men	ROC	kvi.	lle,	Inc	300	Wes	t Mor	itgor	/ mery 50-2805
	23. PART I. Enter the disposes,	or complications the	t caused the de	eth Do o	AVE	enue	, RO	CKV	ille, l	Mary.	Land	2085	
	shock, or heart fellu	e. List only one cau	se on each line).	or einer (ii	e mode	or dying	y, aucii	es cerulac	or reapi	atory arr	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition	<u>ښ</u>	11		1		11						Onset and Death
	resulting in death)	. [),[ated (000	10000	1000	18C	1					
		DUE TO	OR AS A CONSE	QUENCE OF):	101	, /						
		- Coda	en Cu	rdia	c U	264							
Z	Sagreantially list conditions	0	(OR AS A CONSE	QUENCE OF	5:1	0							
TION	Sequantielly list conditions, if any, leading to immediate	DUE TO	7										
CATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	menic /	600	+ 1	Dive.	a P						
IFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	· Tich	OF AS A CONSE	OUENCE OF): L	live	a e						
ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· Tich	enic /	DUENCE OF):	live	al	•					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. JUE TO	OM AS A CONSE			live	ar e						
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. JUE TO	OM AS A CONSE			rlying c	auee glv	ven in F	Part I. 24a.	WAS AN A		24b.	WERE AUTOPSY FINDINGS
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. JUE TO	OM AS A CONSE			live e	auee glv	ven in F		PERFORI	WED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. JUE TO	OM AS A CONSE			live	auee glv	ven in F			WED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. Due to	deeth but not i	resulting l	n the Unda				_ 10	PERFORI	WED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. Due to	deeth but not i	resulting i	n the unda) I	auee glv		_ 10	PERFORI	WED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	d. DUE TO DUE TO DUE TO LONG CONTRIBUTE TO CA	deeth but not i	TH YE	S NO	one)	UNCER	RTAIN	- 10	PERFORI	WED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause	d. DUE TO	deeth but not in the second se	TH YE	S NO	y one)	UNCEF	RTAIN	1 C	PERFORI	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. DUE TO DUE TO DUE TO LONG CONTRIBUTE TO CA	deeth but not in the second se	TH YE	S NO H (Check only OTHER: 4 Nursing 28 JRY 28	y one) g Home	UNCER	RTAIN	- 10	PERFORI	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	d. JONE TO d. JONE TO JONE CONTRIBUTING TO A HOSPITAL: 1 tell inpetient 2 C 280. DATE OF (Month), D	deeth but not in the second of	TH YE DO A LINU	S NC H (Check only) OTHER: 4 Nursing E OF JRY M	y one) g Home oc. INJUR' WORK 1 U YES	UNCER	RTAIN	1 C	PERFORI	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condition of the cause of	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 26e. DATE OF (Month, D) 28e. PLACE O	deeth but not in the second se	TH YE DO A LINU	S NC H (Check only) OTHER: 4 Nursing E OF JRY M	y one) g Home oc. INJUR' WORK 1 U YES	UNCER	RTAIN dence 6	1 C	PERFORI YES 2 Vicity) E HOW IN	JURY OCC	CUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause of	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 26e. DATE OF (Month, D) 28e. PLACE O	deeth but not in the second of	TH YE DO A LINU	S NC H (Check only) OTHER: 4 Nursing E OF JRY M	y one) g Home oc. INJUR' WORK 1 U YES	UNCER	RTAIN dence 6	1 C Other (Sp. 28d. OESCRIB	PERFORI YES 2 Vicity) E HOW IN	JURY OCC	CUREO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause of the	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 [28e. DATE OF (Month, D) 28e. PLACE OF building,	deeth but not in the second of	TH YEE DF OEAT DOA DOA 26b. TIMM NJI	S NC H (Check only OTHER: 4 Nursing M M M M M M M M M M M M M M M M M M M	y one) g Home lc. INJURY WORK 1 U YES	UNCEF 5	RTAIN dence 6	1 C Other (Spa 28d. OESCRIB	PERFORI YES 2 Incity) E HOW IN	JURY OCC	CUREO or Bural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause of	DUE TO d. JONE CONTRIBUTE TO CA HOSPITAL: 1 for Inpetient 2 [26e. DATE OF (Month, D) 26e. PLACE OF building,	deeth but not in the second se	TH YEE DF OEAT DOA 26b. TIMIN me, larm, s	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) Home Home Ke. INJUR' WORK UNITED TO THE	UNCEF 5	RTAIN dence 6	1 Cother (Spin 28d. OESCRIB 28l. LOCATION City or Tow	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause	DUE TO d. IONE CONTRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D De 28e. PLACE O building, YSICIAN: To the best of experience of expe	deeth but not in the second se	TH YEE DF OEAT DOA 26b. TIMIN me, larm, s	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) Home Home Ke. INJUR' WORK UNITED TO THE	UNCEF 5	RTAIN dence 6	1 Cother (Spin 28d. OESCRIB 28l. LOCATION City or Tow	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the cause of	DUE TO d. IONE CONTRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D De 28e. PLACE O building, YSICIAN: To the best of experience of expe	deeth but not in the second se	TH YEE DF OEAT DOA 26b. TIMIN me, larm, s	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) g Home c. INJUR' WORK 1 YES , office	UNCEF 5	RTAIN dence 6 NO nd due t	1 Control (Sport Sport S	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Bural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF building, YSICIAN: To the best of ex-	(OR AS A CONSECTION OF THE PROPERTY OF THE PRO	TH YE DE DE OF OEAT DOA 26b. TIMM ath occurre investigation	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) g Home c. INJUR' WORK 1 YES , office	UNCER 5 Reside Y AT 7 2 N	RTAIN dence 6 NO nd due t	1 Control (Sport Sport S	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Bural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	DUE TO d. IONE CONTRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D De 28e. PLACE O building, YSICIAN: To the best of experience of expe	(OR AS A CONSECTION OF THE PROPERTY OF THE PRO	TH YE DE DE OF OEAT DOA 26b. TIMM ath occurre investigation	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) g Home c. INJUR' WORK 1 YES , office	UNCER 5 Reside Y AT 7 2 N	RTAIN dence 6 NO nd due t	1 Control (Sport Sport S	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Bural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF building, YSICIAN: To the best of ex-	(OR AS A CONSECTION OF THE PROPERTY OF THE PRO	TH YE DE DE OF OEAT DOA 26b. TIMM ath occurre investigation	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) g Home c. INJUR' WORK 1 YES , office	UNCER 5 Reside Y AT 7 2 N	RTAIN dence 6 NO nd due t	1 Control (Sport Sport S	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Bural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition of the condi	DUE TO d. IONE contributing to ITRIBUTE TO CA HOSPITAL: 1 to Inpetient 2 28e. DATE OF (Month, D) 28e. PLACE OF building, YSICIAN: To the best of experience of expe	(OR AS A CONSECTION OF THE PROPERTY OF THE PRO	TH YE DE DE OF OEAT DOA 26b. TIMM ath occurre investigation	S NC H (Check onl) OTHER: 4 Nursing E OF M M treet, factory	y one) g Home c. INJUR' WORK 1 YES , office	UNCER 5 Reside Y AT 7 2 N	RTAIN dence 6 NO nd due t	1 Control (Sport Sport S	PERFORI YES 2 Incity) E HOW IN I (Street aurun, Stete)	JURY OCC	or Bural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

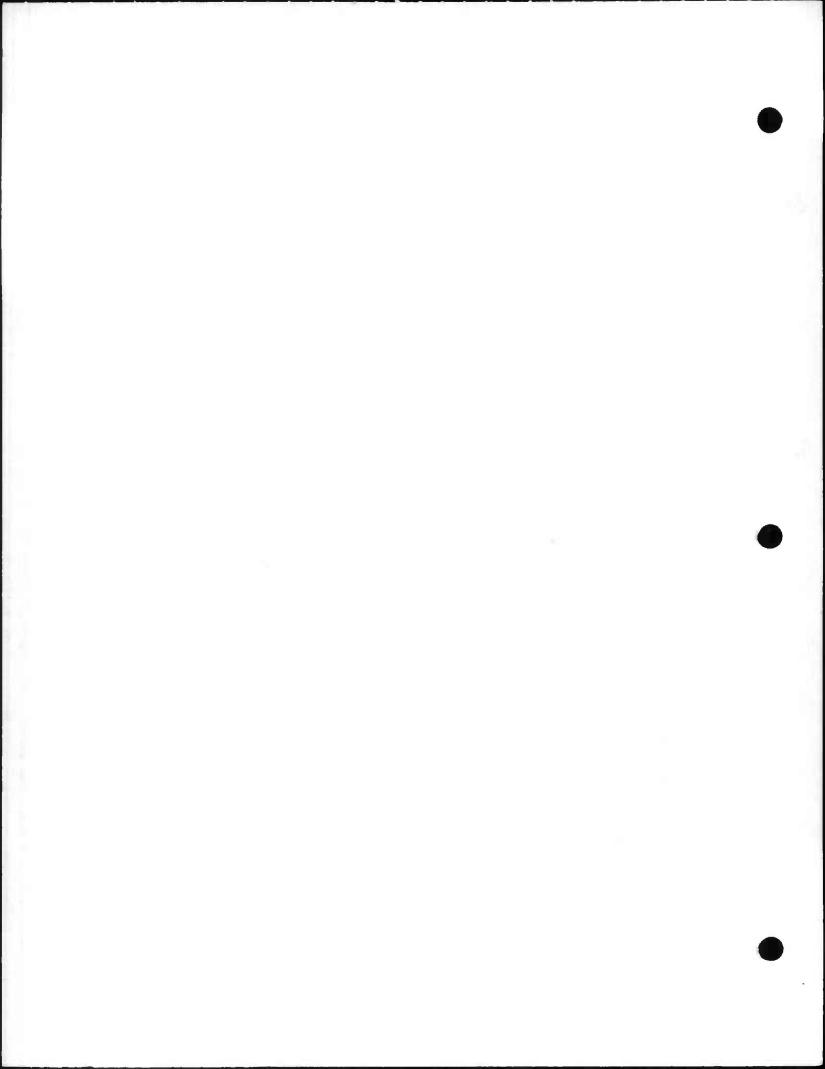
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Inlury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	•
0	
9	
9/	
00	
68	
_	
\times	
0	
BOX	
\mathbf{m}	
P.0	
\circ	
0	
-	
S	
\cap	
=	
ш.	
\circ	
\approx	
O	
RECORDS	
~	
4	
-1	
7	
4	
-	
=	
>	
14	
<u> </u>	
OF VITAL	
Z	
$\overline{\sim}$	
\mathbf{C}	
70	
U)	
$\overline{}$	
DIVISIO	
0	

FOR STATE REGISTRAR	STATE 0	F MARYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	0-	Jac	LK SOF	J	2. DATE OF DEATH DAY	r «
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	100

	1	Zenob				KSON	, I	2. DATE OF DEAT MONTH	DAY	YEAR	3. TIME OF DEATH
	ŀ	4. SOCIAL SECURITY NUMBER						July	21	90	, _ P m
	١	AND THE PARTY OF T	1 M 2 TF			ONTHS DAYS	HOURS MIN.	7. DATE OF BIRT! (Month, Day, Ye	ar)	8. BIRTHE Country	PLACE (State or Foreign
	-	578-20-2369	71	82				Nov. 26	,1912	Miss	issippi
<u>~</u>		9a. FACILITY NAME (If not institution, give			9	b. CITY, TOWN C	OR LOCATION OF DEAT	ГН	Sc. COU	NTY OF DE	ATH
DIRECTOR		Holy Cross Hospi	tal			Silver	Spring		Mor	ntgom	ery
S		10a. STATE 10b. COUN	TY		10c, CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
l E		D.C. N/	΄ Δ								LIMITS?
		10e. STREET AND NUMBER	A	_	We	shingto	ZIP CODE		T		1 X YES 2 NO
FUNERAL		1616 Allison Str	oot N W			100	20011				HAT COUNTRY?
Z	H	11. MARITAL STATUS	12. WAS DECEDENT I	EVED IN III	2 ABMED	140 000 000					States
		1 Never Married 2 Married	FORCES? 1	YES 2	NO XNO	it yes, spi	ENDENT OF HISPANIC ocify Cuben, Mexican,	ORIGIN? (Specif Puarto Rican, etc	y Yes or No—	14. RACE Black,	- American Indian, White, etc.
₽		3 Wildowed 4 Divorced	IF YES, GIVE WAS	ON DATES	5	1 TYES	2 NO Specify:		i	Specify	Black
COMPLETED	ı	15. DECEDENT'S ED		16.	a. DECEDENT'S US	SUAL OCCUPATION	ON .	16b. KIND OF	F BUSINESS/INC	MISTRY	DIACK
	-	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of world). He. Do NOT use if	rk done during mos retired.)	st of working				- 4
교		Joseph (G-12)	2		Supervi	sor		11 9	. Gover	nmon	.
E COM	ı	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME			ilmeil	
m m		Oliver Hayes Ca	mpbell					lie Wayı	,		1
BE		19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AL	DDRESS (Street a	nd Number or Rural Rou			Codel	
TO BI	'n	Sandra Criner					eadow, Hou				
2	ľ	200. METHOD OF DISPOSITION		20b. PL	ACE AND DATE OF				LOCATION -		m State
examiner must be		1 N Burlet 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	cemeter	y, crematory or other	m. Cem		6/95		-	
9	11.	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE / /	,	icolii iic		ID ADDRESS OF FACIL	י בפלט:	bultian	id, Ma	aryland
	ı	Idal Van 11	1/11/0	7	1.	McGui	re Funera	1 Servi	ice, In	c.	
8	4	West 11		111	mi	7400	Georgia A	ve. N.V	V., Was	hingt	on, D.C.
		23. PART i. Enter the diseeses, or shock, or heert failure	complications that of List only one cause	aused the	e death. Do not	enter the mod	da of dying, such	es cardiac or r	eepiratory arr	reet,	Approximata
	1	IMMEDIATE CAUSE (Final						-			Onset and Death
5	1	disease or condition resulting in death)	0.	a	teni	0301	entre	Hear	1		
a a	I	Control of the Contro	DUE TO (O	R AS A CO	NSEQUENCE OF):						
Z		Sequentially list conditions.	b				ente	(Sec	Se		years!
			DUE TO (O	R AS A CO	NSEOVENCE OF):						
9 1 20	Œ	if any, leading to immediate	205.1341								
3		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С.								
TIFICA		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	С.	R AS A CO	NSEQUENCE OF):				_		
ERTIFICA		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С.	R AS A CO	NSEOUENCE OF):						
L CERTIFICATION		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OI			the underlying	couse given in Pa	irt i. 24a, WA	S AN AUTOPSY	24h. \	WERE AUTOPSY FINDINGS
		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OI	eth but r	not resulting in		g couse given in Pa	PE	FORMED?		WERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO COMPLETION OF CAUSE
		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OI	eth but r			g couse given in Pa	PE			
MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OI	eth but r	not resulting in			1YE	FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions to the conditions of the cause of th	c. DUE TO (OI	SE OF D	DEATH YES	□ NO □		1YE	FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OI) d. Ins. contributing to de FRIBUTE TO CAU	SE OF D	DEATH YES	OCHeck only one)	UNCERTAIN	1 - YE	FORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO YES 2 \(\text{NO} \) NO	DUE TO (OI d. TRIBUTE TO CAU: HOSPITAL: 1) Inpetient 2 E	SE OF D	DEATH YES PLACE OF DEATH THE 3 DOA 4	Office only one) OTHER: Nursing Home	UNCERTAIN 5 □ Residence 8	1 YE	S 2 PM		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OI d. INSERTING TO CAUSE HOSPITAL: 1) Inpatient 2 E 288. DATE OF IN (Month, Day.	SE OF D	DEATH YES	(Check only one) ITHER: Nursing Home PF 28c. INJI WOI	UNCERTAIN 5 Greeldence 8 USBY AT RKY 2	1 - YE	S 2 PM		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OI d. INIS CONTRIBUTE TO CAU: HOSPITAL: 1 Inestient 2 E 28s. DATE OF IN. (Month, Day.	SE OF D	DEATH YES PLACE OF DEATH THE STATE OF DEATH 20b. TIME INJUR	(Check only one) OTHER: Nursing Home Y M 1 1 Y	UNCERTAIN 5 G Residence 8 USEY AT 2 ES 2 NO	Other (Specify)	OW INJURY OCC	CURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
ED BY PHYSICIAN: MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OI d. INIS CONTRIBUTE TO CAU: HOSPITAL: 1 Mostlent 2 = E 28e. DATE OF IN. (Month, Day. 28e. PLACE OF II building, etc.	SE OF D	DEATH YES PLACE OF DEATH 28b. TIME C INJUR At home, form, stre	(Check only one) ITHER: Nursing Home Wol M 1 Y et, factory, office	UNCERTAIN 9 5 Residence 8 URY AT RK? ES 2 NO 2	1 YE	DW INJURY OCC	CURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
ED BY PHYSICIAN: MEDICAL		If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMPLER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OI d	SE OF [28. I R/Outpatlet JURY NJURY — A (Specify)	DEATH YES PLACE OF DEATH 28b. TIMEC At home, ferm, stre	NO	UNCERTAIN 5 Gresidence 8 UNRY AT RIKY ES 2 NO 20	Other (Specify) Other (Specify) Bd. DESCRIBE HO City or Yown, S	DW INJURY OCC	CURED or Rural Bo	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
ED BY PHYSICIAN: MEDICAL		H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Ngtural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only	DUE TO (OI d	SE OF L 26. I 27. I 28. I 28. I 29. I 29. I 20. I	DEATH YES PLACE OF DEATH 28b. TiMec NJUR At home, ferm, stree	NO (Check only one) THER: Nursing Home Nursing Home	UNCERTAIN 5 Grasidence 8 UNTY AT RKY ES 2 NO 20 and place, end due to	Other (Specify) Other (Specify)	DW INJURY OCC	CURED or Rural Bo	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL		H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Ngtural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only	DUE TO (OI d	SE OF L 26. I 27. I 28. I 28. I 29. I 29. I 20. I	DEATH YES PLACE OF DEATH 28b. TiMec NJUR At home, ferm, stree	NO (Check only one) THER: Nursing Home Nursing Home	UNCERTAIN 5 Grasidence 8 UNTY AT RKY ES 2 NO 20 and place, end due to	Other (Specify) Other (Specify)	DW INJURY OCC	CURED or Rural Bo	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL		H any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATH 1 Ngtural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only	DUE TO (OI d. INSCRIBUTE TO CAU: HOSPITAL: 1) Inpatient: 2 E 28e. DATE OF IN (Month, Day. 28e. PLACE OF II 28e. PLACE OF II (Month, Day. 38CIAH: To the best of my ER: On the best of exam	SE OF L 26. I 27. I 28. I 28. I 29. I 29. I 20. I	DEATH YES PLACE OF DEATH 28b. TiMec NJUR At home, ferm, stree	NO (Check only one) THER: Nursing Home Nursing Home	UNCERTAIN 5 Grasidence 8 UNTY AT RKY ES 2 NO 20 and place, end due to	Other (Specify) 8d. DESCRIBE HO City or Town, S the cause(a) and	DW INJURY OCC	or Rural Bo	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OI d	SE OF L 26. I R/Outpetler JURY Year) SE Nowledge I knowledge I knowledge I knowledge I knowledge	DEATH YES PLACE OF DEATH 29b. TIME 0 INJUR At home, ferm, stre	(Check only one) ITHER: Nursing Home Nursing Home Y Y M I Y et, factory, office In my opinion, de	UNCERTAIN 5 Grasidence 8 USTY AT 2 ES 2 NO 2 and place, end due to eath occured at the time	Other (Specify) 8d. DESCRIBE HO City or Town, S the cause(a) and	DW INJURY OCC	or Rural Bo	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO Ute Number, And manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL		If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OI d	SE OF L 26. I R/Outpetler JURY Year) SE Nowledge I knowledge I knowledge I knowledge I knowledge	DEATH YES PLACE OF DEATH 29b. TIME 0 INJUR At home, ferm, stre	(Check only one) ITHER: Nursing Home Nursing Home Y Y M I Y et, factory, office In my opinion, de	UNCERTAIN 5 Grasidence 8 USTY AT 2 ES 2 NO 2 and place, end due to eath occured at the time	Other (Specify) 8d. DESCRIBE HO City or Town, S the cause(a) and	DW INJURY OCC	or Rural Bo	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO Ute Number, And manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OI d	SE OF L 26. I R/Outpetler JURY Year) SE Nowledge I knowledge I knowledge I knowledge I knowledge	DEATH YES PLACE OF DEATH 29b. TIME 0 INJUR At home, ferm, stre	(Check only one) ITHER: Nursing Home Nursing Home Y Y M I Y et, factory, office In my opinion, de	UNCERTAIN 5 Grasidence 8 UNITY AT RICY RES 2 NO 22 and place, end due to eath occured at the time 29c. LICENSE NUMBER	Other (Specify) Other (Specify) Bd. DESCRIBE H Other (Specify) Bt. LOCATION (Sn. City or Town, S	OW INJURY OCCUPATION OF THE PROPERTY OF THE PR	or Rural go	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO Ute Number, And manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL		if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER? 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OI d	SE OF L 26. I 27. (Specify) 7. knowledgenination and OF DEATH	DEATH YES PLACE OF DEATH 29b. TIME 0 INJUR At home, ferm, stre	(Check only one) ITHER: Nursing Home Nursing Home Y Y M I Y et, factory, office In my opinion, de	UNCERTAIN 5 Grasidence 8 UNITY AT RICY RES 2 NO 22 and place, end due to eath occured at the time 29c. LICENSE NUMBER	Other (Specify) 8d. DESCRIBE HO City or Town, S the cause(a) and	OW INJURY OCCUPATION OF THE PROPERTY OF THE PR	or Rural go	MARIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! I YES 2 NO Ute Number, And manner as stated.

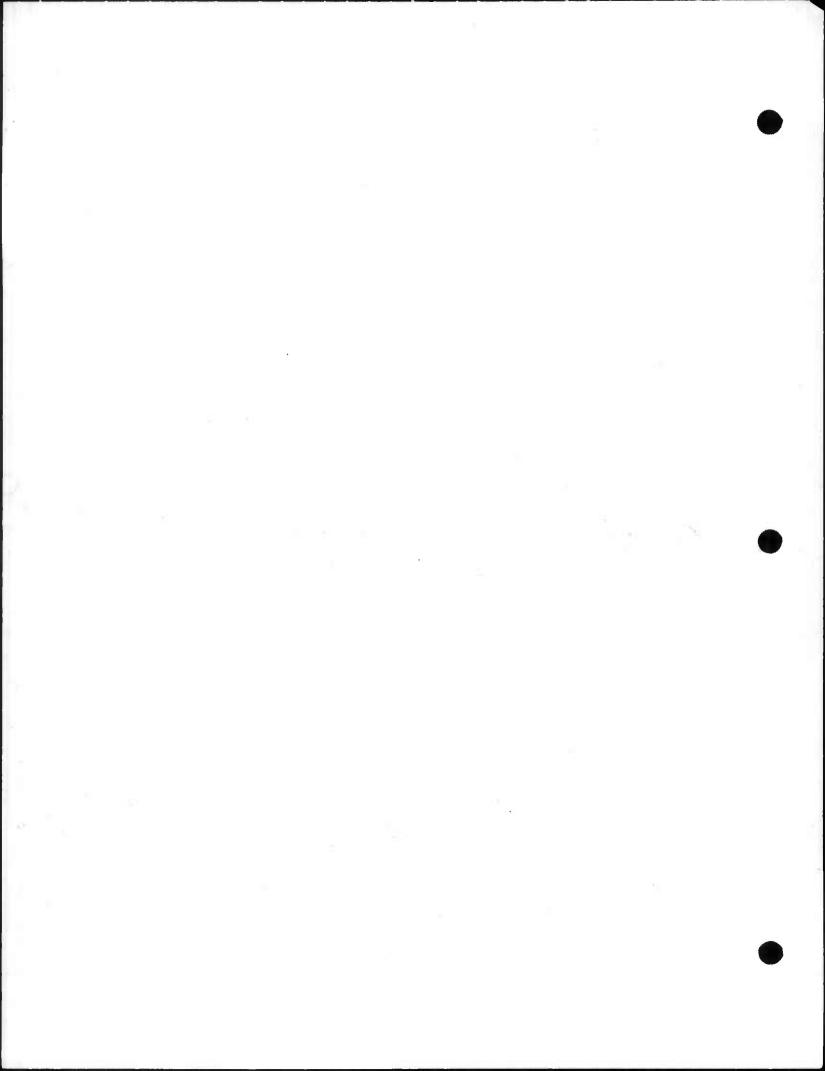


7	1
9	
9	
1	
9289	
Ó	
×	
0	
V	
BOX	
100	
P.0	
-	
Δ.	
_	
46	
U)	
\cap	
=	
ш	
0	
~	
RECORDS	
ш	
==	
ш	
/ITAL	
-	
Q.	
_	
-	
>	
OF/	
F.	
$\overline{\cap}$	
\mathbf{Q}	
_	
4	
\cap	
\sim	
10	
U)	
_	
-	
~	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	REGISTRAR		CE	ERTIF	ICATE	E OF	DEATH		REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATH
	Wendell	Harold	J	loice	:			Ju	Ty 27	1	1995	3:00 P m
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTHPI	LACE (State or Foreign
. 1	579-16-8855	1 XM 2 - F	74	YRS.	MONTHS	DAYS	HOURS MIN.		. 24,1	020	Country)	nington,D.C
	9a. FACILITY NAME (If not institution, give s	itneet and number)			9b. CITY	. TOWN C	OR LOCATION OF D		. 24,1		INTY OF DEA	
TOR	8 Campbell Cour						ngton				Montgo	
2	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN C	OR LOCAT	TION				1	IOd. INSIDE CITY
E				1			n, D.C.					LIMITS?
7	10e. STREET AND NUMBER			- '''	asiiii		ZIP CODE			100 017		AT COUNTRY?
BY FUNERAL DIRECTOR	3003 Van Ness						20008					States
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARI	MED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR					2 NO Specif		rican, etc.)		Specify:	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON st of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life.	Do NOT us	se retired.)	uunny mo	st or working					
MP	12	2	Pr	ocur	ement	: Sp	ecialist		U.S.	Gove	rnmen	t
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First,	Middle, Malden	Sumame)		
BE (W. Harold	Joice						Li	llian	Morg	an	
	19a, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	nd Number or Rural					
2	Carol Joice Jone	es					t., N.W.,					
	20a. METHOD OF DISPOSITION	~	20b. PLACE A						TE 20c. LO			State
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remainder (Specify)	oval from State	Mary I	and a	her place)	ona1	Mem. Pk	. 7/3	1/95	Laur	e1. M	D .
1	21, BIGNATURE OF TUNBPLAK SERVICE LIC	ENSEE /	1./		-	NAME AN	ID ADDRESS OF FA	CILITY				
	100 Harces	in E.	Hai	lh	-	McG	uire Fun Georgia	eral				20012
1	23. PART I. Enter the diseases, or o	complications that ca	aused the de	ath. Do r	not enter	the mo	de of dying, suc	h as ca	rdiec pr respi	ratory ar	rest.	Approximate
	shock, or heert fallure.	List Dnly Dne cause	on sach line.							,	,	intarvai Between
\mathcal{A}	disease or condition	Candia	. A 20 as la un	- 4- 1 d	_							Onset and Death
	resulting in death)	Cardiac	R AS A CONSEC	L UIII T	.a		·					
- 1		Severe				Omv.	nathy					
ō I	Sequentially list conditions,		AS A CONSEC			Omy C	pacity					-
CERTIFICATION	If any, lasding to immediate cause. Enter UNDERLYING	Coronar	y Arte	rv D	isea	se						İ
Ĕ I	CAUSE (Disease or injury that initiated events	V-	AS A CONSEC									1
E	resulting in deeth) LAST											1
빙		1.										
MEDICAL	PART II. Other significant condition	a contributing to de-	eth but not re	auiting	in the un	deriying	g ceuse given in	Part I.	24s. WAS AN PERFOR			ERE AUTOPSY FINDINGS
8									1 YES 2		C	OMPLETION OF CAUSE F DEATH?
E I										A		YES 2 NO
ž	DID TOBACCO USE CONTR	RIBUTE TO CAUS	E OF DEAT	TH YE	S 🔲 N	10 [UNCERTAIL	N 🗆				
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACI	E OF DEAT	H (Check o	only one)			1,			
Sic.	1 TY YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ EF	VOutpatient 3	□ DOA	OTHER		e 5 XRasidence	8 🗆 Oth	er (Specily)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJ	IURY	28b. TIM	E OF	28c. INJ	URY AT		SCRIBE HOW II	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, 1	Year)	INJ	URY		PK? YES 2 NO					
B	2 Deviates	28e. PLACE OF IN	JURY — At hor	ne, ferm, s	street, tacto			28t, LO	CATION (Street a	nd Numbe	r or Bural Bou	te Number
COMPLETED	4 Homicide 8 Could not be	building, etc.	. (Specify)	,		,,			or Town, State)	Ind Hamber	or narar nou	re runos,
9	29a. CERTIFIER									-		
₽ I	(Check only one) 1 X CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE											
8		R: On the besis of axam	ination and/or in	nvestigatio	n, in my o	pinion, de	eath occured at the	time, dat	a and place, an	d dua to ti	he cause(s) a	nd menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		11.10				29c. LICENSE NUI					fonth, Day, Year)
2	1) en my		1003				2186	. 3		•	7/27	190
F	30. NAME AND ADDRESS OF PERSON WHO											
	Bernard M. Wagma				St.	, N.V	V.,Washi	ngto	n, D.C.	. 200	010	
	24 DATE EU ED (March, Con March	32 REGISTRAR'S										
	JUL 2 8 1995	Java a we	and a comp	all								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MISPITAL OR ATTENDING PHYSICIANS: The law requires that the death certificate be executed within the fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. INPORTANT If Item 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DEPETAL OR ATTENDING PRINGERAL DIRECTOR: After the pring of the death views after death views after 28 is mark
DEPETAL OR ATTENDING PRINGERAL DIRECTOR: After the pring of the death views after death views after 28 is mark

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 Accident
3 Suicide

4 Homicide

								9	5	24081
	1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPART	MENT OF	HEALTH AND I	MENTAL HYGIEN			
AL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 059-74-2537 9e. FACILITY NAME (If not institution, give st HOLY CROSS HOSP RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY NEW YORK 10e. STREET AND NUMBER	1 M 2 XX reef end number)	AGE (In yrs. lest	7 YRS.	SILVE TOWN OR LOCA BRONX	BF UNDER 24 HRS. HOURS MAN. DR LOCATION OF DE R SPRING TION 1. ZIP CODE	2. DATE OF DEATH DOWNSON THE PROPERTY OF THE P	918 9c. coun MONTO	GOME	
BY FUNERAL	512 ROSEDALE 11. MARITAL STATUS 1	AVENUE 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (YES 2 XN	MED O	13. WAS DE	1047 CENDENT OF HISPAN Secity Cuben, Mexical C 2 X NO Specify	IG ORIGIN? (Specify Yet n, Puerto Ricen, atc.)		SA 14. RACE Black Specifi	— American Indian, , White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2 th 17. FATHER'S NAME (First, Middle, Last) JAMES ALFRED	College (1-4 or 5+)	NI	e kind of wo Do NOT use	SUAL OCCUPATION OF COMPANY OF COM	IFE 16. MOTHER'S NAI	16b. KIND OF BUS	GO Surneme)	VT.	
TO BE	19a. INFORMANT'S NAME (Type/Print) THERESA KAREFA	-SMART/ 1	DTR I	13920	O CAST	and Number or Rural F	BLE CAUL Route Number, City or Tow . #612 S	n, State, Zip	SPR	
	20s. METHOD OF DISPOSITION 1A Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC					ND ADDRESS OF FAC	7-29-95			MARYLAND
	23. PART I. Enter the diseasea, or cahock, or heart fallure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse of	used the dee on each line.	Sc	t enter the mo	de of dying, eucl		iretory erre	ent,	Approximate Intervel Between Onset end Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		AS A CONSEQU							

PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

4a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PERFORMED?	AWAILABLE PRIOR TO
T YES 2 NO	OF DEATH?

YES INO INCERTAIN I

	ON	CAUSE
 YES		NO

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH EXAMINER?

HOSPITAL: 1 Inpatient 2 ER/Outpatient 3			OTHE 4 - Nu	R: rsing Home 5 - Residence	6 ☐ Other (Specify)
		28b. TIME OF INJURY		28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED

М 1 YES 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 6 Could not be determined

2 10	
	281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)

29a.	29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.
	one)	2 TMEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the or

2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, of	death occured at the lime, date and place,	end due to the ceuse(s) and menner es stated.
AND TITLE OF CERTIFIER		T

	-				
O. NAME	AND	ADDRESS OF	PERSON WHO COMPLETED (CAUSE OF DEATH	(ITEM 27) (Type, Print)

31. DATE FILED (Morith, Day, Year)

2 4 1995

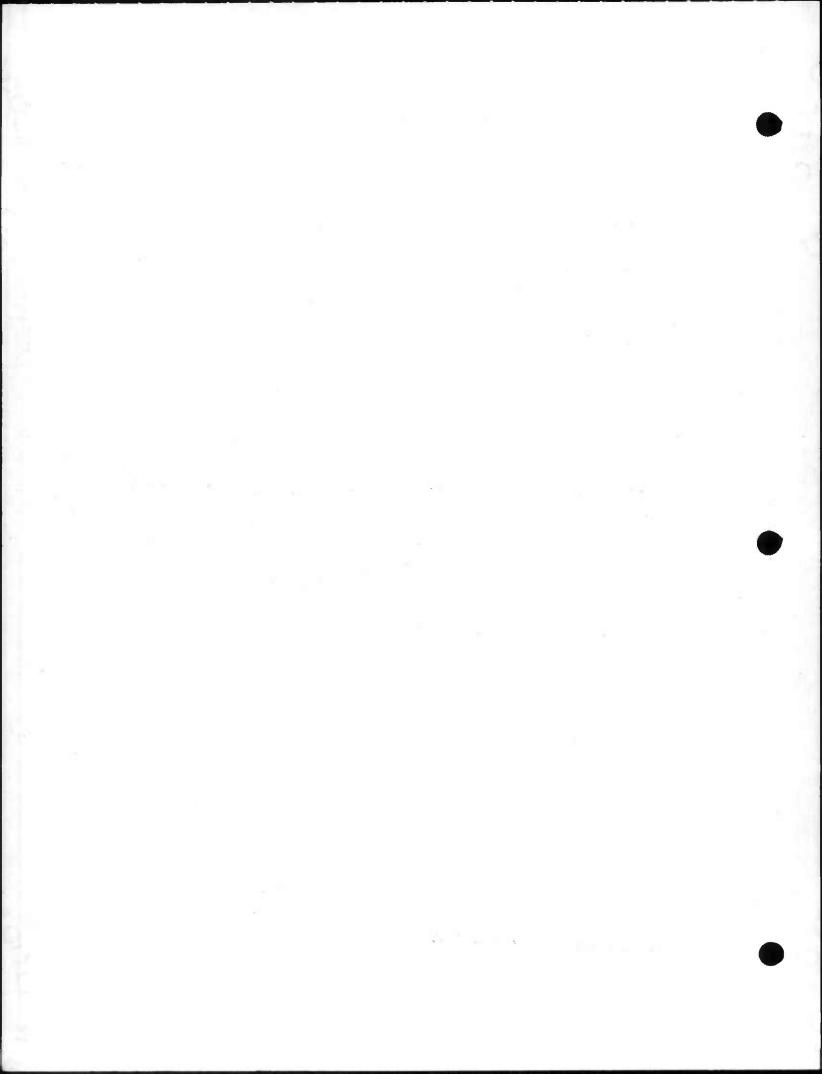
DHMH-16 Rev 1/89



Your sense a salvan

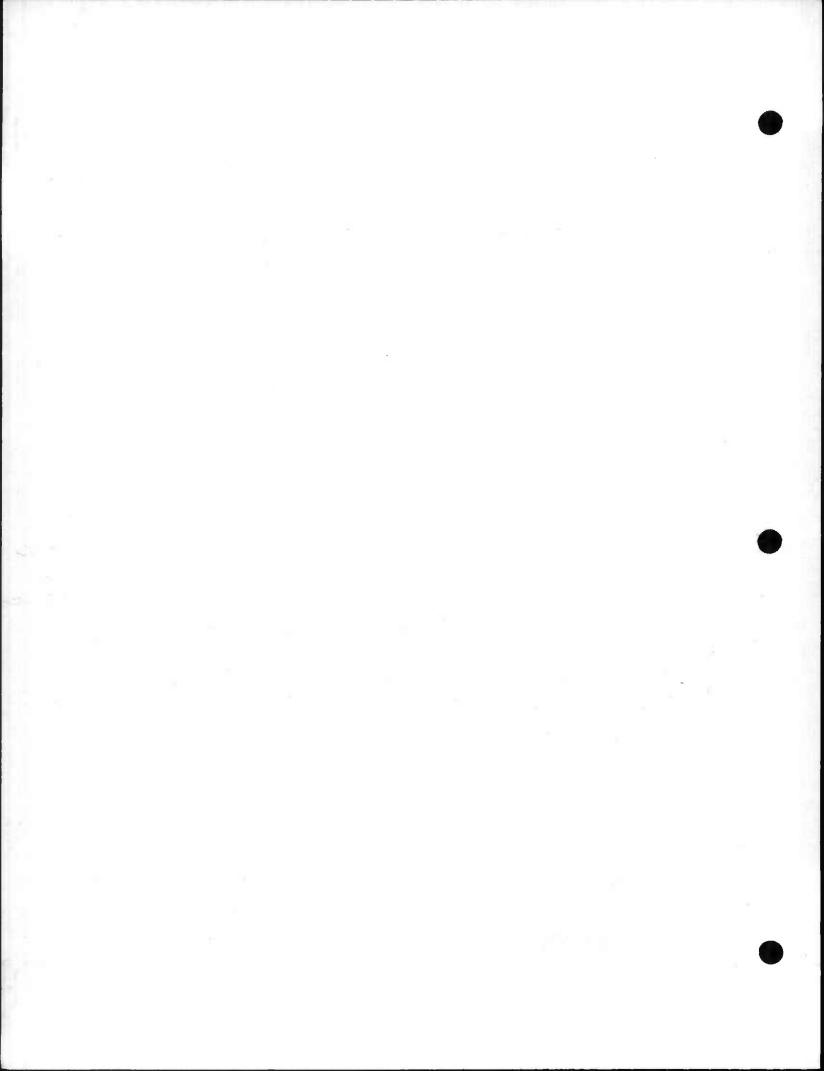
-	
2	-
9	
2	
-	
∞	
9	
×	
റ	
\simeq	
•	
\sim	
0	
۵.	
ш	
ഗ	
0	
ч	
α	
JHC H	
RECO	
1	
\sim	
ш	
m	
Indian	
_	
ITAL	
-	
⊢	
inco.	
>	
OF V	
0	
U	
-	
4	
\cap	
$\underline{}$	
76	
U)	
=	
_	
\equiv	
_	

			1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN			
			1. DECEDENT'S NAME (First, Middle, Lest) $EVERET$	T C . 1	KING			2. DATE OF DEATH		EAR	TIME OF DEATH P
	P		578-24-3259	XXM 2 □ F 7	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Year) 9/24/24	8.	BIRTNPLAI Country)	CE (State or Foreign
	, 2, 3 should	TOR	9a. BACILITY NAME (If not institution, give atree OUTHLEW RESIDENCE OF DECEDENT	4. 1	157 TAL	01	OR LOCATION OF DE		PAINE	OF DEATH	GEORGES
	permit. Pages 1,	DIRECTOR	Md . 10b. COUNTY	P.G.	10c. CITY	Brandy					I. INSIDE CITY LIMITS? YES 2 NO
an.		FUNERAL	13604 Tower			101	20613			N OF WHAT	COUNTRY?
21215-0020 al or attending physician	the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 V Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 V YES IF YES, GIVE WAR OR D WW II	2 NO	If yes, sp					American Indian, hite, atc. Black
2 2	f for use as	LETED			life. Do NOT use	vork done during mo e retired.)	ost of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
MARYLAND retained by the hospital	be detached at once.	E COMPL	12 17. FATHER'S NAME (First, Middle, Last) Leroy V. Kind	a	Forkl	ift Ope	18. MOTNER'S NAM	Gian ME (First, Middle, Melden Et E. Bro		1 St	ores
	5 should notified	TO BE	190. INFORMANT'S NAME (Type/Print) Mary E. King	3				loute Number, City or Tox		de)	
BALTIMORE, er death. Page 6 may be	director, page er must be		20a. METHOD OF DISPOSITION 1 GRAVIEI 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		b.PLACE AND DATE OF metery, cremetory or oth Cheltenh	nam Vet	s Cem	il Che	ocation – city eltenh		
BALTIMO after death. Page 6	al. examin		21. SIGNATURE OF FUNERAL SERVICE LICEN	it. Pre	201	H.S.	Washing Burrou	surv ston & So nghs Ave	ons,Ir	ıc.	
## F	y filled in by ation, or remo		23. PART I. Enter the diseases, or conshock, or heert feilure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only one ceuse on e	each line.	ot enter the mo	de of dylng, such	es cerdiec or reap	piratory srrest	.	Approximets interval Between Onast end Daeth
x 68760 executed with	n and complete to burial, cremi matic event,	NOI	Sequentielly list conditions, if any, lesding to immediate	Acute re OUE TO (OR AS) OUE TO (OR AS)	A CONSEQUENCE OF	el 1	repsis	0			3 days
O. BO)	ng physician giene prior other trau	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events		A CONSEQUENCE OF)						
S, P.	y the attendi	O	PART II. Other significant conditions of	contributing to deeth t	but not resulting in	n the underlying	a ceuse alven in F	Part I. 24a. WAS AN	AUTOPSY	24h WES	RE AUTOPSY FINDINGS
LICOR uires that	signed by Health ar	MEDICAL		ilune				PERFOI	RMED?	COM OF C	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
The law	Dept 23	PHYSICIAN: N	DID TOBACCO USE CONTRIB		28. PLACE OF DEATH	H (Check only one)	UNCERTAIN				1123 2 110
YSICIAN:	the the	HASI		10SPITAL: [1] Inpetient 2 ER/Outs 26e. DATE OF INJURY	petient 3 DOA 28b. TIME	OF 28c. INJ	e 5 Residence 6	Other (Specify) 28d. DESCRIBE NOW I	INJURY OCCUR	ED	
ATTENDING PHYSICIAN:	: After this of death with	B∢	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 26e. PLACE OF INJURY	Y — At home, farm, etc	M 1 🗆 Y	PRK? YES 2 NO	281. LOCATION (Street	and Number or I	Rural Route	Number
OR ATTEN	DIRECTOR: hours after item 28 i	LETEC	4 Homicide determined	building, atc. (Spec	icity)			City or Town, State))		
	THE FUNERAL D filed within 72 h PORTANT: If It	COMPLETED	(Check only one) 1 X CERTIFYING PHYSICIA ONE) 2 MEDICAL EXAMINER: (luee(s) and	I manner as stated.
	THE THE VENT OF TH	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	7			D383		29d. DATE SI	GNED (Mon	and the second
VA		-	30. NAME AND ADDRESS OF PERSON WHO C		EATH (ITEM 27) (Type, F		3.70	P1	10 4	/-	1 2 2 2 2 2 2



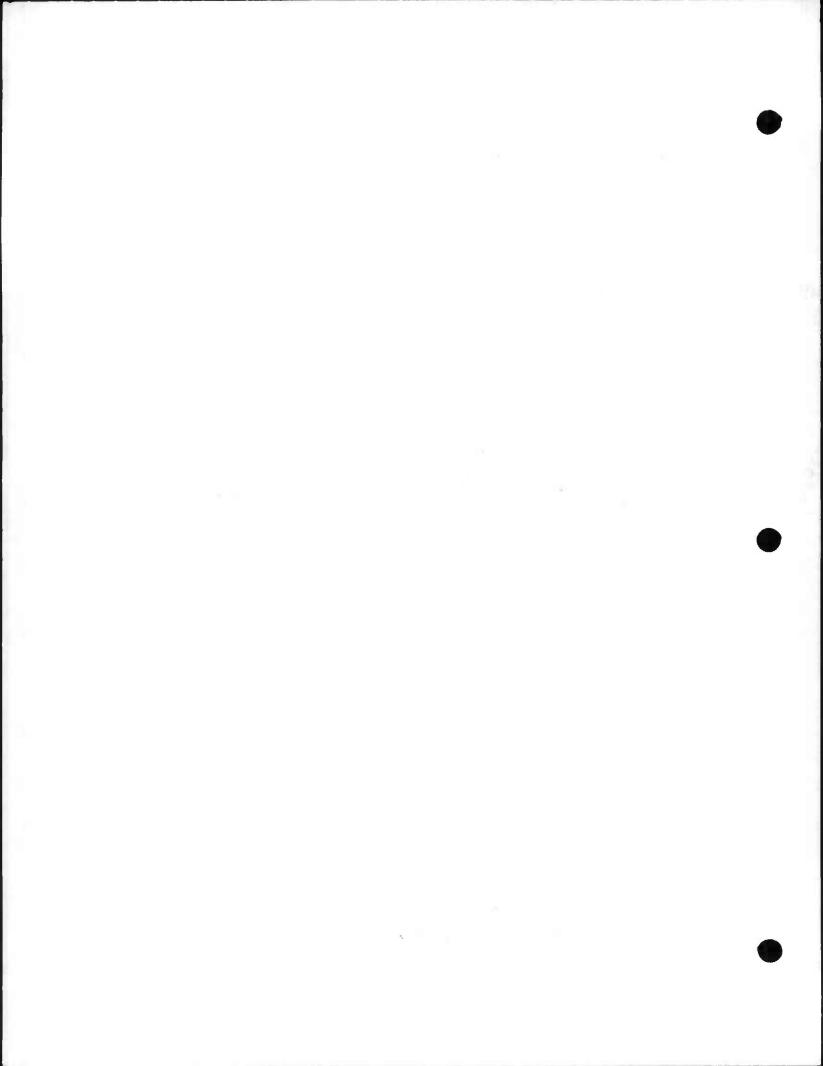
١
į
3
4
4
á
1
4
1
4
1
4
4
1
the same of the sa
ì
•
1
į
۰
-
:
5
ş
1
5
3
3
į
ţ
4
AN APPRAISANCE PAINSON AND THE
•
1100001
ę
è
3
1

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF H	HEALTH AND N	MENTAL HYGIEN!	E		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	2013	3. TIME OF DEA	ATH
		Marie Louise	Keefer				July 25.	1995	1:20	Рм
			2 22 22 22 22 22 22 22 22 22 22 22 22 2	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or i	Foreign
9		210 20 7021	□ M 2X F 71	YRS.			Jan. 31,		ryland	
3 should	c	9e. FACILITY NAME (If not institution, give street			9b. CITY, TOWN (OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH	
2.	СТОВ	Frederick Memorial	Hospital		Fred	erick		Frede	rick	
Pages	DIRE	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CIT	Y
[B		Maryland Frede	rick	M	onrovia				1 TYES 2X	
夏 」	FUNERAL				101	f. ZIP CODE			WHAT COUNTRY?	
DZO physician. burial-transit	S I	4312 Lynn Burke Ro	ACL . WAS DECEDENT EVER IN U.	S. ARMED	13. WAS DEC	21770	IC ORIGIN? (Specify Yes	United	States E - American Inc	tion
Physical Phy		1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Maxican 2 X NO Specify:	, Puerto Ricen, etc.)	Blac	ck, White, stc.	Henri,
LAND 21215-0020 the hospital or attending physician, detached for use as the burial-tran once.	В	3 🕅 Widowed 4 🗌 Divorced							White	
r afte	TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16	Give kind of a life. Do NOT us	USUAL OCCUPATION	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY		
of for	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			0			
AND the hospit detached once.	o M	17. FATHER'S NAME (First, Middle, Last)		Homen	akei	16. MOTHER'S NAM	Own (First, Middle, Maiden)	Sumama)		
के देव	U U	Rush Hubert Farre	11			Anna (somemey		
MAK retained 5 should notified	00	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town	, State, Zip Code)		
3 5 5	임	Robert L. Keefer		5693	Ridge R	oad Mt.	Airy, Mary	yland 2	1771	
I MOKE, Page 6 may be rail deector, page		20a_METHOD OF DISPOSITION 1	from State 20b. PL	A CE AND DATE	OF DISPOSITION (Na		1	CATION — City or T		
MC deach deach		4 Donation 8 Other (Specify)	St	Peter (ther plece) Cemetery		7/28/95 L:	ibertyto	wn, Mar	yland
- 2 2 4		21. SHARATURE OF PURIERAL SERVICE CICINS	- (2	22. NAME AF	ND ADDRESS OF FAC	Stauffer	r Funera	1 Homes	, P.A
S - # = B	Щ	Jany V.	Xave X	2			Le Blvd. M		MD 21	771
d in by the or remove		23. BART L Enter the disease, or com shock, or heart fellure. List	pilications that caused the Dniy one course on each	ne death. Do r	not enter the mo	de of dying, such	as cardiac or respir	atory arrest,	Approximinterval I	
7 2 5 9	Ì	IMMEDIATE CAUSE (Fine)		0					Onset sr	
of within 24 ompletely fill I, cremation event, the		resulting in death) s,	DUE TO (OR AS A CO	167	400			<u>.</u>	100	Luc
Z 2 - 5		_	Dog TO (OR AS A CC	DINSEQUENCE OF	~ 1 -1			120 50		7
2 - 2 E	CATION	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A CO	INSEQUENCE OF	71	75 -	- WH7	0114	5	3
	CA	Cause. Enter UNDERLYING CAUSE (Disease or injury							1	1300
n certificat nding phy Hygiene p	RTIFIC	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	27-	2		110		1
	CER	d		7	محص	Didd o	45TIL	4/200	2	
E Me 5	AL C	PART ii. Other significent conditions c	ontributing to deeth but	not resulting	in the underlying	g ceuse given in F	Pert I. 24s. WAS AN		b. WERE AUTOPSY	
any any		1) Preyman)	c 2)106	51/2	- ha	alam	PERFORI	NED?	AVAILABLE PRIOF COMPLETION OF	
S dea si	MEDIC	3) tepctore	F ST	noire	sme	少米	7		OF DEATH?	Sio I
e law requents been Dept. of 1	ä	DID TOBACCO USE CONTRIB		DEATH YE		LUNCERTAIN				
# a a b	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. OSPITAL:	PLACE OF DEAT	OTHER:	- 1				
PHYSICIAN: The this certificate with the State riked, or Item	ΤΥS	1 YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Outpatis		4 Nursing Hom	e 5 🗆 Residence 8				
te with the Company	УНУ.	Natural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY WO	VES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED		
WDING WDING IS May	8	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY —	At home, ferm, I			28f. LOCATION (Street ar	nd Number or Burel	Boute Number	$\overline{}$
2 E 6 8 2	TED	8 Could not be determined	building, stc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)	re rearried of flores	noole regriber,	
	LET	294. CERTIFIER CERTIFYING PHYSICIAL	: To the best of my knowledg	e, death occum	ed at the time, date	and place, and due t	a the cause(s) and more			\dashv
로 정전 =	OMPL	(Check only one) 2 MEDICAL EXAMINER: 0							s) and manner as	stated,
THE HOSPITHE FUNER filed within	E C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM		29d. DATE SUME		
TO THE DE filed IMPOR	0	Willem	0- mic	lan	(ma)	D14:	373	× 7/2	ZE	
	2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	0 - 2 1		1	6.	
		williamo	- Miller	2)17	20	8034	31/1/32/	92 HM	sker, zp	m
_		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE P. D.	,					1
	T)	JUL 2 8 1995		- WALLE	¶.					- 1



THE LICENSIAL OF STREET, OF STREE	IV THE HOSPITAL OF ALTERDING PHYSICIAN: THE LAW REQUIRES THAT THE OBJECT CENTRICATE DESCRIPTION AND THE HOSPITAL OF ALTERDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriar-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--	---	--	--

							و المعا	0 24084						
	FOR 1 • STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	·	3. TIME OF DEATH						
	Kung-Ying Tang Ka	.0				July 24		95 9:04 A- M						
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign						
	212-34-7910	1 □ M 2 💢 F 7		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) May 8, 19	17 N	Vanking, China						
œ	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNT	Y OF DEATH						
5	5 Gumspring Ro	d. •		Bru	nswick		Frede	rick						
D D	10e. STATE 10b. COUNTY		the CIT	Y, TOWN OR LOCA	TAON									
DIRECTOR		Frederick		Brunswi				10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
BY FUNERAL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITtZE	N OF WHAT COUNTRY?						
ij	5 Gum Spring	Rd.		- 1	2171	6	Uni	ted States						
5		12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye		4. RACE American Indian.						
7	1 Never Married 2 Married	FORCES? 1 YES	ATES	If yes, a	S 2 NO Specific	en, Puerto Rican, etc.)		Black, White, etc. Specify:						
	3 Widowed 4 Divorced							White						
Ш	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	18a. DECEDENT'S	USUAL OCCUPAT	ON .	16b. KIND OF BU	SINESS/INDU	STRY						
Щ		College (1-4 or 5+)	life. Do NOT u	work done during m se retired.)	ost or working									
AP.		5 +	Resear	ch Docto	r	U.S. G	overnm	ent						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)							
BE C	Tang Wan Chu				Chang	Wen - Tse	n							
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox		ode)						
2	Dr. Ching Tai Byro	on Kao				runswick,		200						
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE			DATE 20c. LC								
4	1 Buriel 2 Cremation 3 Remove 4 Donation 5 N Other (Specify) Fn:		metery, crematory or o	ther plece)	atamı	7-27 Fre		CHICAGO HIRA						
	21. SIGNATURE OF FUNERAL SERVICE LICEN		TOURC OI	22. NAME	ND ADDRESS OF FA	CILITY	D A	, rial y Land						
		01	,	Stant	fer June	town Pi	S. F. ~	•						
	(Saymond	Telens	ed	Tree	wick	MA	173	3						
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie iMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on a	S/67	6-4-	sition	->/ <		Intarval Bstween Onset and Death						
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b													
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1													
M						'		DF DEATN?						
ż	DID TOBACCO USE CONTRI	BUTE TO CAUSE C	F DEATH YE	S INO	UNCERTAIL	N 🗆								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	28. PLACE OF DEA											
Š		HOSPITAL:	petient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 Residence	8 Other (Specify)								
至	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. tN	JURY AT	28d. DESCRIBE NOW I	NJURY OCCU	RED						
ВУ	1 Pending Investigation	(month, Day, rear)	in.	M 1	YES 2 NO									
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	_ At home, term,	street, fectory, offic		281. LOCATION (Street	and Number or	Rural Route Number,						
TED	4 Nomtcide determined	building, etc. (Spec	спу)			City or Town, State)								
3 1	20a CESTIFIED													
0	290. CERTIFIER 1 DEERTIFYING PHYSICIA	(Check only 1 PMYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as ateted.												
MP	(Check only				leath occurred at the	one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and mennar as atsted.								
COMPLET	(Check only one) 2 MEDICAL EXAMINER:							A LEW PORT CONTRACTOR						
	(Check only				29c. LICENSE NUM		29d. DATE S	IGNED (Month, Day, Year)						
BE	(Check only one) 2 MEDICAL EXAMINER:	On the basis of exemination	n and/or investigation	on, in my opinion, o			29d. DATE S	A. 111 A. S. L. L. H. H. L. S.						
	(Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CENTIFIES 30. NAME AND ADDRESS OF PERSON WHO (Control of the control of th	On the basis of examination	n and/or investigation	on, In my opinion, o	D14626	MBER	29d. DATE S	IGNED (Month, Day, Year)						
BE	(Check only one) 2 MEDICAL EXAMINER:	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	en, In my opinion, o	D14626		29d. DATE S	IGNED (Month, Day, Year)						
BE	(Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CENTIFIES 30. NAME AND ADDRESS OF PERSON WHO (Control of the control of th	COMPLETED CAUSE OF DE 01 West 7th	ATN (ITEM 27) (Type,	en, In my opinion, o	D14626	MBER	29d. DATE S	IGNED (Month, Day, Year)						



N
D 212
Ò
_
7
A
AN
_
>
MARYL/
4
2
2
0%
W
OC.
BALTIMORE
$\overline{\mathcal{Q}}$
\geq
=
-
SAL
~
ш.
9
1760

DIVISION OF VITAL RECORDS, P.O. BOX 68

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT		AENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH		YEAR	3. TIME OF DEATH	
		Ki.m								lüly 22	Ž , 19	95	12:45	Ам
	4. SOCIAL SECURITY NUMBER 579-84-4197	5. SEX 6.	AGE (In yrs. leat b		SF UNDER	DAYS	# UNDER	24 HRS.	7. DA	nth, Day, Year)		Countr		gn
	9a. FACILITY NAME (If not institution, give a		31	YRS.						n. 29,	1944	Kor		
œ	13320 Darnestown						ersbu		ATH			NTY OF O		
6	RESIDENCE OF DECEDENT	Road			Ga	TELLE	ersbu	rg			Mon	tgom	ery	
DIRECTOR	10a. STATE 10b. COUNT				r, TOWN O						10d. INSIDE CITY LIMITS?			
								1 YES 2 X NO						
FUNERAL	13320 Darnestown	Road				101	208				1.501	JSA	VHAT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT E		D	13. V	NAS DEC			IC ORI	GIN? (Specify Yes		14. RACE	American Indian.	
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1			H	yes, sp		n, Mexicen	, Puerl	lo Ricen, etc.)		Speci	t, White, etc. fly:	
	15. DECEOENT'S EDU	l											orean	
	(Specify only highest grade	completed)	(Give	kind of v	USUAL OC vork done d e retired.)		on st of working	a	1	6b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	12	College (1-4 or 5 +)	CI	hoir	Dir	ect	or			Chur	ch			
Š	17. FATHER'S NAME (First, Middle, Lest)						16. MOTH	ER'S NA	AE (Firs	t, Middle, Maiden	Sumame)			
BE	Seung Ko						Eu	ıo Sh	nim					
2	19a. INFORMANT'S NAME (Type/Print) Kon Kim									imber, City or Town			20878	
	20g, METHOD OF DISPOSITION		20b. PLACE ANI	_	_	_		.u.,	_		CATION —			
	1 Burlai 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Norbe						1	/26 Oln				
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22, 1	NAME AN	D AOORES	S OF FAC	YTLIK	lines-R	inalo		ineral Hor	me
	1 Shoman	Hieron)		Si	1ve	New r Spr	Hamp ing.	sh: Ma	ire Ave aryland	nue 209	904		
	23. PART I. Enter the diseases, or o	complications that c	sused the deat	h. Do n			_	-		_			Approximate	
	ahock, or heart fallure. IMMEDIATE CAUSE (Final	1 54 1205											Onset and D	
	disease or condition reaulting in death)	· Meta	votatio		GAS	TR	10	Cf	NF	CER			1 um	
		OUE TO (OF	R AS A CONSEQUE	ENCE OF	7):								0	
o N	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OF	R AS A CONSEQUE	ENCE OF):									
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c												
	that initiated events resulting in death) LAST	OUE TO (OF	AS A CONSEQUE	ENCE OF	7:									
CERTIFICATION		d												\dashv
AL	PART II. Other algnificant condition	a contributing to de	ath but not rea	ulting i	n tha un	derlylng	cause g	ivan in F	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDS	NGS
8										1 YES 2	D\$ NO		COMPLETION DF CAUS OF DEATH?	SE
¥	DID TODA CCO LICE COATS	DIDLITE TO CALL				=			_	1			1 - YES 2 NO	
AN	DID TOBACCO USE CONTI	KIBUTE TO CAUS	26. PLACE (UNC	ERTAIN						_
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 1 NO	HOSPITAL:			OTHER	1:	- E 10 000	aldenes (her (Specify)				\dashv
Ě	27. MANNER OF DEATH	28s. DATE OF IN. (Month, Day,	JURY 2	6b. TIMI		28c. INJ	URY AT	Touries (EŞCRIBE HOW II	NJURY OC	CURED		\dashv
BY	1 Natural 5 Pending 2 Accident Investigation	(World, Day,	roary	ING	M	1 🗆 1	RK? 'ES 2	NO						
- 1	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF II building, etc.	NJURY — Af home . (Specify)	, ferm, s	treet, fecto	ery, office			28f. LC	OCATION (Street a ity or Town, State)	ind Number	or Rural R	loute Number,	
<u>.</u>					-									_
COMPLETED	(Check only one) 2 MEDICAL EXAMINE) and manner as state	d,
	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUM	BER				(Month, Day, Year)	\dashv
TO BE	Ngoc - Ho	- 0	~, MD				L	-808	35		•	7/2.	2/95	
	30. NAME AND ADDRESS OF PERSON WH	St .	SALTIM	OR	Print)	r	1D	21	20	5				
	31. DATE FILED (Month, Day, Year) 26 1995	132. REGISTRAR'S			/									-
	JUL 28 1995	July a grande	war handall											
													DUMM-16 Pe	1.00

.

retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 Page 6 may be hours after death.

funeral director, page 5 should be detached for use as the burial-transit

and completely filled in by the oburial, cremation, or removal.

BE

0

Pages 1, 2, 3 should

permit.

_	Z	공	0	-
	4	=	9	=
	2	2	ati	-
0	章	te le	Ha.	E
9	*	윤	0	S
~	ě	8	100	43
8	짇	2	ğ	=
Ū	8	a	8	Ë
2	8	9	8	30
\approx	Je .	S	B	-
ш.	20	5	9	ě
o .	t	2	8	台
~	2	100	£	-
ш	att.	tte	B	0
ທົ	e	en en	Б	E
ö	2	5	×	E
~	#	3	2	=
$\overline{\circ}$	5	20	=	90
ō.	SS	6	ea	90
ш	ž	S	Ĭ	8
Œ	100	99	6	5
DIVISION OF VITAL RECORDS, P.O. BOX 68760	A.P.	S	Ħ	3
A	0	7	ŏ	-
F	Ē	35	ate	-
7	ž	fice	ŝ	=
10	3	erti	흞	0
7	Š.	S	5	D,
0	F	1	3	ž
Z	9	6	点	ē
0	ä	A	8	-
77	EN	œ	ē	-
-	E	E	ég.	%
2	OC.	뿚	SIZ	E
	0	ō	2	9
	A	AL	2	=
	0	ER	Ξ.	=
	8	3	ŧ	AN
	H	LL	×	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, c	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the n
	0	P	9	E
	-	-	Ф	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July Petro Krawtschuk 24. 1995 3:00 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 🕅 M 2 🗌 F 74 None VRS 15. Dec. 1920Ukraina Sa. FACILITY NAME (If not institution, give street end number 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 106 COUNTY 10d. INSIDE CITY Maryland Montgomery Bethesda 1 TES 2 X NO 10s. STREET AND NUMBER FUNERAL 101, ZIP CODE 10o. CITIZEN OF WNAT COUNTRY? 6318 Haviland Drive 20817 Ukraine 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 X Married It yes, specity Cubs BY Specify: Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) 12 Engineer Forestry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnam T Michael Krawtschuk Maria Schevtchenko BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Bohdan Krawtschuk 112 East Loudon Street, Philadelphia, PA 19120 Pe 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Ramoval from State
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Chesapeake Crematory 7-25 Beltsville, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A. Clar 933 Gist Avenue, Silver Spring, MD 20910 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition___ Resoiratory Failure ONE WEEK event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sepsis traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Malnutrition CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST 0 PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Chronic Obstructive Lung Disease, any 1 TES 2 X NO OF DEATH? Shows Upper GI Bleed: Pneumonia 1 TES 2XXNO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES XX NO UNCERTAIN U PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 (A inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 COMPLETED 6 Could not be 4 Homicide 28 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Ξ 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER

Avenue 20814

D265

4930 Del Ray Bethesda, MD

MIZU 26 1995

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d, DATE SIGNED (Month, Day, Year)

July 25, 1995

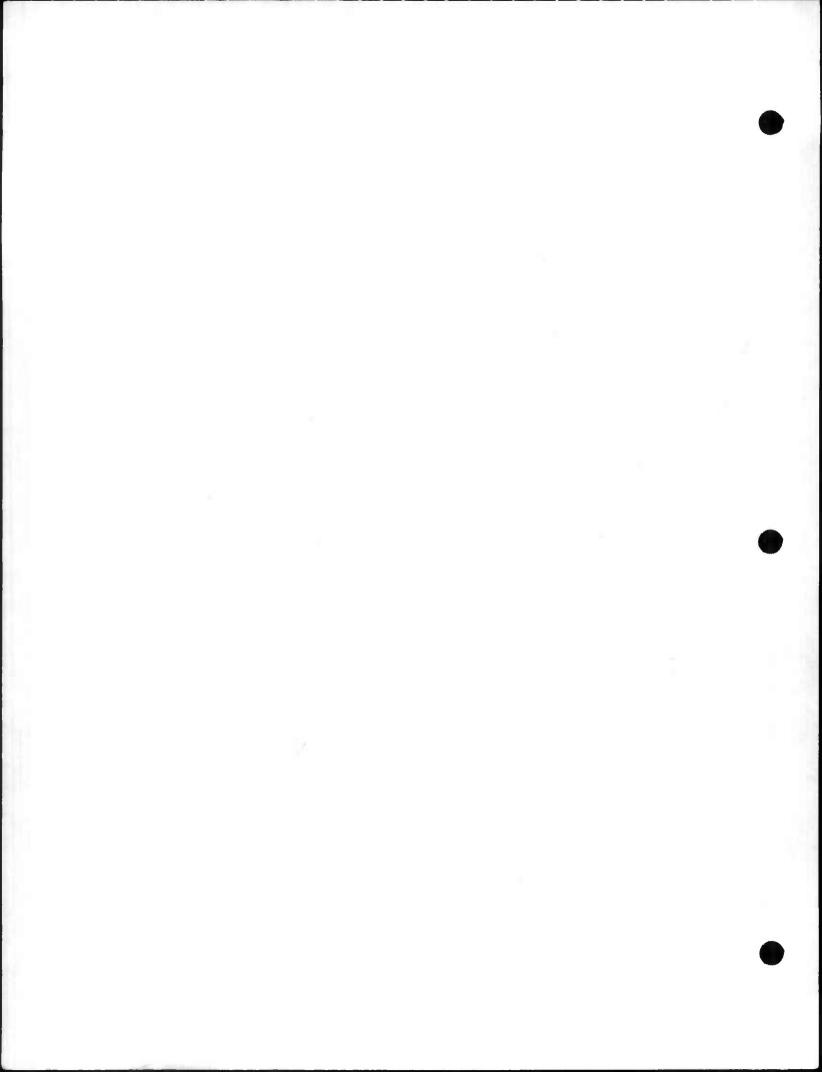
.

ned by the hospital or attending physician. ould be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

etain	sho	
9	ge 5	
may	r, pa	
9	recto	
20	al di	
IAL UH ALI ENDING PHYSICIAN: The law requires that the death certificate be executed within 154 hours after death. Page 6 may be retain	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 sho	
after	y the	
OURS	in the	
	filled	
ATTITUTE	letely	
M Del	comp	,
Doeco	and	
2	ician	
ncate	phys	
E e e	ding	
Death	atte	
The The	/ the	* * *
nat	Đ.	
Miles	signe	
De le	peen	4
- S	has	
=	ate	
CIAN	artific	•
2	his c	
5	ter th	
Š	A: A!	
AIC	Ē	,
5	OIR	
Z	A.	

		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	ITMENT OF H	HEALTH AND I	MENTAL HYGIEN REG. NO.							
		1. DECEDENT'S NAME (First, Middle, Last)	Patricia Ar	nne Kir	sch		2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE		F 00 1					
9		4. SOCIAL SECURITY NUMBER 506-38-4759	1 □ M 2 🖺 F 60	n yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV • 24, 1	C	HATHPLACE (State or Foreign country) ebraska					
3 should	стоя	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH Potomac Montgomery												
35 1, 2,	בַּל	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		ine CIT	Y, TOWN OR LOCAL									
physician. burial-transit permit. Pages 1,	L DIRE	MD Mon:	tgomery		Poto	omac	10d. INSIDE CITY LIMITS? TX: YES 2 NO							
ansit pe	FUNERAL	8601 Chateau Drive	e		101	1. ZIP CODE	0854	10g. CITIZEN OF WI						
g ag	B	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: White					
5 5	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of a		ON ost of working	16b. KIND OF BUS	INESS/INDUSTF	ay.					
the hospital detached fo	COMPL	17. FATHER'S NAME (First, Middle, Last)	5 +	Psycho	logist		Psych							
be de		Norman Korney					ME (First, Middle, Maiden ade Poster	Surname)						
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	AODRESS (Street a		Noute Number, City or Town	n, State, Zip Code	9)					
28 9	F	Angelo G. Cicolani 8601 Chateau Drive Potomac, MD 20854 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of Date 20c. LOCATION — City of Town. State												
e 6 may ector, pa must to		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)				ame of L CEMETE	DATE 20c. LOC	CATION — City of INGTON	or Town, State VA					
Pag di		21. SIGNATURE OF PUMERAL SERVICE LICE	ENSEE			ND ADDRESS OF FAC			r's Sons					
		1 Juny (Wan			I Ave. N	W Washing	ton, D.	. C. 20016					
hours after ded in by the or removal.			oinplicetions thet caused list only one cause on ee	the deeth. Do not line.	not enter the mo	de of dying, such	as cardiec or respli	ratory arrest,	Approximate interval Between					
ned within 2.4 how completely filled ial, cremation, or event, the m		IMMEDIATE CAUSE (final disease or condition resulting in death)	DUE TO (OR AS A	SHOUL CONSEQUENCE OF	ie Ne	on-to	dekins	Lyny	Win Thus					
e be executed sician and com- rior to burial, traumatic ev	NOI	Sequentially list conditions, If any, leeding to immediata b. OUE TO (OR AS A CONSEQUENCE OF):												
e poly	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.												
E 5 - 6	ERTI													
the My the	AL.	PART II. Other algolificant conditions	contributing to deeth bu	it not reaulting	In the underlying	g ceuse given in i	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
signed signed Health	PHYSICIAN: MEDIC						1 YES 2	₩ NO	OF DEATH? 1 YES 2 NO					
e law requents been Dept. of 1 23 sho	N.	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF	DEATH YE	S NO	UNCERTAIN	<u>-</u>		TO TES ZONO					
The ate	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	6. PLACE OF DEAT	OTHER	J'								
PHYSICIAN: The this certificate with the State feet, or Item	УНС	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. T/M	E OF 28c. INJ	URY AT	8 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURE	D					
DING PHYS After this of death with	ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆 1	YES 2 NO								
TTEN TOR: after	ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, (/y)	street, fectory, office	•	281. LOCATION (Street a: City or Town, State)	nd Number or Ru	ral Route Number,					
로 크	COMPLET		CIAN: To the best of my knowle											
HOSPITAL FUNERAL Within 72 TANT: If		2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of examination	and/or investigation	n, in my opinion, d									
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	BE	1	ffull	-		29c. LICENSE NUM	3293	≥ 7 /	NED (Month, Day, Year)					
/	2	30. NAME AND ADDRESS OF PERSON WHO	GOMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)			1.7	7 7					
		Frederick P. Smit	12 DECISTRAD'S CICNA		rn Ave.	N. W. W	ashington.	D. C.	20015-2998					
		JUL 27 1995	Jalin Dhudson	Cardall										



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

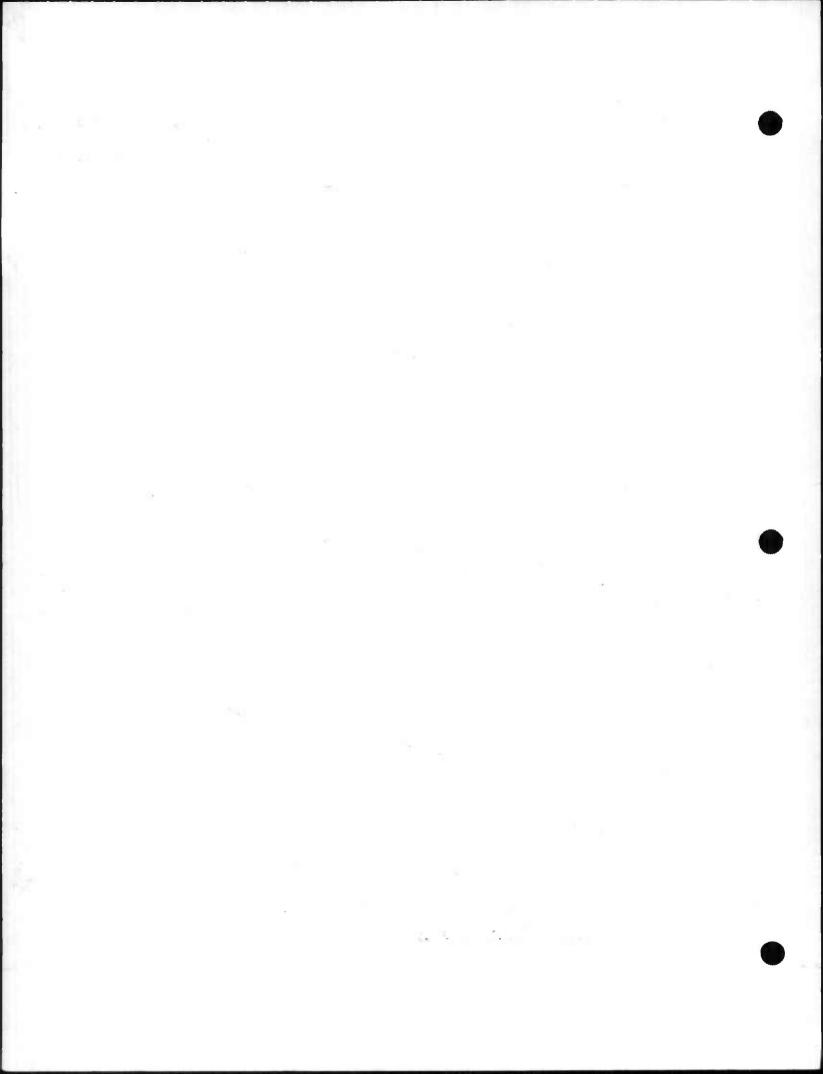
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO		
		LEE				2. DATE OF DEATH	·	5 a. TIME OF DEATH 10: 45am. M
	4. SOCIAL SECURITY NUMBER 578 50 9340	1×× M 2 □ F	(In yrs. last birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTN (Month, Day, Vear) NOV. 5, 19	38	BIRTINPLACE (State or Foreign Country) Washington D.C.
TOR	90. FACILITY NAME (If not institution, give st DOCTORS COMMUN RESIDENCE OF DECEDENT	ATN		NCE GEORGE"S CO.				
DIRECTOR	Maryland Princ	e George's	Box	TOWN OR LOC	ATION		10d. INSIDE CITY LIMITS? 13 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 12115 Backus Dri	ve		1	or. ZIP CODE 20720			ted States
В	11. MARITAL STATUS 1 Never Married 24 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	XXNO	If yes, s	CENDENT OF NISPAN specify Cuben, Mexica S XXXIO Specify		or No-	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) 2	16e. DECEDENT'S U (Give kind of w life. Do NOT use Forei	iness/indi	d Binding			
BE CON	17. FATNER'S NAME (First, Middle, Lest) James Ged Lee				18. MOTHER'S NA Alva Ja	ME (First, Middle, Melden	Surname)	
10 B	190. INFORMANT'S NAME (Type/Print) Theresa Marie Le	e			end Number or Rural I	Bowie Mary		
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	20	b. PLACE AND DATEO	DISPOSITION //	Nama of	DATE 20c LO	CATION C	City or Town, State Spring Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	EINSEE	Page	Robe:	nd address of far rt E. Eva	ns Funeral	Home	e, P.A.
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	:	re Card	word	des	Onset and Death
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 PAO							
PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	Check only one				
YSI	1 FES 2 NO	1 Inpetient 2 ER/Out		OTHER:	me 5 🗆 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY - W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW I	NJURY OCC	URED
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, st cify)	reet, fectory, offi	ce	281. LOCATION (Street e City or Town, Stete)	and Number o	or Rural Route Number,
COMPLETE		CIAN: To the best of my know						od. o ceuse(e) end manner es atated.
B	296. SIGNATURE AND TITLE OF CERTIFIER	o dujug	m		290 LICENSE NUM			SIGNED (Month, Day, Year) 423, 1995
욘	30. HAME AND ADDRESS OF PERSON WHO	VI The ZM	D 5009	Ray A.	urn Cr.	Cp. Sm.	mo	20748
	31. DATE FILED (Month Day Year)	AN MEGRAPHAR'S SIGN	Tarel II			1		



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should completely filled in by the final, cremation, or removal. inding physician and completely filled in Hygiene prior to bunal, cremation, or a TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crer IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event

ECTOR	
DIR	
UNERAL	
BY F	
ETED.	
COMPL	
BE	
2	
	E COMPLETED BY FUNERAL DIRECTO

once.

76

notified

9

must

traumatic event, the medical examiner

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

4 Homicide

Brenda Miller

HE OF HONERAL SERVICE LICENSEN

determined

Removal from State

lock, or heart fellure. List only one cause on each line.

PROBABLE RHEUMATOID VASCULITIS.

20a. METHOD OF DISPOSITION
1\(\bigcap \text{ Burlal 2 } \bigcup \text{ Cremetion 3 } \bigcup 4 \bigcup \text{ Donation 5 } \bigcup \text{ Other (Specify)}

IMMEDIATE CAUSE (Final disease or condition

Sequantially list conditions, If any, leading to immediate cause. Enter UNDERLYING

CAUSE (Disease or Injury that initiated events resulting in death) LAST

resulting in death)

ntion 5 Other (Specify)

FOR STATE REGISTRAR		STATE OF I	MARYLAI	ID /	DEPAR	TMENT	OF H	DEAT	AND TH	ME
1. DECEDENT'S NAME (First,	Middle, Last)	N	L	-						2.
4. SOCIAL SECURITY NUMB 577-42-23:		5. SEX 1 M 2 X F	6. AGE (in	775. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. J
SOUTHERN RESIDENCE OF DEC	, M	reel and number)	Ho	5 P/	m	9b. CITY	, TOWN	LOCATI	ON OF O	EATH
10a. STATE	10b. COUNTY				10c. CIT	Y, TOWN	OR LOCAT	TION		
Maryland	Princ	e George	S			U	pper	Mar	lboi	ro
10e. STREET AND NUMBER							101	. ZIP COD	E	
7206 S	ybaris	Drive						2	077	2
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 🖵 N			It yes, sp	ENDENT Cocity Cuba		an, Pu
15. DECI (Specify only	EDENT'S EDUC	CATION completed)	10			USUAL O		ON sl of workin	w.	
Elementary/Secondary (0- 12th	1	College (1-4 or 5	' I	life.	Do NOT us	e retired.)	Cus	tome	r	
17. FATHER'S NAME (First, MI	ddle, Last)						_ 000		IER'S NA	ME (
Ralph	Russel	1								
19a. INFORMANT'S NAME (7)	/pe/Print)			19b.	MAILING	ADDRESS	S (Street a	nd Number	or Bural	Acudo

95 24089 AND MENTAL HYGIENE REG. NO 2. DATE OF DEATH
MONTH

JULY 10 7. DATE OF BIRTH (Month, Day, Year) June 25, 8. BIRTHPLACE (State or Foreign 1931 Washington, D.C. 9c. COUNTY OF DEATH Granba 10d. INSIDE CITY 1 YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? United States OF HISPANIC ORIGIN? (Specify Yea or No-n, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Negro 16b. KIND OF BUSINESS/INDUSTRY Banking IER'S NAME (First, Middle, Malden Surname) Luvella Ross 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6516 Red Top Road, Hyattsville, Md 20c. LOCATION - City or Town, State DATE 7/27/95 Landover, Md Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** Interval Batween Onset and Death SEVERE END STAGE OF RHEUMATOID ARTHRITIS. YEARS. MINUTES YEARS. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO DF DEATH? 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

DID TOBACCO USE CONT	TRIBUTE TO CAUSE OF D	EATH YES N	O M UNCERTAI		1 YES 2 100		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☑ YES 2 ☐ NO	26. P HOSPITAL: 1 D inpetient 2 ER/Outpetient	LACE OF DEATH (Check of		6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 8 Could not be	28a. PLACE OF INJURY — As building, etc. (Specify)	t home, farm, street, lacto	ry, office	281, LOCATION (Street and Number of City or Town, State)	Rural Route Number,		

20b. PLACE AND DATE OF DISPOSITION (Name of

DUE TO (OR AS A CONSEQUENCE OF)

SECONDARY ANEMIA.

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

CARDIOPULMONARY ARREST

Harmony Memorial Park

22. NAME AND ADDRESS OF FACILITY

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

296 SIGNATURE AND TITLE OF CERTIFIES

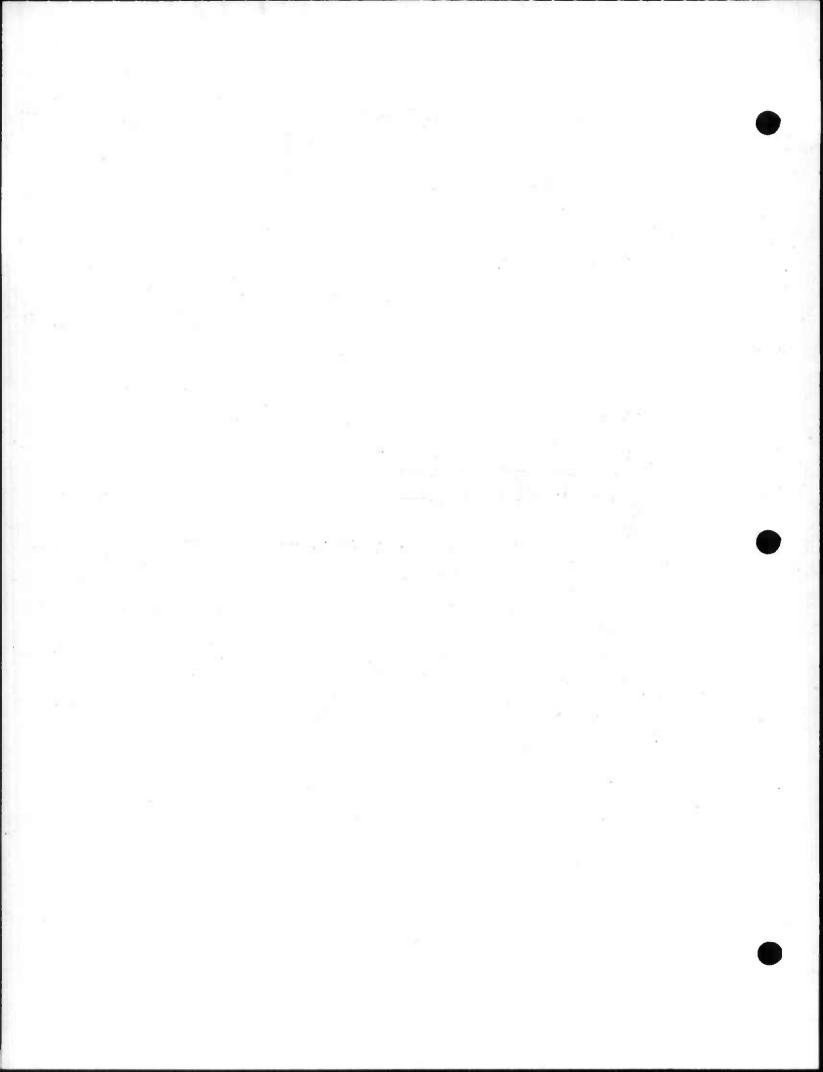
	-		29C. LICENSE NUMBER	29d. DATE SIGNED (Month
Peta	DYR	mo	D12884	▶ .TUT.V 24

30. NAME AND ADDRESS OF PERSON WHO COMMUNE ED CAUSE OF DEATH (ITEM 27) (Type, Print) DETER W VIM

7900 OLD BRANCH AVE. SUITE 101, CLINTON, MARYLAND 20735

32. REGISTRAR'S SIGNATURED JUL 271995

1995



ermit. Pages 1, 2, 3 should

WILLIAM F. HARPER, 31. DATE FILED (Month, Day, Year) AUG 0 2 1995

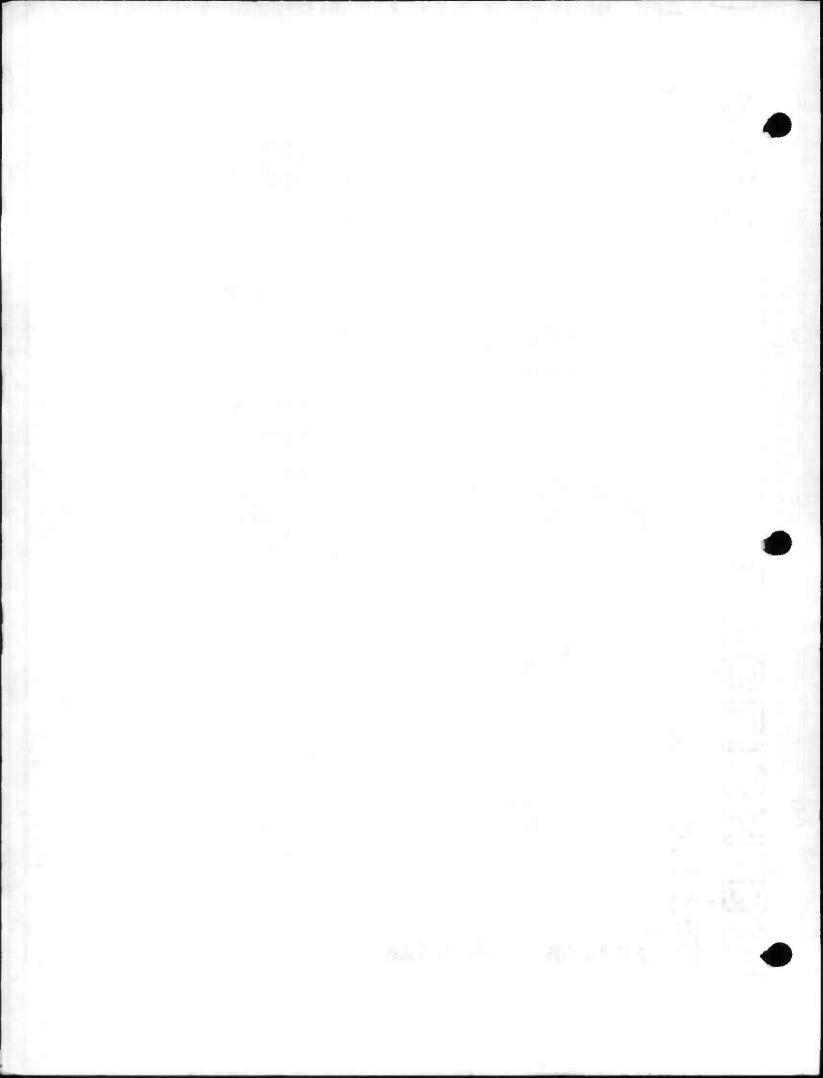
1. DECEDENT'S NAME (First, Middle, Last)	•				1			2. DATE OF DEAT	н		3, TIME OF DEATH
LILLIE PAULINE LONG	G							JULY 30	DAY	YEAR	
		GE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			THPLACE (State or Foreign
213-01-3132	□ M 2 😡 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT. 19	191	Cou M Δ 1	
9e. FACILITY NAME (If not institution, give street	end number)	00		9b. CITY	TOWN C	OR LOCATIO	ON OF DE			OUNTY OF	
14901 EASTWAY DRIVI						SPRI				NTGO	
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
MARYLAND FREDER	RTCK	1	ТНІ	JRMON	T						LIMITS?
10e. STREET AND NUMBER				7111101		. ZIP CODE			10g. 6	CITIZEN OF	WHAT COUNTRY?
212 APPLES' CHURCH	RD.					2178	88			U.S.	. A .
11. MARITAL STATUS 12	. WAS DECEDENT EVE	R IN U.S. ARI	MED	13.	WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specif	y Yes or No-	- 14. RA	CE — American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF	ES 2 XN	0	1 3	If yes, sp		n, Mexica	n, Puerto Rican, etc		Sp	nck, White, etc. ecily: VHITE
15. OECEDENT'S EDUCATI		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND O	F BUSINESS		
(Specify only highest grade corr Elementary/Secondary (0-12) C	ncvieted) College (1-4 or 5+)	(G/	ve kind of Do NOT u	work done se retired.)	during mo	at of workin	g				
7		BIN	IDER					MOORE	S BUS	INES	S FORMS
17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NA	ME (First, Middle, M	iden Sumam	•)	
ALBERT ROY SIX						BES	SSIE	VIRGIN	IA R	00P	
19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRES	S (Street e	and Number	or Rural	Route Number, City o	r Yown, State,	Zip Code)	
PATSY A. HURST		14	901	EAST	YAW	DR.,	SI	LVER SPR	ING,	MD 20	0905
20e METHOD OF DISPOSITION PLABuriel 2 Cremation 3 Removal		20b. PLACE	AND DAT	E OF DISP	OSITION	(Name		DATE 20	c. LOCATION	— City or	Town, State
4 ☐ Donation 5 ☐ Other (Specify)	I from State	of cemetary.	CRST(WN C	CEME'	TERY		8/3 C	REAGE	RSTO	WN, MD
21. SIGNATURE OF FUNERAL SERVICE LICENS				22.	NAME A	ND ADDRES		CILITY			
								LEY & SO			
				61	.5 E	. MAI	N S'	T., THUR	MONT,	MD :	
23 PART I. Enter the diaeeses, or com shock, or heart fellure. List	iplicetions thet cau t only one cause or	sed the de n each line	ath. Do	not enter	the mo	de of dyl	ing, suc	th es cardiec or i	reapiratory	srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	4	en	12	1	/	ail	1,,	18/			Onset and Death
resulting in death) s	DUE TO JOR A	IS A FOUNDER	NIENCE A	5 : 4 =	-						2110
_	M	ret	A.	1	, ,	ITS	11	w n	in	1-	
Sequentially list conditions, b	DUE TO (OR A	S A CONSEC	OUENCE O	7 U		100			00100		<u> </u>
if any, leading to immediate cause. Enter UNDERLYING	, , , , , , , , , , , , , , , , , , , ,										İ
CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A CONSEC	OUENCE O	F):							
resulting in death) LAST											
PART II. Other significent conditions of	centributing to deat	h but not r	esulting	In the u	ndertyln	g cause g	given in		S AN AUTOP	SY 2	4b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO
								1 U Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?
											1 YES ZINO
								_			
25. WAS CASE REFERRED TO MEDICAL		_			26. P	LACE OF D	EATH C	neck only one)			
	OSPITAL:	Outpatient 3	□ DOA	OTHE		n « 166	aldanca	6 Other (Specif)			
27. MANNER OF DEATH	28e. DATE OF INJU	RY	28b. TII	AE OF	28c. IN.	JURY AT		28d. DE\$CRIBE		OCCURED	
1 Natural 6 Pending	(Month, Day, Ye	ar)	IN	JURY M		ORK? YES 2 [ON				
	28e. PLACE OF INJ building, etc. (URY — At ho Specify)	me, farm,	street, fac	tory, offic	ca		261. LOCATION (S City or Town,	itreet end Nur State)	mber or Flur	al Route Number,
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined											
3 Suicide 6 Could not be determined											
3 Sufcide 6 Could not be datermined 29e. CERTIFIER (Check only	N: To the best of my k										
3 Suicide 6 Could not be datermined	N: To the best of my k										e(e) end menner se stated.

CENTER ST., THURMONT, MD 21788

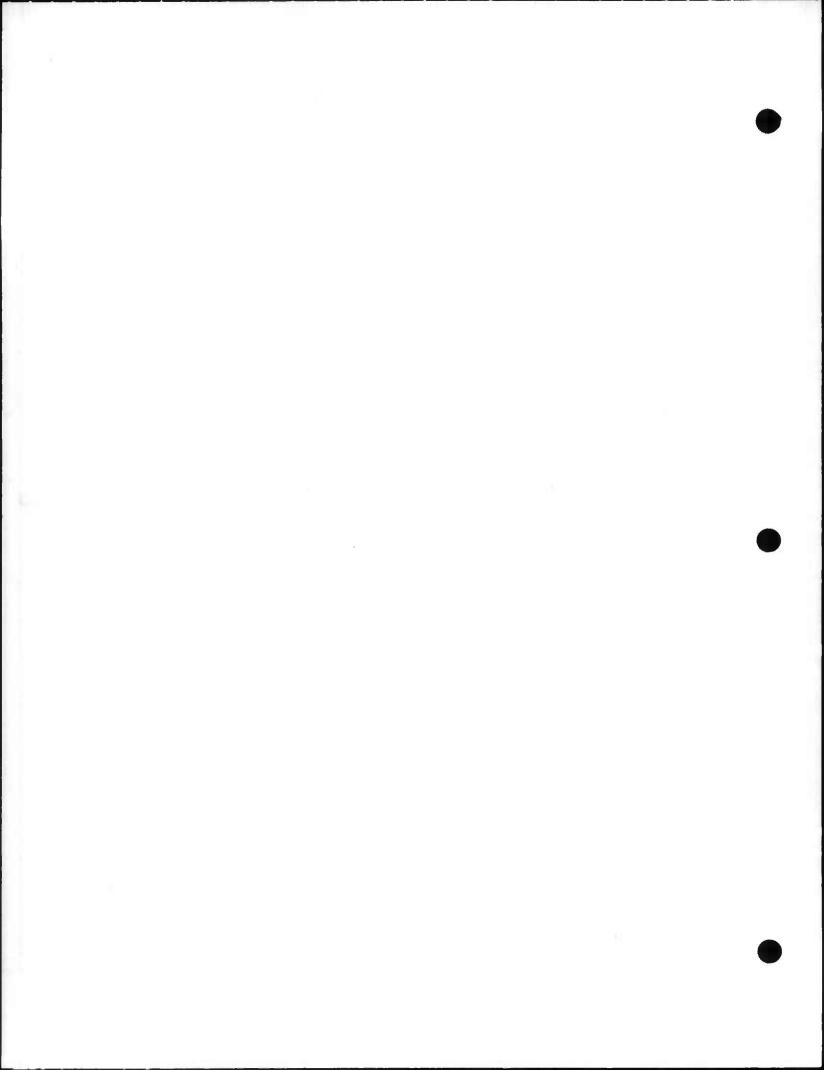
100 S.

32. REGISTRAR'S SIGNATURE

M.D.,



		1 - STATE OF M. STATE OF M.	ARYLAND / DEPA CERTIF	RTMENT OF I		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last) ETHEL M		LAWSON		2. DATE OF DEATH MONTH	DAY Y	YEAR 3. TIME OF DEATH				
			6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	July 20.	1995	BIRTHPLACE (State or Foreign				
3 should		240-40-5641 1 M 2 SF 9e. FACILITY NAME (If not institution, give street and number)	64 YAS.	MONTHS DAYS	HOURS MIN.	May 12, 19	31 N	Carolina Y OF DEATH				
1, 2, 3 sh	CTOR	515 Gateway Dr. West Thurmont Frederic										
Pages 1	DIREC	10a. STATE 10b. COUNTY	10c, Ci	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
permit. P		Maryland Frederick 100. STREET AND NUMBER			rmont			1 YES 2 NO				
	FUNERAL	515 Gateway Dr.	TTo - to	10	Y. ZIP CODE			N OF WHAT COUNTRY?				
020 physician. burial-tran	5	11. MARITAL STATUS 12. WAS DECEDENT	West EVER IN U.S. ARMED			IIC ORIGIN? (Specify Ye		ed States RACE - American Indian,				
21215~0020 all or attending physician. for use as the burial-transit	BY F	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WA	YES 2 NO		S 2 NO Specify	n, Puerto Rican, atc.)		Specify: White				
1215-0 r attending use as the		15. DECEDENT'S EDUCATION	16a. DECEDENT	S USUAL OCCUPATION	ON	18b. KIND OF BU	JSINESS/INDUS					
21 for us		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of	f work done during mo use retired.)	ost of working							
AND 2 the hospital detached for	COMPL	17. FATHER'S NAME (First, Middle, Lest)	Homem	aker			Home					
YLA by the be det	S		LANTON		ETHE	ME (First, Middle, Maiden LEDFORD						
MAR retained to 5 should notified	0	19a. (NFORMANT'S NAME (Type/Print)		G ADDRESS (Street a		Route Number, City or Tox		ode)				
RE, May be ret page 5 s	2	VICKIE HOWES	515			st/Thurmon						
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospit by the funeral director, page 5 should be detached noval.	1	20a. METHOD OF DISPOSITION 1988-Buriet 2 Cremation 3 Remove from State	20b. PLACE AND DATE cemetery, cremetory or	other place)				y or Town, Stata				
Page (4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Resthave		al Cem.	ALL MANAGEMENT		,Maryland				
ALT leath. funera		Do a lete	18-			Staurr		eral Home				
E 3 & at		23. PART I. Enter the diseases, or complications that	caused tha death. Do	40 E	. Main St	/ Thurmon	t, Md.	t, Approximate				
hours or re		shock, or haart failure. List only one cause IMMEDIATE CAUSE (Final	Dn each lina.		, , , , , , , , , , , , , , , , , , , ,		natory arroad	intarval Between Onset and Daeth				
t, t		disease or condition	Instite	diseas	C			ne				
		OUE TO (C	OR AS A CONSEQUENCE	OF):								
× 8 gg E	CATION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUENCE O	OF):								
BOX zate be e hysician prior to	S	CAUSE (Disease pr injury										
. 2 4 5 2	RTIF	that initiated events resulting in death) LAST	OR AS A CONSEQUENCE O	OF):								
0 = 5 - 5	E I	d										
In the	SAL	PART II. Other algnificant conditions contributing to d	eath but not resulting	in the underlyin	g causa given in	Part I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
Signed Health	MEDIC					1 _ YES 2	NO	OF DEATH?				
> 40		DID TOBACCO USE CONTRIBUTE TO CAU	SE OF DEATH Y	ES NO	UNCERTAIN	<u>-</u>		1 - YES 2 00 NO				
▼ 9 = 0 =	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		ATH (Check only one)								
CIAN: ertification of it	IXSI	1 YES 2 790 1 Input 2	ER/Outpatient 3 🗆 DOA		ne 5 🗆 Rasidenca	6 Other (Specify)						
D HY state	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	IJURY 28b. TIII	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	ÆÐ				
J 5 4 5	ED B	3 Suicide 6 Could not be 28s. PLACE OF building, et	INJURY — At home, term, ic. (Specify)	streat, factory, offic		26f. LOCATION (Street City or Town, State)	and Number or (Rural Route Number,				
DIVISI OR ATTEN DIRECTOR: hours after item 28 is	1 N	4 Homicide detarmined										
로 되었는	MPL	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of m										
THE HOSPITAL THE FUNERAL filed within 72 P	8	2 MEDICAL EXAMINER: On the beats of axase 29b. SIGNATURE AND TITLE OF CERTIFIER	mination and/or investigation	on, in my opinion, d								
물물물	出	Wad I Da (Africa	a. 0		29c. LICENSE NUM	BER	29d. DATE SI	IGNED (Month, Day Year)				
6633	일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	e, Print)				100 10				
		Michael T. McH		er Reed A	Army Medi	cal Ctr./						
		31. DATE FILED (Month, Day, Year) JUL 2 8 1995	SSIGNATURE PORCE	rt c								
		30 L M 0 1333		7								



2

31. DATE FILEO (Month, Day, Year)

26

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
JULIA O'RUGLEON Reveal

TO THE HOSPITAL DR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If item 2

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dest. of Health and Mental Hyglene prior to burial, cremation, or removal.	IANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once
--	--

Pages 1, 2, 3 should

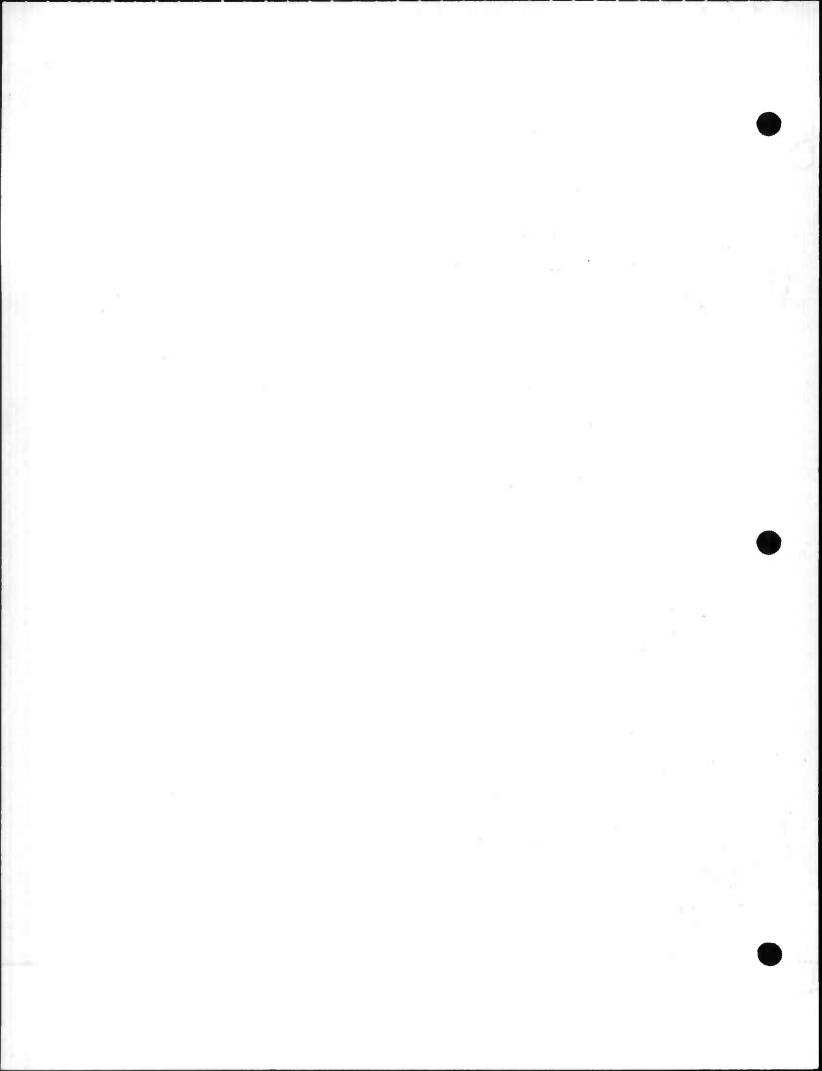
Amended #7 7/26/95, L.H. Fred. Co.

FORTH STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July Camilla July 15. 19
7. DATE OF BIRTH July 17, (Month, Day, Year) Lerch 1995 8:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS BIRTHPLACE (State or Foreign Country) 1 M 2 F 215-44-9446 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 3811 South Mountain Road Knoxville Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Manyland Frederick Knoxville 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 3811 South Mountain Read 21758 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: spectly: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h. KINO OF BUSINESS/INDUSTRY (Spi College (1-4 or 5+) 10 Housewile Homemaken notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Rawland Joseph Hannison Josephine Johnson Phoebe BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward C. South Mountain Road - Knoxvill 20e. METHOD OF DISPOSITION
1 Burlet 2 N Cremetton 3 Removed from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place) 22. NAME AND ADDRESS OF FACILITY 4 Donation 6 Other (Specify) 7/18 Hagenstown, John T. Williams Funeral Home Brunswick. MD 21716 Bandana A. Din. liams. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition denocarcenoma o resulting in death) OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO t 🗌 YES 2 🗷 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 299: SIGNATIONE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 18 1995

21702

6



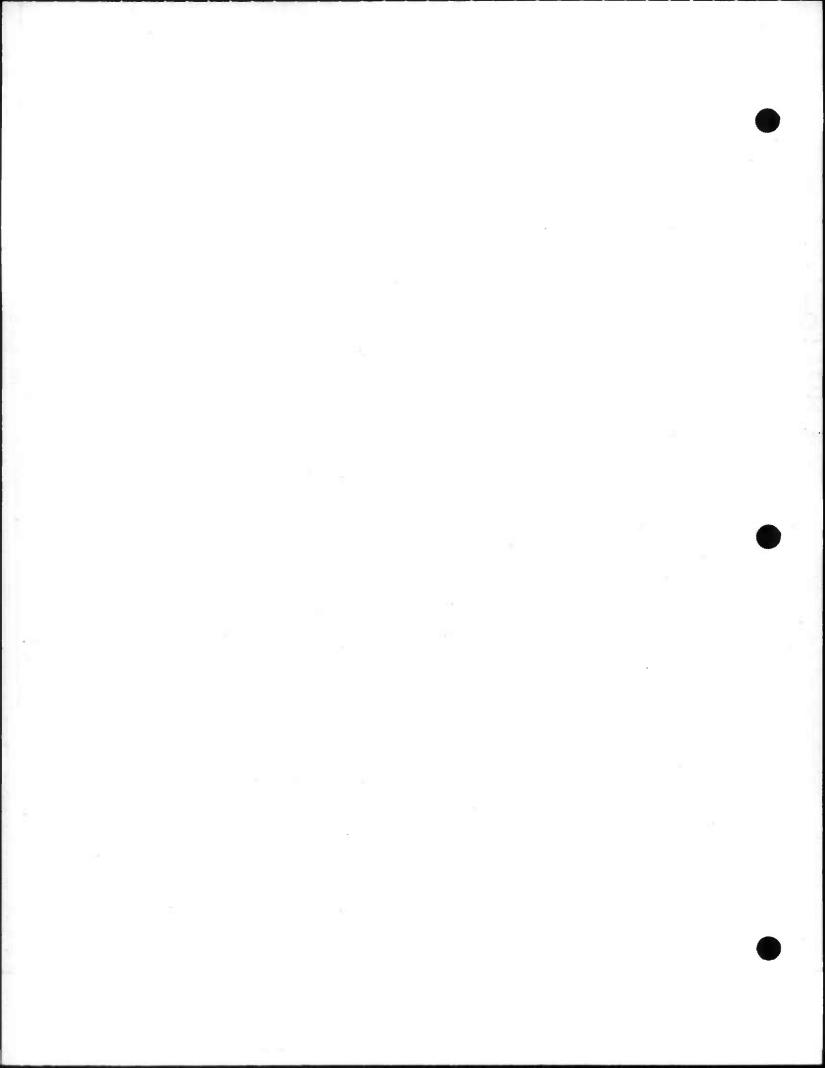
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT, It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

1 - STATE REGISTRAR	SIAIE UF MA	HYLAND / DEPA	FICATE				MENTAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, La	si)					-	2. DATE C	F DEATH			3. TIME OF DEATH
Mary Lynch							July	7 20, DA	1995	YEAR	10:45 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde			IF UNDER	24 HRS.	7. DATE O	E BIRTH		8, BIRTHP	LACE (State or Foreign
579-18-7781	1 🗆 M 2 💢 🧗	87 YRS.	MONTHS	DAYS	HOURS	MIN.	May 1	3, 19	08	Virg	inia
9a. FACILITY NAME (If not institution, gir	e street and number)		9b. CITY	, TOWN O	R LOCATIO					NTY OF DEA	
Carriage Hill Nu	rsing Cente	er	Sil	ver	Spri	ng			Mon	tgome	rv
RESIDENCE OF DECEDENT 10e. STATE 10b. COU		Luci									
			TTY, TOWN C								Od. INSIDE CITY
Maryland Mont	gomery	Si	lver								YES 2 NO
					ZIP CODE						AT COUNTRY?
9101 Second Ave	12. WAS DECEDENT E	WED BUILD ADVISE	- [0910					ted S	
1 Never Married 2 Married	FORCES? 1	YES 2 X NO	1 1	II yes, spe	city Cubar	ı, Mexica	n, Puerto Ri-	(Specify Yes can, etc.)	or No—	14. RACE - Black, Specify:	- American Indian, White, atc.
3 🕅 Widowed 4 🗌 Divorced						эрэслу				Blac	k
15. DECEDENT'S E (Specify only highest gri	OUCATION ade completed)	16a. OECEDENT	'S USUAL Of of work done (use retired.)	CCUPATIO during mos	N it of working	g	16b, I	CIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						D-		40	0 +	
17. FATHER'S NAME (First, Middle, Last)		Elevat	or op	erat				partm		Store	
Arthur J. Sizer								ddle, Maiden S	Sumame)		
19a. INFORMANT'S NAME (Type/Print)	- 65	405 44411	10 1000000				ylor				
George R. Keys,	.Tr.							r, City or Town			D.C. 20015
20s. METHOO OF DISPOSITION 1/1 Burlel 2 Cremetion 3 Re		20b. PLACE AND DAT				,	DATE		_	City or Town	
1/\(\Buriel 2 \) Cremation 3 \(\Bariel \) Red 4 \(\Bariel \) Donation 5 \(\Bariel \) Other (Specify)	emoval from Stata	cemetery, crematory of Lincoln	other place)	Cem		7/	1	4			ryland
21. SIGNATURE OF FUHERAS, SERVICE	LICENSEE	2	22.	NAME AN	D ADORES	S OF FM	DETTY				
W/ 260 11	111/1	mi						rvice			20012
23. PART I. Enter the diseases, o	or complications that or		/ /	400 (Georg	gia	Ave.	N.W.,	Was	hingt	on, D.C.
anock, or neart failur	e. List only ona cause	on each line.	not enter	the moc	e or uyır	ig, auci	1 am Caron	ec or respir	atory an	reat,	Approximate Intarval Between
IMMEDIATE CAUSE (Final disease or condition	A	01: 1									Oneat and Death
resulting in death)		Cardiopul		y Ar	rest						7/20/95
_	1	ent Aspir	,	Pnei	umon	itic					7/95
Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):	1110	amo II.						1175
cause. Enter UNDERLYING CAUSE (Disease or Injury	Urosep										7/95
that initiated events reaulting in death) LAST	· ·	AS A CONSEQUENCE									
readiting in death) LAST	Alzhei	mers Dise	ase								1990
PART ii. Other aignificant conditi	oria contributing to de	sth but not resulting	in the un	derlying	ceuse g	iven in	Part i.	4a. WAS AN	UTOPSY	24b. W	ERE AUTOPSY FINDINGS
ASCVD, UBP								PERFOR		A	MAILABLE PRIOR TO OMPLETION OF CAUSE
							_	YES 2	M) NO	1 -	F DEATH?
DID TOBACCO USE CON	TRIBUTE TO CAUS	F OF DEATH	ES TIN	NO IXI	LINCE	ERTAIN				'	☐ YES 2 X NO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE			01401	- CIAII	·				
EXAMINER?	HOSPITAL: 1 Inpetient 2 EF	NOutpetient 3 DOA	OTHER 44 Nur	R: Ng Home	5 Rea	udence	8 🗆 Other (Snec/h/1			
27. MANNER OF OEATH	28s. DATE OF INJ	URY 28b. T	ME OF	28c. INJU	IRY AT	T. Control		RIBE HOW IN	JURY OC	CURED	
1 Natural 5 Pending	(Month, Day,) N/A	(bar)	NJURY M	1 Y		NO					
2 Accident Investigatio 3 Suicide 8 Could not b	28e. PLACE OF IN	IJURY — At home, term	, street, facto	ory, office			28f. LOCAT	ION (Street ar	nd Number	or Rural Rou	ite Number,
4 Homicide determined	building, atc.	(орвску)				- 1	City or	Town, State)			
29a. CERTIFIER (Check only 1 CERTIFYING PH	SICIAN: To the best of my	knowledge, death occu	rred at the ti	lme, date a	and place.	and due	to the cause	e(e) and man	per se stat	ed.	
	NER: On the basis of exami										nd menner as stated.
296. SIGNATURE AND TITLE OF CERTIF					29c. LICE						forth, Day, Year)
DCS / atre	THE MO			-	DI	772	9		7.4	1 X	2005
30 NAME AND ADDRESS OF PERSON O	VHO COMPLETED CAUSE C	OF DEATH (ITEM 27) (Ty)	oe, Printi-		30	NE	1.101	<u> </u>	4 :-	201	0111170
31. DATE FILEO (Month, Day, Year)	2, REGISTRARY	SIGNATURE	' '	Dr. CA	5	140	4	unc	1 0	101	. 0
JUL 25 1995 A	the obvoler h	ardall									- 1



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR	. or	CERTIF	ICATE OF			REG. NO.			
100	1. DECEDENT'S NAME (First, Middle, Last)		***				2. DATE OF DEATH			3. TIME OF DEATH
- 8	Eve	cett E	Eugene	Lund			July 22		995	10:30P.M
	4. SOCIAL SECURITY NUMBER 5. SEX		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 2		Month, Day, Year)			PLACE (State or Foreign
- 8	215-44-7879 XXM 2		87 YRS.	WONTHS DAYS	HOURS	MIN.	Sept. 7,	1907	Iow	<i>r</i> a
~	9e. FACILITY NAME (If not institution, give street and nur	nber)		9b. CITY, TOWN	OR LOCATIO	N OF DEAT	Ή	9c. COU	INTY OF DE	EATH
5	9106 Drake Place			Colle	ge Pa	ark		Pri	nce	George's
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
E I	Maryland Prince Ge	orge's		ollege :						LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE			10a. CIT		NAT COUNTRY?
FUNERAL	9106 Drake Place				20	740		_		States
5	11. MARITAL STATUS 12. WAS D	ECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yea		14. RACE	- American Indian,
BY F		S? 1 YES GIVE WAR OR DA		If yes, sp	ecity Cuban	, Maxican, I Specify:	Puarto Rican, atc.)	011000	Black, Specifi	, White, atc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S (Give kind of the Control of the Co	USUAL OCCUPATION work done during mose retired.)	ON ost of working		16b. KIND OF BUS	SINESS/INI	DUSTRY	
٦	Elementary/Secondary (0-12) College (1-4 or 5+)					77.11.2	a	_	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Parisi	tologis	V				es G	overnment
ö	Gustau Werner Lund				Aman		(First, Middle, Melden Wilhelmir		Johns	on
出	19s. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS /Street	and Number		ite Number, City or Town			
2	Dorothy Lund Carns									ry1and20740
	20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE	DEDISPOSITION (N	me of		DATE 20c LO	CATION -	City or Tow	un Ctata
	XX Burial 2 Cremetion 3 Removal from S	tate Game	etery, crematory or o	ther place)	eterv .	Tulv 2	7,1995 Ade	idale	Marse	land
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE	1		22. NAME A	UD ADDRESS	S OF FACIL	ITV			
	> Hugh V Boras	hint		ponaro	l V. E	sorgw	ardt Fune	ral	Home	, P.A.
\dashv	23. PART i. Enter the diseases, or complication	ons that caused	the death Do r	of enter the mo	de of dein	MIL	I Ra. Bel	tsvi	lle,	Md. 20705
	snock, or neart failure. List only	ne ceuse Dn ee	ch line.							Approximata Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Aut.		0.01 :	face	4:				Onset and Death
	resulting in death)	DOE TO (OR AS A	CON EQUENCE OF	F):	11040	1107				Vaccount
z		Athen so	lanti	heat a	18 14	uller	Car dive	an		years
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):		0-00				
S	CAUSE (Disease or Injury									
	that initiated avants resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
H	d.									
- 11	PART II. Other significant conditions contribu	ting to deeth bu	t not resulting	in the underlyin	g cause gl	ven in Pa	rt I. 24e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
DICAL	Diubetes mellitus	: massiv	re front	al lobe	infa	dia	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							3 1 1 1 2	NO.		OF DEATH?
	DID TOBACCO USE CONTRIBUTE T	O CAUSE OF	DEATH YE	S D NO P	UNCE	RTAIN	<u>-</u>			1 120 2 110
Ž.	25. WAS CASE REFERRED TO MEDICAL	2	6. PLACE OF DEAT							
Sign	1103711	AL: ent 2 - ER/Outpa	itlent 3 DOA	OTHER: 4 Nursing Horn	e 5 PRes	Idence 8	Other (Specify)			
PHYSICIAN:		Month, Day, Year)	28b. TIM		URY AT	/ 21	8d. DESCRIBE HOW IF	JURY OC	CURED	
ĕ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆		NO				
	3 Suicide 8 Could not be 28s. 5	PLACE OF INJURY - pullding, atc. (Specif	— At home, farm, s	street, factory, offic		21	8f. LOCATION (Street a City or Town, State)	nd Number	or Rural Ro	oute Number,
ETED										
릴	(Check only one)									
COMPL	2 MEDICAL EXAMINER: On the ba	nals of examination	and/or investigation	n, in my opinion, d	eath occure	d at the tim	ne, data and place, en	d due to th	te Ceuse(a)	and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER)			/1	ISE NUMBE	1		1 1	(Month, Day, Year)
ρ Ε	Vely Milan				ν	227	So	7	124/	57
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLET	ED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		,	self Md	1		-19
	Teter / Julister MI	1 1500 (renwa	4 Ctr. 4	v. le	ren	self-ind	20	770	
	31. DATE FILED (Month, Day, Yell) JUL 24 1995	GISTRAR'S SIGNA	TURE ROLL II	/						
- 1	00 L 44 1333	CAL EL MONGE	- Armonaria							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the float of the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN			PEHIIF	CAL	<u> </u>	DEA	111		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH	NV.	YEAR	3. TIME OF DEATH
	DONALD	LAWRENCE	LEE	î ê					JUL	7 2		1995	6:05 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, E	les March		8. BIRTHE	PLACE (State or Foreign
	578-42-1497	1 🔯 M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	18.1	931	Country	RYLAND
	90. FACILITY NAME (If not institution, give :	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			7	NTY OF DE	
S S	WASHINGTON ADVEN	TIST NURS	SING CE	NTER		TAKO	MA	PARK			Mo	ONTGO	MERY
5	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNT											021200	ABITA
DIRECTOR			1072	10c. CIT	Y, TOWN C								10d. INSIDE CITY LIMITS?
٩.		NCE GEORG	EES		NEW		RROL						1 X YES 2 NO
₹	10e. STREET AND NUMBER					101	. ZIP COD				10g. CITE	ZEN OF W	HAT COUNTRY?
필		SI'.					20'	784				U.S	.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED NO	13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE Black	- American Indian, White, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W		HE			2 NO			mi, 000.)	1	Specify	y:
	15. DECEDENT'S EDU	1											WHITE
COMPLETED	(Specify only highest grade	completed)	16a.	DECEDENT'S (Give kind of a life. Do NOT us	vork done i	CCUPATIO during mo	ON st of working	ng	16b. Ki	ND OF BUS	SINESS/IND	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +)			2.00							
Ž	17. FATHER'S NAME (First, Middle, Last)			PROP	CLET(JK					CERY	STO	RE
		A T 1313					18. MOTI		ME (First, Mick				
BE	LAWRENCE 190. INFORMANT'S NAME (Type/Print)	A. LEE						NAI			III		
2		777	İ	19b. MAJLING					Route Number,	City or Yow	n, State, Zip	Code)	
		010		SAM			TEM	#10					
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem	oval from State	20b. PLAC cametery,	EAND DATE	of DISPOS ther place)	ITION (Na	me of		OATE		CATION —		, , , , , , , , , , , , , , , , , , , ,
- 1	4 Donation 5 Other (Specify)		FT.	LINC(7/25	B	RENTW	VOOD,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CHARGE /	0		22.	NAME AN	ID ADDRE	SS OF FAC	CILITY				
	WW. 1 Ku	meeu	al	M00091	L W.	W.	CHAI	MBERS	5 CO.	RTV	ERDAT	E. M	D. 20737
	23. PART i. Enter the diseesea, or ahock, or heart fallure.	complications the	coused the	death. Do r	ot enter	the mo	da of dy	ing, auch	aa cardia	or reapl	ratory arr	est,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final	01-00-000 mg/	ES DU APRILL										Onset and Death
	disease or condition resulting in death)	a. RIG	HT TEM	PORAL	GLIC	BLA	STOM	A MUT	PIFORM	10			2 MONTHS
		DUE TO	OR AS A CONS	SEQUENCE OF	F):								
N	Sequentially ilst conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONS	SEQUENCE OF	ገ):								
일	CAUSE (Disease or Injury	c	OR AS A CONS	EONENCE OF	D.								
Ē	that initiated eventa reaulting in death) LAST	DOE 10	ON AS A CONS	EOUENCE O	7:								1
Ü		d											-
7	PART II. Other algnificent condition	a contributing to	death but no	t resulting i	n the un	derlying	ceuse g	given in I	Part t. 24	a. WAS AN			WERE AUTOPSY FINDINGS
EDICAL									١,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
				· · · · · · · · · · · · · · · · · · ·					_ '	TES 2,	AL NO	- 1	OF DEATH?
Σ:	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH YE	SIL	VO F	LINC	ERTAIN	1 [X]				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			ACE OF DEAT			0110	LICIPAL	T EM				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpatient	3 □ DO4	OTHER			-14	0 0 0 0 0				
Ě∥	27. MANNER OF DEATH	28e. DATE OF		28b, TIM		28c. INJ		eldence (8 Other (S 28d, DESCR		HINDY OCC	TIRED	
	1 Netural 5 Pending	(Month, De	ly, Year)		URY	WO		NO.	avo. DEQUIT	IDE NOW I	AJUNI OCC	JUNED	
à	2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE O	F INJURY — At	home farm s	drest facts] 110	284 1 OCATI	OM (Chart o	and Alicanhau	as Count Co	at Ab ab
	4 Homicide 8 Could not be determined	building,	etc. (Specify)		Areat, ract	ory, orner			281. LOCATH	own, State)	no number	or nurai no	ute Number,
	29e, CERTIFIER , No.												
COMPLET	(Check only 1 A CERTIFYING PHYSI												
8	2 MEDICAL EXAMINE		amination end/o	or Investigatio	n, In my o	pinion, d	eath occur	ed at the t	time, date and	d place, end	d due to the	e cause(e)	end manner so stated.
ш	29b. SIGNATURE AND THE OF CERTIFIE	Maria	WD				29c. LICE	NSE NUM	BER		29d. DATE	E SIGNED (Month, Day, Year)
D B	Laypor	Tunge]	Dl	.2582	2			JULY	22, 1995
F	30. NAME AND ADORESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (IT	EM 27) (Туре,	Print)								
	ALFRED MUNZER	M.D.	7600 (CARROL	L AV	E	TAKO	MA P	ARK.	MD.			
	31. DATE FLET [MONTO 24" 1995	132. REGISTRA		U.									
93	VVL //4 1777	14mm winds	and a country of	V									1
	N 1 1000												

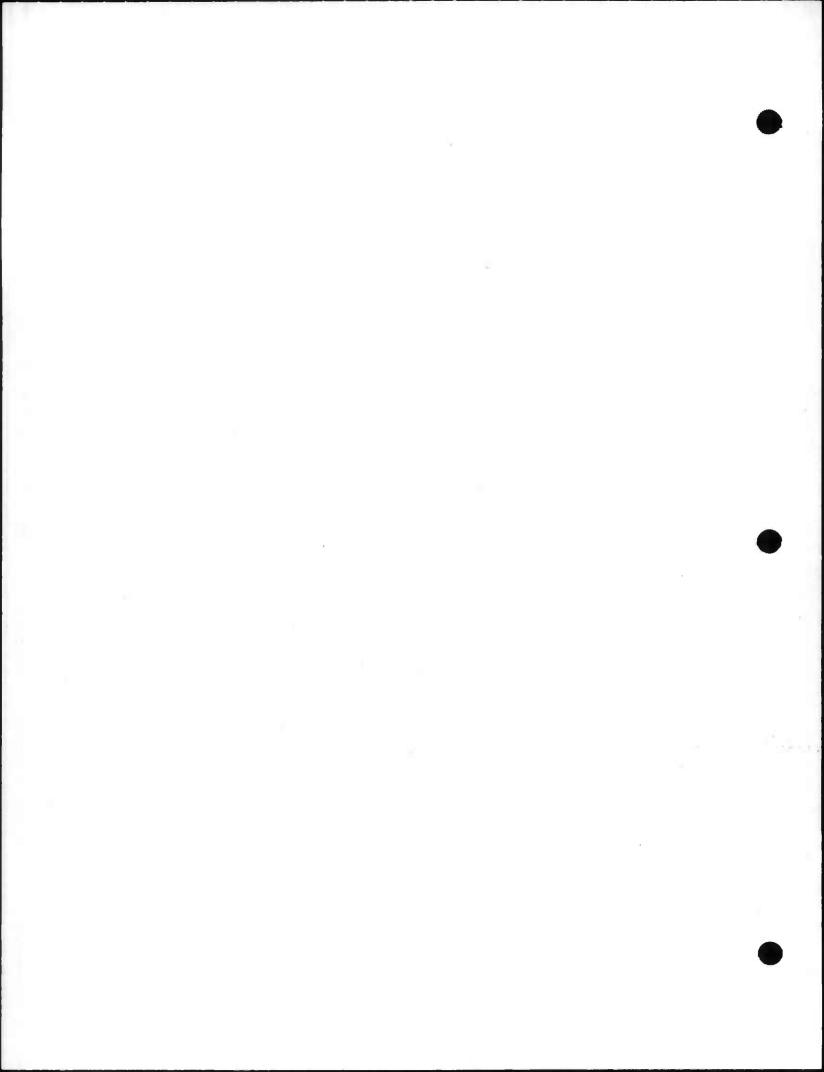
,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.	Ē
RE (First, Middle, Last)		2. DATE OF DEATH	_

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI					
	1. DECEDENT'S NAME (First, Middle, Last)		OEIIII IC	AIL OI	DEATH	REG. NO	•	3. TIME OF DEATH
	Myrtle Grif:	fith Libbey				July 1	9 199	
		TO 1		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
		1 M 2 X F	91 vas.	OAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 1 1	904 Ro	chester N.Y.
~	9a. FACILITY NAME (If not institution, give atre		۰		R LOCATION OF D		Sc. COUNTY C	OF DEATH
DIRECTOR	Montgomery General	l Hospital		01:	ney		Montg	omery
EC.	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION			10d. INSIDE CITY
	Md. Montgo	omery	Si	lver S	oring			1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?
NE	3602 Liver Poo				2090		1.	States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR (2 XNO	If yes, sp	ENDENT OF HISPAI city Cuban, Mexica 2 NO Spect	NIC ORIOIN? (Specify Yes an, Puarto Rican, etc.) fy:		ACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b, KIND OF BU	SINESS/INDUSTR	Υ
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use n	stired.)	st of working	Home		
COMPLETED	12		Home M	aker		Home		
	17. FATHER'S NAME (First, Middle, Last) John Wesley G1	riffith			18. MOTHER'S NA	ME (First, Middle, Maiden e Beagley	Surname)	
BE	19a. INFORMANT'B NAME (Type/Print)	. IIIIIII				0 0		
5	Linda P. Judd		25 Val	ley Pa:	ck Court	Poute Number, City or Tow Damascus,	n, State, Zip Code, Md • 20	, 872
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □X Cremation 3 □ Remove	al from State	b. PLACEAND DATEOF I	ISPOSITION (Na	me of	DATE 20c. LO	CATION — City o	r Town, Stata
	4 Donation 5 Other (Specify)	near A	retery, crematory or other Fort L				entwood	
	Urmas).	Gueor						Funeral Home r Spring,Md.
	23. PART I. Enter the diseases, or co- shock, or heert failure. Lit	mplications that cause	d the deeth. Dp not	enter the mo	de of dyling, suc	h as cardiac or respi	retory arrest,	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			1 0	aline			Interval Between Onset and Death Sudden Inonction
		DUE TO (OR AS	A CONSEQUENCE OF:	he	10016	arlua:	,	houlto
O	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE OF			0 1	1 -	The result
PAT	If any, leeding to immediate cause. Enter UNDERLYING	Como	ne der	615	Litra	lling.	W150A	le year
Ĕ	CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
AL C	PART ii. Other significant conditions	contributing to deeth I	out not resulting in t	he underlying	cause given in	Part i. 24e. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS
20	Polymyalgra	Rhound	hea, h	and of	clulon	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC							400	OF DEATH? 1 YES 2 NO
Z	DID TOBACCO USE CONTRI	BUTE TO CAUSE C	OF DEATH YES	□ NO □	UNCERTAIL	V 🗆		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	Check only one)				
IXS	1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Out	patient 3 DOA 4	Nursing Home		6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	IRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stree	it, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,
	29a. CERTIFIER							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	I.N: To the best of my know On the basis of examination						e(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			IED (Month, Day, Year)
出	Oliver X Ca	wells he	_		D254	10	D 7/2	0/95
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	10)	0.00	Drive.	S. SA	ling lus
	31. DATE FILED (Month, Day, Year)	> MD . SE		, me	and the same		-,,,	7
		Jalia Devales	Rardall					
		-						DHNH 18 Day 1700

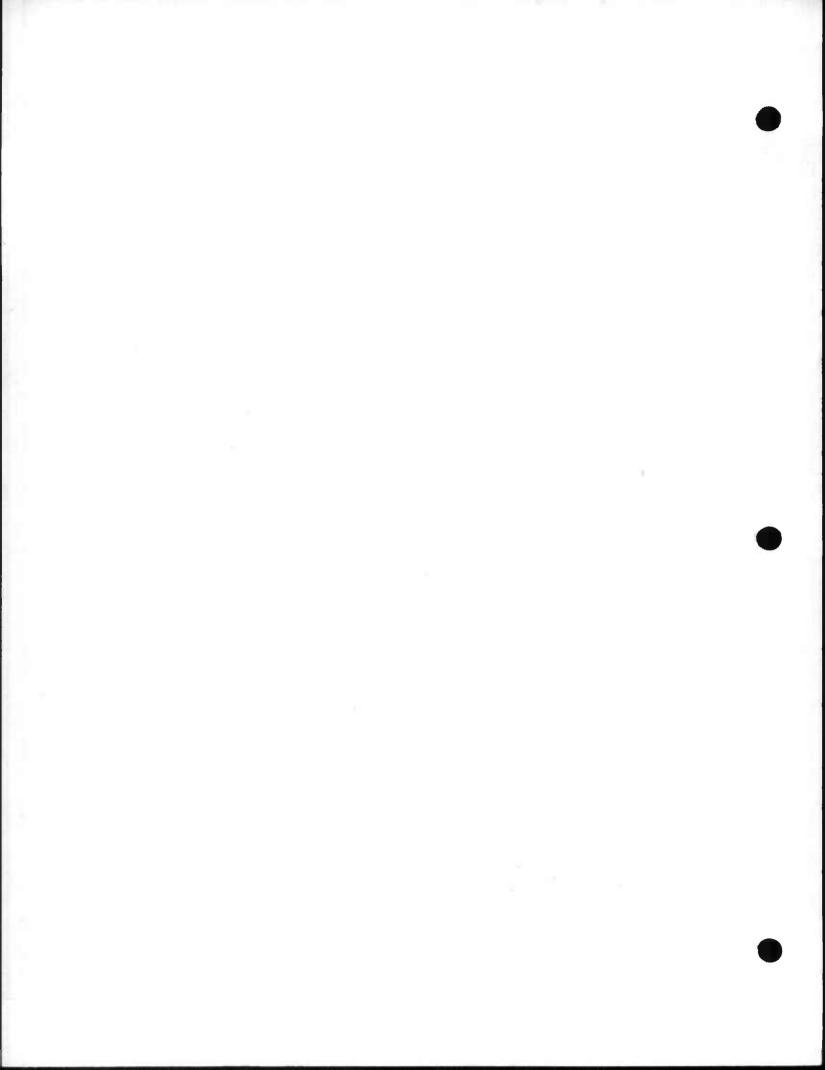


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT OF H	IEALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	FREDRICK	D.	LEE J	r.		JULY 25.	1995	11:55 A ^M
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign
	216-40-6599	12⊠ M 2 □ F 52	YRS.			Mar 8,19	4.0	aryland
œ	9a. FACILITY NAME (If not institution, give st				OR LOCATION OF DE	EATH	9c. COUNTY OF	
DIRECTOR	THE JOHNS HOPKIN	NS HOSPITAL		BALTIM	ORE CITY		Balti	more
RE(10a. STATE 10b. COUNTY			, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
		gomery	S	andy S				1 1 YES 2 □ NO
FUNERAL	100. STREET AND NUMBER 18324 Brooke	D.3			. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	II S ADMED		20860	IIC ORIGIN? (Specify Yes	U.S.	1
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp		n, Puerto Rican, etc.)	Ble	CE — American Indian, ick, Whita, etc.
В В	2 EXWidowed 4 □ Divorced			1 123	2 X NO Specing	y.,	B.	ľáck
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	Completed)	16a. DECEOENT'S (Give kind of w	rork done during ma	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY	
PLE	9th Grade	College (1-4 or 5+)	life. Do NOT us			Tand	dscape	0-
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden 1		Co.
BE C	Fredrick D.	Lee Sr.			Berth			
TO B	19a. INFORMANT'S NAME (Type/Print) (Mother)				Route Number, City or Town	, State, Zip Code)	
-	MIS Bertha Lee	9	1832	4 Brool	ke Rd,	Sandy Spr	ing, M	Id 20860
	20a METHOD OF DISPOSITION	oval from State 20b.P	LACE AND DATE O	F DISPOSITION (Na her place)	me of	DATE 20c. LOC	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	EUSEE	sn memo	1 22. NAME AR	ID ADDRESS OF FA	y7/31 San		
	to one by	1/4.	1.	Snow	den Fu	neral Hom	ne P.A.	20850
	23. PART I. Enter the diseases, or c	complications that caused	the death Do a	246	N. Wasi	hington S	t, Roc	kville. Md
	shock, or heart fallure. I	List only one cause on each	ch line.	or enter the mo	ue or aying, suc	n as cardiac or respir	ratory arrest,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	tenal	Failu	~				Onset and Death
	resulting in death)	DUE TO (DR AS A C	ONSEQUENCE OF):	_			
N	Sequentially list conditions,	liver	failur	e				1 YRS
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS A C):				1 YRS.
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (DR AS A C	CONSEQUENCE OF):				1 (1.7)
CERTIFICATION	resulting in death) LAST	chron	vic !	alcohol	tsm			20 YRS.
	PART il. Other significant conditions	s contributing to death bu	I not resulting in	n the underiving	cause given in	Part I. 24s. WAS AN	ALTTOREY .	b. WERE AUTOPSY FINDINGS
ICAL	GI bleeding	, phermonio		. the anaerlying	reade given in	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 🗆 YES 2	No.	OF DEATH? 1 □ YES 2 NHO
ä	DID TOBACCO USE CONTR	RIBUTE TO CAUSE OF	DEATH YE	S NO [UNCERTAIN	v 🗆		1 123 2 200
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	S. PLACE OF DEAT					
YSI	1 TYES 2 NO	1 Nopetient 2 ER/Output	lent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Rasidenca	6 C Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	26b, TIME INJU	JRY WO	PK?	28d. OESCRIBE HOW IN	JURY OCCUREO	
BY	2 Accident Investigation	28a. PLACE DF INJURY -	- At home farm at		ES 2 ND	201 LOCATION (Standard	-d N	(0-1-1)
	4 Homicide 8 Could not be	building, etc. (Specify	()	reet, factory, office	•	28f. LOCATION (Street at City or Town, State)	na Number or Hure	Houte Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occurre	d at the time, date	and place, and due	to the cause(s) and many	nor so stated	
NO.		R: On the besis of examination a						(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF PETTIFIEN	- /			29c. LICENSE NUM	IBER	29d, DATE SIGNE	O (Month, Day, Ybar)
TO B	Jul Hu	MD			N3	195	> July	25,1995
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	Н (ІТЕМ 27) (Туре,	70 has	Homb:	inc Harri	, <u>f</u> , 1	
	24 DATE EN ED (Month Day Word)	32 REGISTRAD'S SIGNAT	'URE	JONNS	110014	(101) Zu	1741	
	JUL 27 1995	Jalia Shuidear	Rardall		•	•		



ITEMS: 23 PART I, 27, PER MEO FILM G-726 8/10/95 t.t

95 24098

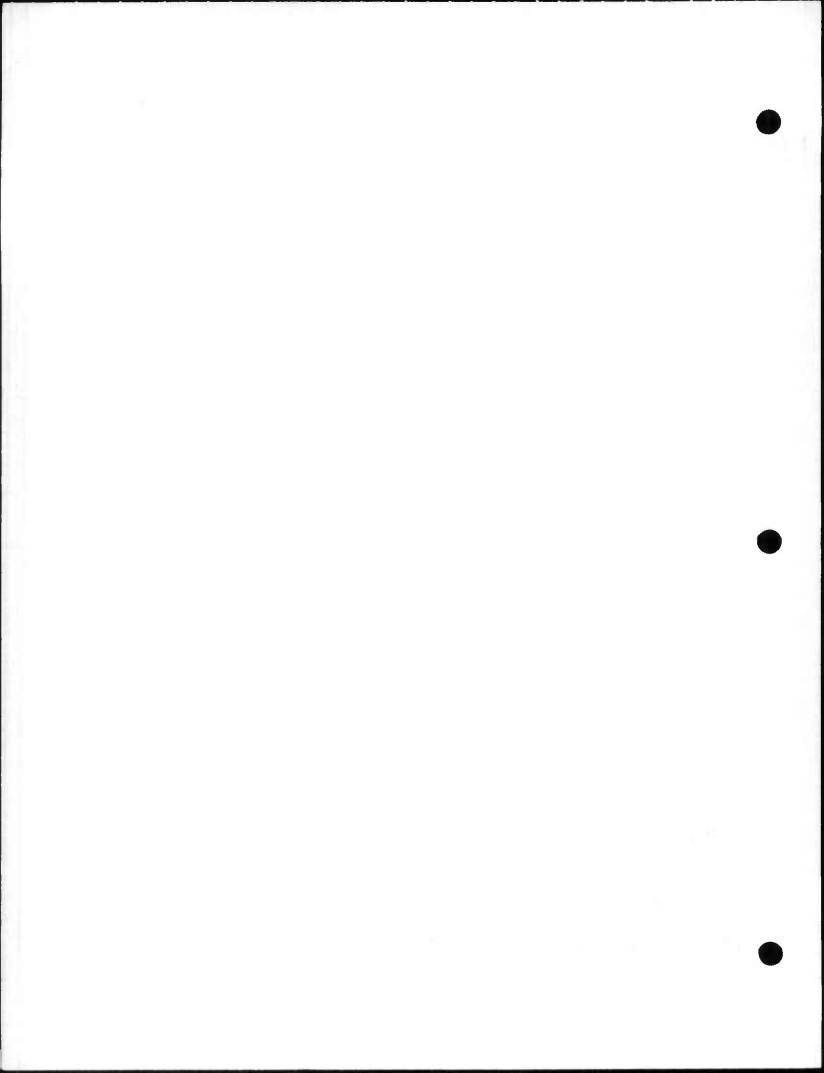
		1 - STATE REGISTRAR		SIMIE UF I	MANIE			ICATE					REG. NO				
		1. DECEDENT'S NAME (First, Mick MICHAEL	die, (Lest)	JUI	DE			McC	T TRA	DED		2. DATE	OF DEATH	25	95	7:0	
		4. SOCIAL SECURITY NUMBER		5. SEX		(In yrs. lest	hirthclay)	IF UNDER 1 Y		DE K	24 MDR	-	OF BIRTH	23		PLACE (State	
		578-70-6009		1 🖵 M 2 🗆 F	1110400	41	YRS.		AYS	HOURS	MIN.	(Mon	th, Day, Year)	1052	Country	1)	
phoofs		9a. FACILITY NAME (If not instituti	ion, give stre	eet and number)		71		9b. CITY, TO	O MWC	R LOCATIO	ON OF DE		15,		NTY OF DI	Lforn	1a
2.3	DIRECTOR	SUBURBAN HO		TAL				Е	ET	HESI	OA_			MOI	NTGO	MERY	
1.) H		COUNTY				10c. CIT	Y, TOWN OR	LOCATI	ION						10d. INSIDI	CITY
permit. Pages	ä	Maryland	Mon	ntgomery Si				ilver	Spi	ring						LIMITS 1 YES	
	₹ I	10e. STREET AND NUMBER							101.	ZIP CODE				10g. CIT	IZEN OF W	HAT COUNT	RY7
ansit	FUNERA	11710 Highvi	iew A	venue				20902						USA	A		
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit once.	ВУ	11. MARITAL STATUS 1 Never Merried 2 Marr 3 Widowed 4 2 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify:					s or No-	14. RACE Black Specif	- America White, etc. y: Whit		
r attend use as	8	15. DECEDEN				16a. DEC	EDENT'S	USUAL OCCU	JPATIO	N		160	. KIND OF BU	SINESS/INI	DUSTRY	WILLE	
for us	COMPLET	(Specify only high Elementary/Secondary (0-12)	rest grace c	College (1-4 or 5	(Give kind of work done during most of working life. Do NOT use retired.)												
AND he hospite detached	MP			2		Po	lice	e Officer				U.S. Capitol Pol				lice	
the host detach	8	17. FATHER'S NAME (First, Middle,	,					18. MOTHER'S NAME (F					Middle, Maiden	Sumame)			
ad be be	8	Harold Eugen		Cumber									ryllis				
retained to should a should notified	2	19a. INFORMANT'S NAME (Type/P Mary A. McCu											ber, City or Tox				
E SO L		20s. METHOD OF DISPOSITION	mber					_			nue	7	nsingt			0895	
Page 6 may be director, page		1 Donation 8 Other (Spec		nel from State	cer	netery, crem	ce and date of disposition (Name of crematory or other place) opolitan Crematory 7/26/95 Alexandria.										
ALLIMOR leath. Page 6 ma funeral director, p		21. SIGNATURE OF THERAL SEI		NIDEE	1	crop	OTIC	22. NA	ME AN	D ADDRES	S OF FA	CILITY					
AL death dea		· Valeren	J/).	Ston	d			Fra 500	n ci Un	s J.	Col	lline V Bl	Fune	ral E	lome,	Inc.	901
ours after d in by the or removal		23. PART I. Enter the disease shock, or heert	ses, or co	emplications the	t cause	d the dee	th. Do r	not enter th	e mod	de of dyl	ng, suc	h aa cer	dlec or reap	Iratory an	rest,	Appr	oximata
24 hours filled in on. or n		IMMEDIATE CAUSE (Finel	ionure. Li	at only one cet	ase on e	ecn line.											ral Between t and Death
		disease or condition reaulting in death) ATHEROSCIEROTIC SARDIOVASCULAR DISEASE MULTIPLE INJURIES DUE TO (OR AS A CONSEDUENCE OF):															
rited within completely rial, cremati				DUE TO	(OR AS	A CONSED	UENCE O	F):			_						
क्र हिंदु हु	8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
or to	CATION	If any, leading to immediate cause. Enter UNDERLYING															
e e e	필	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):											-				
Hygin	ERTIF	reaulting in death) LAST															
the death certificate attending a Mental Hygien njury, or oth	O	PART II. Other algnificent co	onditions	contributing to	death h	aut not re	eultlag	In the unde	dulan	001100	ducin to	Dord I			Lau		ALC: COLLEGE
256 4	DICAL	HYPERTENSIVE AT							nying	cause g	iven in	Part I.	24a. WAS AN	RMED?		AVAILABLE /	
signed Health	MEDI											_	1 NES :	ND I	ĺ	OF DEATH?	
law requires that as been signed lept. of Health a 23 shows any		DID TOBACCO USE	CONTRI	BUTE TO CA	USE C	DE DE AT	H YF	S \square NC		LINC	ERTAIL	<u>ч</u> П				1 YES	NO NO
De las	SICIAN:	25. WAS CASE REFERRED TO ME	7					TH (Check only		0110	LICIAII	10					
SICIAN: The certificate h the State h	SIC	EXAMINER? 1 YES 2 □ ND		HOSPITAL:	XER/Out	petient 3	DOA	OTHER:	Home	5 🗆 Rei	nidence	8 🗆 Othe	r (Specify)				
F this S	уну г	27. MANNER OF DEATH Netural 5 Pend		28a. DATE OF (Month, D	INJURY Pay, Year)		286. TIM INJ 6:16	E OF 28 URY	c. INJU	JRY AT		DRIV	ER OF AL	INJURY OC	CURED STA	BJECI UCK FI	WAS
O & D S	ED BY	3 Suicide 8 Could		28a. PLACE O		CITY)	na, farm, i			20 27	110	281. LOC	ATION (Street	and Number	or Rural R	oute Number,	Y STREET
OR ATTE DIRECTO hours afte	ETE	40 - OFWIER	mined		-		TREET					MONT	GOMERY	COUNTI	, MU.	O TERM	1 SINGL
로 크	COMPLET	(Check only one) 2 MEDICAL	EXAMINER	AN: To the best of a												and manne	as stated.
TO THE HOSPITO THE FUNERA DE FILE WITHIN 7	BE	296 SIGNATURE AND TITLE DE C	ERTIFIER	Mile						29c. LICE	NSE NUN					26,1	
0=	0	30. NAME AND APORESS OF PER	OHW MO	COMPLETED CAU	SE OF OE												
		31. DATE FILEO (Moriti, Day, Year) 32. DEGISTRAR'S SIGNATURE JUL 28 1995 Julia Davidson Randall							nd 2	201							
		00120	1333	java a	MARKE	x mars	tally										

25	
68760	
7	
8	
×	
0	
BOX	
o.	
۵.	
S	
Œ	
0	
Ö	
RECORDS,	
œ	
_	
7	
\supseteq	
_	
>	
Ē.	
OF VITAL	
\overline{a}	
\simeq	
ISION	
5	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
S THE	THE P	IMPORT
)	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			EHIIF	ICALE	OF	DEATH	R	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last)	in	1	/				2. DATE OF	DEATH DAY		YEAR	3. TIME OF DEATH
	Bennie		esnil					7	2/1		95	3:40 AM M
	4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. I		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE OF E (Month, De			8. BIRTHI Country	PLACE (State or Foreign
	111 12 6377	1 M 2 F	82	YRS.				Dec.	18,19	912	New	York
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY,	TOWN (R LOCATION OF D	EATH		9c. COU	NTY OF DE	ATH
FUNERAL DIRECTOR	Anne Arundel Med	ical Cent	er			Ann	apolis			An	ne Ai	rundel
ן וַ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			40.00								
Ĭ					Y, TOWN OI		ION					10d. INSIDE CITY LIMITS?
ان		Arundel			Croft							1 YES 2 XNO
₹	100. STREET AND NUMBER 1742 Laurance Co	urt				101	. ZIP CODE					HAT COUNTRY?
								21114	+	States		
5	11. MARITAL STATUS 1 Never Married 242 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. A	NO	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGIN? (S	- American Indian, White, etc.			
2	3 Wildowed 4 Divorced	4107	If yes, specify Cuben, Maxican, Puerto Rican, etc 1 YES XX NO Specify:						Specifi			
	15. DECEDENT'S EDUCATION 16a. DECEDE											WHILE
4	(Specify only highest grade	Give kind of a	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working b. Do NOT use retired.)				ID OF BUSI	NESS/INI	DUSTRY			
וי	Elementery/Secondary (0-12)	_				Carpet Store						
COMPLEIED	17. FATHER'S NAME (First, Middle, Lest)		0wner			The second second				16		
	Morris Mesnik		18. MOTHER'S						umame)			
٦ ا							molensk					
2	19a. INFORMANT'S NAME (Type/Print)	[4				nd Number or Rural					1 01117	
	Charlotte Mesnik					_	e Court		fton			
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	oval from State		E AND DATE (me of Cemete:	DATE	20c. LOC/	ATION -	City or Tow	rn, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	251055	Mary	land					/95	Crow	msv1.	lle Md.
	D 1 -1 C	CENSEE			Rot	oert	E. Evan	iciuty ns Fune	eral 1	Home	. P.A	Α.
	novert c	. Carr	10.1	nes							-	nd 20715
	23. PART I. Enter the diseases, or ahock, or heart fellure.	Complications that	ceused the d	leeth. Do n	ot enter t	he mo	de of dying, auc	h aa cerdiac	or respira	tory an	rest,	Approximata
	IMMEDIATE CAUSE (Final	and only one caose	on aacn m	ra.								Interval Between Onset and Death
	disease or condition resulting in death)	· ('1	IA									
1	- '	DUE TO (O	R AS A CONS	EOUENCE OF	7):							
<	Sequentially list conditions,	b										
	If any, leading to immediata	DUE TO (O	R AS A CONSI	ONSEQUENCE OF):								
3	CAUSE (Disease or Injury	с.	2010.2	71-7								
I LICATION	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONS	EOUENCE OF	7:							
		d										-
	PART II. Other aignificant condition	a contributing to d	eath but not	resulting I	n the und	leriyind	ceuse given in	Part I. 24s	. WAS AN AI	UTOPSY	24h	WERE AUTOPSY FINDINGS
		tromedia:	/	/ //	2014				PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Hypertension	4/2 771	Tand		AS		10	_ 10	YES 2/	IJ NO		OF DEATH?
	DID TOBACCO USE CONTI	PIRLITE TO CALL	SE OF DE	ATLI VI	/		LINICEDTAN					1 PES 2 NO
į	25. WAS CASE REFERRED TO MEDICAL	MISUTE TO CAU		CE OF DEAT	S N		UNCERTAI	N Z				
SICIAIN.	EXAMINER?	HOSPITAL:			OTHER:				et title			
	27. MANNER-OF DEATH	1 Minpatient 2 E		28b. TIM		ng Home	5 Residence			ILLERY TO	Ot the To	
	1 Netural 5 Pending	(Month, Day,			URY M	WO	PRY AT RK? ES 2 NO	28d. DESCRIE	e now INJ	WHY OC	COHED	
1	2 Accident Investigation	28e. PLACE OF	NJURY - 4 5	ome ferre	trant fort			201 1 00	M 70:	4.64		
	3 Suicide 8 Could not be determined	building, et	(Specify)	one, rem, t	erewi, IBC/O	у, отне		261. LOCATION City or Tox	wn, State)	Number	or Hural Ro	oute Number,
	29a. CERTIFIER											
	(Check only	CIAN: To the best of m										
	2 MEDICAL EXAMINE	Investigatio	n, in my opi	inion, de	ath occured at the	time, data and	place, end	due to th	e cause(s)	and manner as stated.		
	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							1731	602			7/2	1.195
						20 thm Blud Suite 103 Crotton Mel 21114						
	George Car	bunual	165	5(n)	then	2 B/	In Suita	103	(-	int.	for 1	12021114
31. DATE FILED (Month Ony, Year) 32 REGISTRAR'S SIGNATURE							111			OIV	07111	0-111
1.UL2289995 Augustinian Market												



1995 YEAR

Sc. COUNTY OF DEATH

U.S.A.

1. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

White

MD 20781

Approximata

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO

1 YES 2 NO

COMPLETION OF CAUSE

Interval Between

Pennsylvania

14. RACE — American Indian, Black, White, alc.

Prince George's

10g. CITIZEN OF WHAT COUNTRY?

2:00 P.

Page 6 may be retained by the hospital or attending physician. MARYLAND 21215-0020 BALTIMORE, munime that the death certificate be executed within 24 hours after death, DIVISION OF VITAL RECORDS, P.O. BOX 68760

burial. Hygiene prior to 10 has be Dept. Heal h with the State C 6 marked,

BY

COMPLETED

BE

2

31. DATE FILED (Month

death

静 82

Nouns

TO THE FUNESAL O be filed within 72 h IMPORTANT: If II

본본을

=

DIRECTOR: After

HOSPITAL

FOR STATE REGISTRAR CERTIFICATE OF DEATH ENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROBERT MCKEEVER JOHN 2I 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
July 9, IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 🔀 M 2 🗌 F 191-12-4536 72 YRS 1923 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 8318 26TH. PI PLACE ADELPHI 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Adelphi permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 8318 26th Place the funeral director, page 5 should be detached for use as the burial-transit 20783 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify 1 Never Married 2 X Merried 1 TYES 2 NO BY Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 5+Salesman Plumbing Supply once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, notified at John J. McKeever Laura Massie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen Carey McKeever 8318 26th Place, Adelphi, Maryland 20783 pe 20a, METHOD OF DISPOSITION
1 A Burlal 2 Cremation 3 Ren 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must cometery, cremetory or other place)
Rolling Green Memorial Park 07/26/95 4 Donation 5 Other (Specify) Camp Hills, PA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, completely filled in by the rial, cremation, or removal, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** the diseese or condition resulting in death) nac other traumatic event. CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 signed by the atter Injury, PART il. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? are shows any 1 YES 2 | NO peen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN OR ATTENDING PHYSICIAN: The law 13 26. PLACE OF DEATH (Check only one)

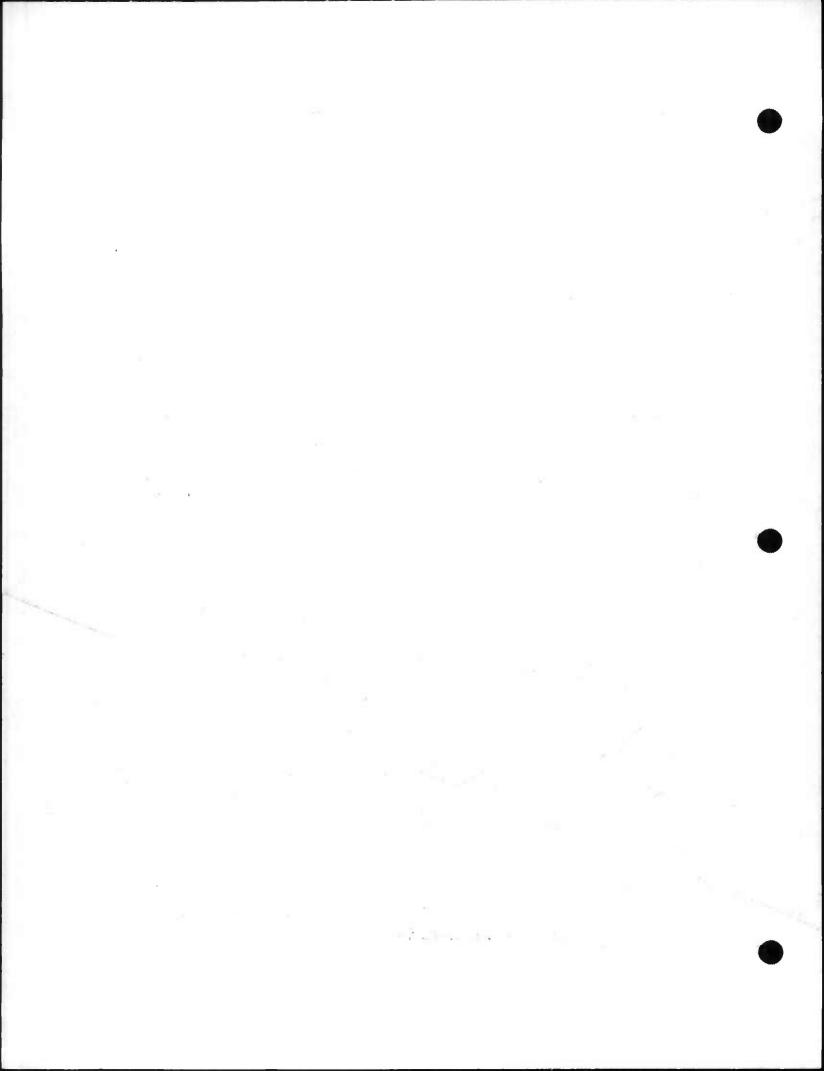
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 X Residence 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED LAND M 1 Netural gh 421, 95 1 YES 2 NO investigation 2 Accident PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Sulcide 261. LOCATION (Street end Nu City or Town, State) 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. (Check only one) 2 XMEDICAL EXAMINER ition end/or investigation, in my opinion, death occured at the lima, data and place, end due to the ceuse(s) end manner as state

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

29b. SIGNATURE AND A 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER JULY 22, 1995 O.C.M.E. CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

37. BEGISTRAR'S SIGNATURE JUL 26 1995



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

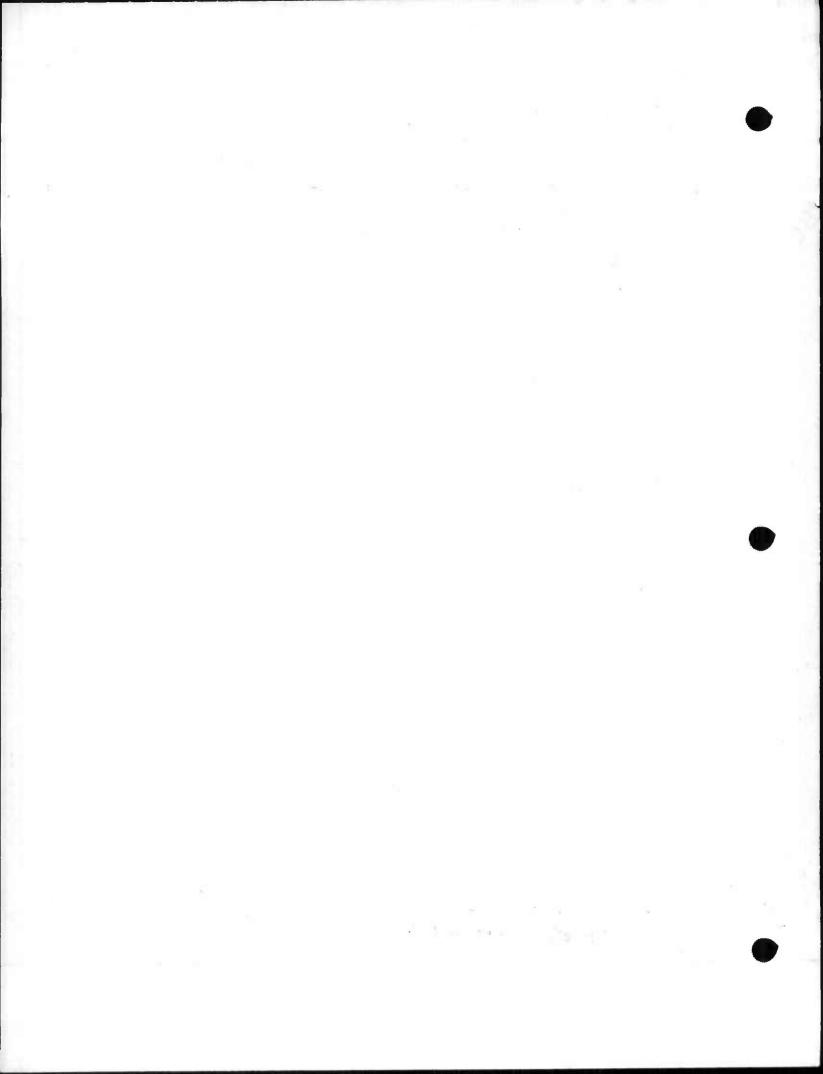
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT

	1 - STATE REGISTRAR	OMIL OF	CE	RTIF	ICAT	E OF	DEA	TH I	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last THOMAS MARSHA		JOY, Jr.						2. DATE OF DEATH	AY 199	5 YEAR	3. TIME OF DEATH 10:35am m
	4. SOCIAL SECURITY NUMBER 220-50-8222	5. SEX	6. AGE (In yrs. lest b	virthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	
	9e. FACILITY NAME (If not institution, give	street and number)	47	ins.	9b. CITY	TOWN C	P LOCATIO	ON OF DE		948	Wash	nington, DC
OR	DOCTORS COMMUI	NITY HOS	PITAL				SEAB		NI I	101 - 0		GEORGE'S CO.
ECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	TY		10c CITY	r, TOWN	OR LOCAT	1041			1		
DIR	Maryland Mont	gomery			nes		ION					10d. INSIDE CITY LIMITS?
IAL	10. STREET AND NUMBER			101. ZIP CODE						10g. CI1	IZEN OF W	1 YES 2 NO
FUNERAL DIRECTOR	12524 Carry Back			20878							S.A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	TEVER IN U.S. ARME YES 2 NO WAR OR DATES	ED 13. WAS DECENDENT OF HISPANIC ORIGIN7 (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO. Specify.							- American Indian, White, etc.		
TED	15. DECEDENT'S ED (Specify only highest grad	18e. DECE	DENT'S	USUAL O	CCUPATIO	N st of workin	<i>a</i>	18b. KIND OF BU	SINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5	+) life. Do	o NOT use	e retired.)		n or world?					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4	Owner	r			18. MOTH	IED'S NAM	Mountjo	y's	Auto	Shop
BE C	Thomas Marshall	Mountjoy,	Sr.			-			Mensch	Surneme)		
0	19e. INFORMANT'S NAME (Type/Print)						nd Number	or Runal Ro	oute Number, City or Tow			
	Judith M. Mountj	оу						lace				land 20878
	1 A Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACEAND cemetery, cremet Resthar	tory or off	her nlecel			07/2			City or Tov	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE)	veli	22.	NAME AN	D ADORES	S OF FACI	LITY			nsylvania
l	* Clearles 7	130a)	1		Fr	anci	ls Ga	sch'	s Sons Fu	nera.	1 Hom	e, P.A.
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate											
	IMMEDIATE CAUSE (Final											Interval Between Onset and Death
	disease or condition resulting in death) a. Careirone of Colon inth Carastan 2 mm. Due to (or as a consequence or) Sequentially list conditions b. Polatrol Pleuril Offices un											2/2017
ON I	and an incident that controlled the same and											
CA	If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
B	2472	d										
DICAL	PART ii. Other significent condition	a contributing to	death but not resu	ulting in	the un	derlying	cause g	iven in P	art i. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Ē									1 TYES 2	MO		COMPLETION OF CAUSE DF GEATH?
2	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEATH	YES		ЮП	LINCE	RTAIN	M			1 TYES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE O				01101	KIMIN				
YSI	1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 □	ER/Outpatient 3 🗆		OTHER 4 Nurs		5 🗆 Res	Idence a	Other (Specify)			
	27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	28e. DATE OF (Month, Da		8b, TIME INJU	OF RY	28c. INJU WOR	K?		ad. DESCRIBE HOW IN	JURY OCC	CURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE Of	FINJURY — Al home,	farm, ate	reet, fecto		S 2 [_	IN LOCATION (Chart -			
ii I	4 Homicide determined	building, o	etc. (Specify)	,		.,,		1	Rat. LOCATION (Street a City or Town, State)	na Number	or Hurai Ho	ute Number,
2 [29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, deeth	occurred	at the tir	ne, date e	nd piece.	end due to	the cause(e) end men	nor on elet	*4	
COMPLETED	one) 2 MEOICAL EXAMINE	R: On the besis of ex	amination end/or inves	stigation,	In my op	Inlon, de	ith occure	d at the tir	ne, date end place, end	due to th	e ceuse(e)	end menner ee stated.
BEO	2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
	30. NAME AND ADDRESS OF PERSON WH	(D)	V				D218	43		▶ J ₀	uly 2	4, 1995
	Dr. Mushtaq A. S	hah 7227-	·A Hanove	r Pa	rim) rkwa	ly Gr	ieenb	elt.	MD 2077	0		
	31. DATE FILED (Month Day Yand 05	PEGIS PAF	Calaidht Ale	(,	2077			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		RE	G. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)								DATE OF DE	DA		YEAR	3. TIME OF E	
	MICHAEL.	D.		MART:	IN				JULY	14	4, 1	995	1041	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	MONTHS C	YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	7	DATE OF BIS (Month, Day,	Year)		Count		
	217-98-5319 9a. FACILITY NAME (If not institution, give at	Δ	28	Tho.	DE CITY TO	0000	R LOCATION OF			30,		Was	shington	, D.C.
Œ.	PRINCE GEORGES		I. CENT	ומים			ERLY	DEATH	'					Dana
DIRECTOR	RESIDENCE OF DECEDENT		THE CLINE	LLIK	CII		PLLI				PR	TINC	E GEO	RGES
HE	10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR								10d. INSIDE (YTE
	District of Colu	mbia			W	_	ington						1 YES 2	□ NO
RA		1 C4 N	E #20			101.	ZIP CODE	,					WHAT COUNTR	
FUNERAL	4260 East Capito	12. WAS DECEDENT					20019						d Stat	
	1 Never Married 2 Married	FORCES? 1 [YES 2 XN	MED	If y	es, spe	NDENT OF HISP city Cuban, Mexi	can, Pr	ORIGIN? (Spe uerto Rican,	etc.)	or No-	Blac	E — American k, White, atc.	indian,
B	3 Widowed 4 Divorced	IF TES, GIVE W	H OH DATES		1 1	YES	2 X NO Spe	cify:			İ	Spec	Blac	k
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DEG	CEDENT'S	USUAL OCCI	JPATIO	N st of working		16b, KIND	OF BUS	INESS/INC	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	- Ma	Do NOT us	e retired.)									
MP	12th			Un	emplo	yed								
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S I							
BE	Lewis Martin 19a. INFORMANT'S NAME (Type/Print)		404	MAN INC	400000000000000000000000000000000000000				uth A					
2	Davelyn E. Mille	r	190				Road,						D C	20010
1	20a. METHOD OF DISPOSITION		20b. PLACE A					14.1	OATE :					20019
	1 Burial 2 Cremation 3 Remo	well from Stata	Harmo	natory or of	emori	al	Park	7/2	5/95		andov			
	21. SIGN TURE OF FUNERAL SERVICE LICE	ENSEE	0				O ADDRESS OF	ACILIT	r Ste		Fune			
	· Loha	Stown.	VIII		400	01 E	Benning R	d					20019	
	23. PART Inter the diseases, or co	omplicatione thet	caused the dec	eth. Do n									Approx	imeta
	IMMEDIATE CAUSE (Fine)	ist only one caus	e on each line.										interva	Between and Death
	disease or condition resulting in death)	GUNSTIC	n mon	41125	. TO 1	153	FT BA	CK	- 8	UE	SFT	HA	ND	
	disease or condition resulting in death) BUNSHOT WOUNDE TO LEFT BACK & LEFT HAND DUE TO (OR AS A CONSEQUENCE OF):													
NO NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
¥	if any, leading to immediata ceuse. Enter UNDERLYING	,			,-								İ	
Ē	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													1
	PART II. Other significant conditions	contributing to d	eeth but not re	eulting is	n the unde	rivina	ceuee given i	n Peri	1 24a V	MAS AN A	WTOPSY	245	. WERE AUTOPS	V EINDINGS
EDICAL						,	given.		F	PERFORI	MED?	240.	AVAILABLE PRI	OR TO
									1'4	YES 2	□ NO		OF DEATH?	
Σ .	DID TOBACCO USE CONTR	IBUTE TO CAU	SE OF DEAT	TH YE	S D NO	ОП	UNCERTA	IN [5				1 YES 2	_ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				H (Check only		011021111							
)S		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Nursing	Home	5 - Residence	6 🗆	Other (Speci	ify)				
H	27. MANNER OF OEATH	28a. OATE OF III	iJURY Yyar)	28b. TIME	OF 28	c. INJU WOR	RY AT	T	1. OEŞCRIBE		JURY OCC	CUREO		$\overline{}$
à	t Natural 5 Pending 2 Accident Investigation	1/14/9	<u> </u>	70.		YE		S	UBJE	CT S	HOT	_		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, at			irebt, factory,	office		281	City or Town	(Street ar	CURT	099471 F	中的国际	び。
Ē,	***************************************			PING				1 - 0	300 HA	my	TON	MAL	VPR.	MA
Suicide Sui														
WXMEDICAL EXAMINEN: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and placa, and dua to the cause(a) and mar 29c. LICENSE NUMBER O.C.M.E 29c. LICENSE NUMBER O.C.M.E JULY 15,) end manner a	a stated.				
2	OU. NAME AND ADDRESS OF PERIODS WHO	COME STEP COM	7	8 m ~	D		U.C.I	1 • E			▶ Jl	ЛГΧ	TO, 19	93
	MARIO E GOVE	SKING				ee	t, Bal	ti	more	, M	ary.	land	1 2120	1
111 Penn Street, Baltimore, Marylar 31. DATE FILED (Month) Day, Year) 32 REGISTION'S SIGNATURE.														
	UUU KUR KUR KIKKI	VI												

n english and the second secon

hours after death. the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should permit. funeral director, page 5 should be detached for use as the burial-transit Page 6 may be retained by the hospital or attending physician. notified at 9 must examiner completely filled in by the rial, cremation, or removal. medicai ŏ the traumatic event, hysician and com signed by the attending physician a 0 shows any has b Dept. 23 OR ATTENDING PHYSICIAN: The certificate by the State 6 After this ce leath with ti marked, After to 50 hours after d 28 HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR JUNE 22.1995 MAROUEZ 22:31 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR - IF UNDER 24 HRS. 223-45-6914 1 [K] M 2 | F 37 DAYS HOURS VRS EL SALVADOR JAN 13 1958 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOLY CROSS HOSPITAL MONTGOMERY SILVER SPRING 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD KENSINGTON 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3419 W UNIVERSITY BLVD 20895 EL SALVADOR 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 💢 YES 2 🗌 NO Specify: 11. MARITAL STATUS 14. RACE - American Indian, 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced HISPANIC COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8TH CAR WASHER MR. CAR WASH COMPANY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) DAVID MARQUEZ BE CHICA MARQUEZ 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Yown, State, Zip Code) 2 MOILN A. RODRIQUEZ 3419 w. UNIVERSITY BLVD.#204 KENSINGTON,MD 20895 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State FAMILY CEMETERY 7/30/95 EL SALADOR, C.A. 21. SIGNATURE OF FUNERAL SERVICE ALCENSEE 22. NAME AND ADDRESS OF FACILITY W.H. BACON FUNERAL HOME INC. n 276 3447 14TH STREET, N.W. WASH, D.C. 20010 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate ahock, or haart failura. List only one cause on asch line. Interval Batweer IMMEDIATE CAUSE (Final Onset and Death disesse or condition DUE TO (OR AS A CONSEQUENCE OF): Injuries resulting in death) CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immedista cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daath) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 X ER/Outpatient 3 □ DOA OTHER: 1X YES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) (22-95 26b, TIME OF INJURY 28c, INJURY AT 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Shruck -223/M В 2 Accident 28e. PLACE OF INJURY — At home, Jerm, street, Jectory, office building, etc., (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number City or Town, State) COMPLETED 8 Could not be 4 Homicide determined oadway Horncrest 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the ceuse(e) end manner ee steted. (Check only one) 2 💹 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the ceuse(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) OCME ▶ JUNE 24,1995



2

31. DATE FILED (Month, Day, Year)

2 5 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Powler

32, REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-15 Rev 1/89

111 Penn Street, Baltimore, Maryland 21201

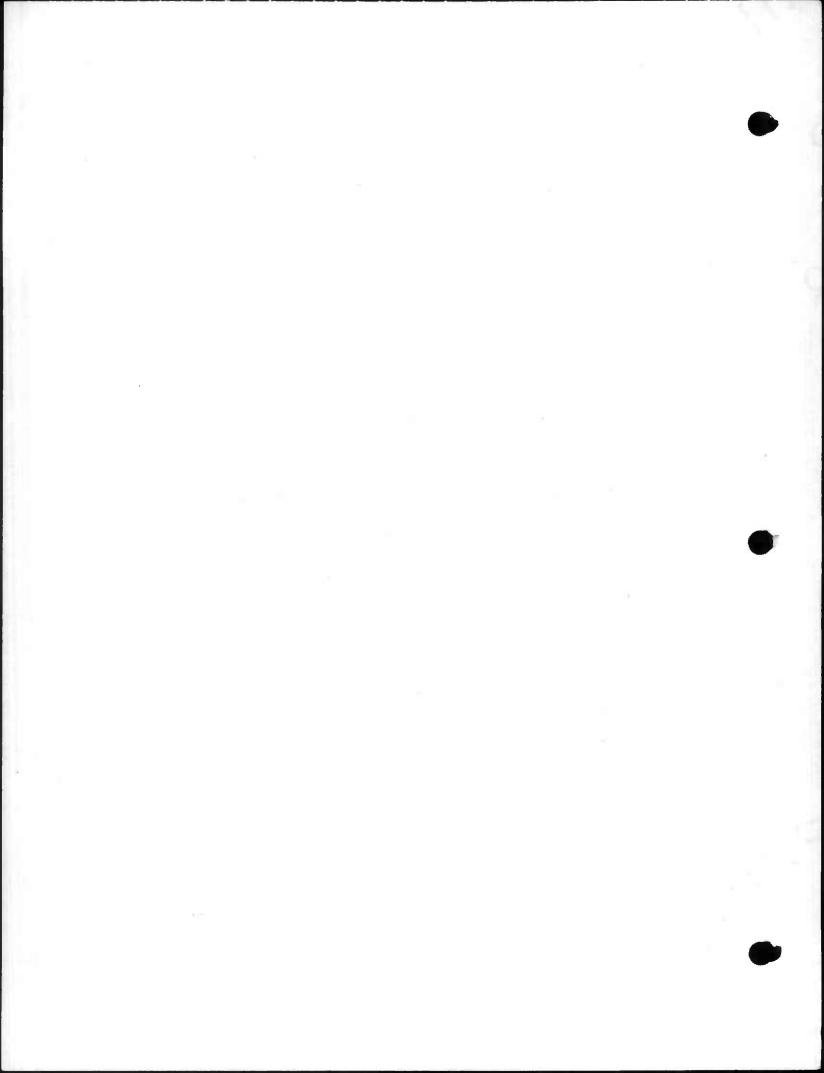
led in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the attending physician and complete, med in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

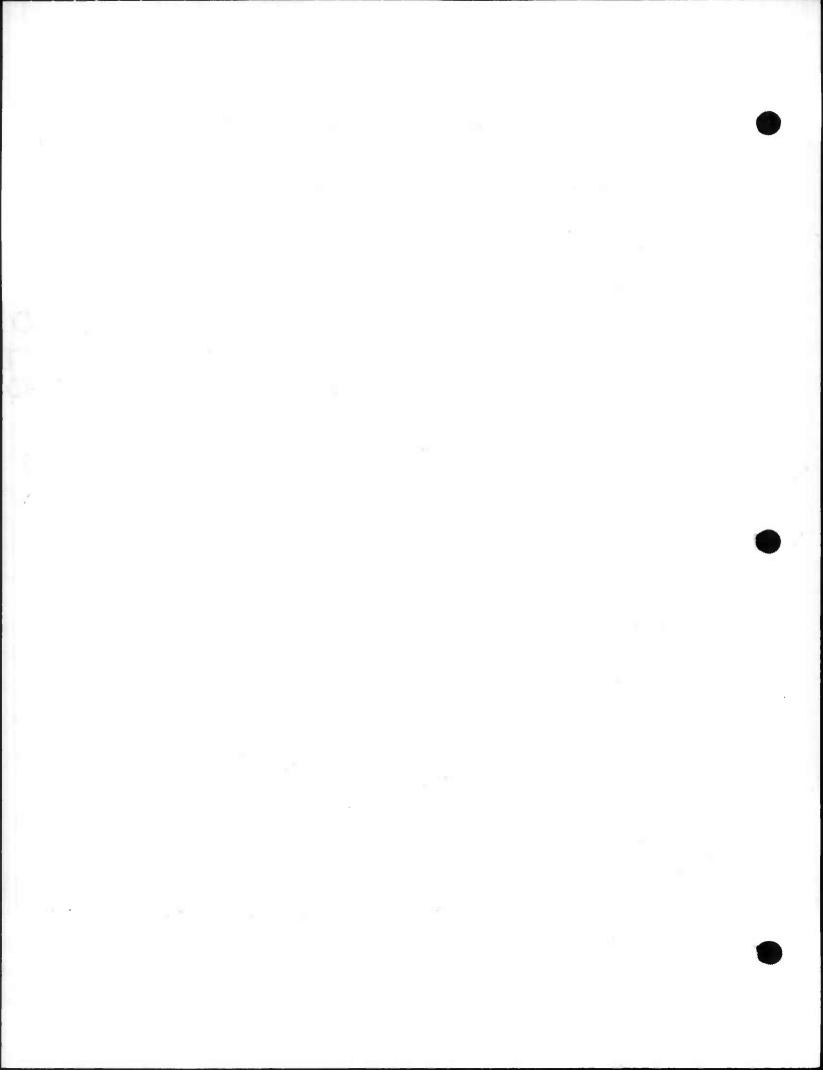
	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Mary	Katheri	ne	MAIN		July 23	1995	3:00am M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	100	BIRTHPLACE (Stete or Foreign		
	216-14-6959	1 🗌 M 2 🏋 F	71 YRS.	MONTHS DAYS	HOURS MIN.	Feb 4, 192	24 M	aryland		
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b, CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
Œ	6649 Fox Meade C	ourt.			erick	CAIT		erick		
DIRECTOR	RESIDENCE OF DECEDENT									
Ä	10a. STATE 10b. COUNTY			, TOWN OR LOCA				10d. INSIDE CITY		
5	Maryland Fre	derick	F	rederic	ζ			1 YES 2 X NO		
	10e. STREET AND NUMBER			10	. ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?		
<u>e</u>	6649 Fox Meade C	ourt		"		1702		S.A.		
FUNERAL	11. MARITAL STATUS		NII C ADMED	40 990 050	Chipping of them.					
	1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	It yes, sp	ecify Cuban, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, atc.		
B	3 🔀 Widowed 4 🗌 Divorced	ATES	1 🗆 YES	2 X NO Specif	fy:	Specify:				
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	ISUAL OCCUPATI	DM .	166. KIND OF BUS	-			
E	(Specify only highest grade		(Give kind of w	ork done during me retired.)	est of working	Too. KIND OF BOX	SINCSS/INDUS/	nt .		
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)			afeteria	Board	ucation			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1000 50	2 12007 00						
	Earl Fenton	HARGETT	Sr		Anna	AME (First, Middle, Meiden Laura	KESS	OT I		
BE	19a. INFORMANT'S NAME (Type/Print)	HARGELL								
6						Route Number, City or Town				
	Mrs. Trudi M. Sh					Frederick	, Maryl	and ZI/UZ		
i	20e. METHOD OF DISPOSITION 1 ◯ Buriel 2 □ Cremation 3 □ Remo	wel from State	netery, cremetory or off	han - dan - 1		DATE 20c. LO				
	4 Donation 5 Other (Specify)	M	<u>t. Olivet</u>	Cemete			ederic	k, Maryland		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF FA		D	IIomo		
	Ketthhung	n Koberson	M00706		2	ford P.A. 1				
	23. PART i. Enter the diseases, or c	omplications that cause	d the deeth. Do n	of enter the mo	ast Unur	ch St, Fred	erick,	MD 41/UI Approximate		
	shock, or heart failure. I	List Dnly one cause on a	ech line.		ac or aying, sac	in se outdide of respi	iatory silest,	intarval Between Onset and Death		
1	immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of: Sequentially list conditions, if any, isading to immediate Due to (or as a consequence of):									
1	resulting in death)	DUE TO (OPPE	11- 07 C 0 -	7 /	nelue	€		1000		
_		DOE TO (OR AS A	CONSEGUENCE);						
CERTIFICATION	Sequentielly list conditions,	DUE TO OR AS	CONSEQUENCE OF	/~c	10 17	0 5 0 - 0	~9			
¥	If any, isading to immediate cause. Enter UNDERLYING		01- 6							
윤	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF					600		
Ē	resulting in desth) LAST			,				i		
8										
	PART ii. Other significant conditions	contributing to death b	out not resulting li	the underlyin	g csuse given in			24b. WERE AUTOPSY FINDINGS		
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							_ NO	OF DEATH?		
Σ	DID TOBACCO USE CONTR	PIRLITE TO CAUSE C	E DEATH YE	NON I	L UNCERTAI			1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	IDOIL TO CAUSE C	26. PLACE OF DEAT		OIACEKIAII	4 🗀				
<u> </u>	EXAMINER? 1 YES 2 NO	HOSPITAL:	COMP	OTHER:						
¥ I	27. MANNER OF DEATH	1 Inpatient 2 ER/Out		4 Nursing Hom	_	6 Other (Specify)				
	Netural 5 Pending	(Month, Day, Year)	26b. TIME	JRY WO	RK?	28d. DEŞCRIBE HOW II	NJURY OCCURE	D		
B	Accident Investigation				rES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Spe-	 At home, ferm, st cify) 	reet, factory, offic	•	261. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,		
COMPLETED	Tonico Setaminas									
Z	29a. CERTIFIER Check only	ZIAN: To the best of my know	riedge, desth occurre	d at the time, date	and place, and due	to the cause(a) and man	ner sa stated.			
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and									
296. LICENSE NUMBER D14626 296. LICENSE NUMBER D14626 July 24, 199										
										P. Gregory Rausc
					T. C.C.C.		sar y Lui	LL 21/01		
	31. DATE FILED/(Marin, Day 1947) 1995 32. REGISTRAR'S SIGNATURE World									



for use as the burial-transit permit. Pages 1, 2, 3 should **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

Civilian of VII At Actor Do. Box 68760	DALIIMURE, MARTLAND 21213-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	bed in by the funeral director, page 5 should be detached for use as the burial-trans or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	FOR STATE REGISTRAR		SIMIL OF I	MARYLAN	ND / DEPAI CERTIF						YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, A	fiddle, Lest)								2. DATE OF	DEATH	ly .	VEAR	3. TIME OF DEATH
	ROBERT		ALI			_		KLEY		JULY	20	, 19		9:33 P M
	4. SOCIAL SECURITY NUMBER 212-17-2618		5. SEX 1 X M 2 - F	6. AGE (In)	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De Feb.	2, 1	975	Countr	PLACE (State or Foreign ryland
~	90. FACILITY NAME (If not insti	tution, give st	reet end number)			96. CITY	, TOWN C	R LOCATE	ON OF DE				TY OF D	EATH
5	6019 GAPLA		OAD			BU	RKI	TTSV	/ILL	E		F	RED	ERICK
DIRECTOR	10a. STATE	Frede				r, rown o								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	4903 Roseh	i11 Dı	rive		10f. ZIP CODE 21755				10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY	11. MARITAL STATUS 1 (X) Vever Married 2 M 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES :	S 2 TNO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					pecify Yes	or No	14. RACE Black Speci	- American Indian, , white, etc. /y: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16	Se. DECEDENT'S	work done	CCUPATIO	ON st of workin	a	16b, KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +) Custamer Service Representive Mortgage							e Cor	npan	у				
BE CO		in Ke	eith MA	CKLEY					ylli	ME (First, Middle S Jun		sumame) ESSEI	Ξ	
101	Mr. Franklin		n Mackle	У	4903	Rose	s (Street e hill	Dri Dri	or Rural R	Jeffer	son,	Mary	ylan	d 21755
	20a. METHOD OF DISPOSITION 1	3 🗆 Remo			LACE AND DATE	Creffal	cory	Ju	-	2, 199	5 S		sbur	g, Md.
	21. SIGNATURE OF FUNERALS	SERVICE LIC	Dra	L MOC	0255	²² Κ 1	eene 06 E	y an ast	d Ba Chur	sford ch St.	P.A. , Fr	Fund eder:	eral	Home Md. 21701
NC	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.													
8		L	DUE TO											
_ 1	PART II. Other significant	conditions	l	deeth but			nderlying	s ceuse ç	jiven in i		WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1	DID TOBACCO USI	E CONTR	i. contributing to		not resulting				ertain	Жı ян	PERFOR	MED?		COMPLETION OF CAUSE
_ 1	DID TOBACCO USI 25. WAS CASE REFERRED TO I	E CONTR	i. contributing to	USE OF I	not resulting	In the un	NO [Жı ян	PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_ 1	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER? 1 X YES 2 \(\text{NO} \) NO	E CONTR	CIBUTE TO CA	USE OF 26.	DEATH Y PLACE OF DEA	ES I	NO One)	UNC	ERTAIN	HE Other (Sp	PERFOR	MED? NO NEY		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I	E CONTR	RIBUTE TO CA HOSPITAL: 1 Inputient 2 200. DATE (Month, D	USE OF I 26. ER/Outpetle INJURY ay, Year)	DEATH Y PLACE OF DEA	ES I I ITH (Check OTHER 4 Nun	Only one) R: sing Home 28c, INJI	UNC WYN	ERTAIN	HE Other (Sp 28d. DESCRIE	PERFOR	MED? NO ON LY	URED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Inv	E CONTR	RIBUTE TO CA HOSPITAL: 1 Inputient 2 20e. DATE (Month, B	USE OF I 26. ER/Outpetle INJURY ay, Year) 1995	DEATH Y PLACE OF DEA ent 3 DOA 28b. Tilk 1N 9:	ES INTH (Check OTHEE 4 Num 1017 1017 1017	Only one) Pt: sing Home 28c. INJI WOI	UNC VY00 JRY AT RK? ES 2 [ERTAIN	HE Other (Sp 20d. DESCRIE SUBJ	PERFOR YES 2 AD Polity) E HOW IP ECT	ONLY	URED T S	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pe 2 Accident Inv 3 X Suicide 8 Co 4 Homicide de	estigation used to be bermined	CIBUTE TO CA HOSPITAL: 1 Inpatient 2 200. DATE Of (Month, D. 7 / 20) 200. PLACE O building,	LUSE OF 26. BR/Outpetle INJURY sy, Ver) / 1995 FINJURY — etc. (Specify)	DEATH Y PLACE OF DEA 28b. Til 9: At home, ferm,	ES INTH (Check OTHEE 4 Nun HE OF 24 PM atreet, fect	NO □ only one) 3: sing Home 28c. INJI WO 1 □ Y	UNC Without the second	ERTAIN	HE Other (Sp 2ed. DESCRIE SUBJ 381, LOCATIO 6 CA 9 76 FREDE	PERFOR YES 2 AD Octiv) E HOW IF ECT N (Street of Field) RIC	MED? NO ONLY JURY OCC SHC L'AND K CC	T S	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ELF
BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pe 2 Accident Inv 3 X Suicide 8 Co 4 Homicide 6 Co 4 Check only 1 CERTIFIER (Check only	E CONTR MEDICAL Inding neitigation uild not be ermined	RIBUTE TO CA HOSPITAL: 1 Inpatient 2 28e. DATE (Month, D. 7 / 20 / 28e. PLACE 0 building,	USE OF I 26. BR/Outpetle INJURY ay, 'ber' / 1995 FINJURY — etc. (Specify) my knowleds	DEATH Y PLACE OF DEA ent 3 DOA 28b. Til 9 : At home, ferm, RESID ge, deeth occurr	ES INTH (Check OTHEE 4 Nun RE OF 24 PM atreet, fect	NO	UNC Wyse Wyse Wry AT RK? ES 2 y end place,	ERTAIN sidence	HF Other (Sp 28d. DESCRIE SUBJ 781 OCATO 6 CA 9 76 FREDE	PERFOR	ONLY JURY OCC SHC A No. CC CANCER TO THE STATE OF THE	URED OT S	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ELF
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pe 2 Accident Inv 3 X Suicide 8 Co 4 Homicide 6 Co 4 Check only 1 CERTIFIER (Check only	E CONTR MEDICAL Inding eatigation uild not be ermined YING PHYSIC	RIBUTE TO CA HOSPITAL: 1 Inpatient 2 28e. DATE (Month, D. 7 / 20 / 28e. PLACE 0 building,	USE OF I 26. BR/Outpetle INJURY ay, 'ber' / 1995 FINJURY — etc. (Specify) my knowleds	DEATH Y PLACE OF DEA ent 3 DOA 28b. Til 9 : At home, ferm, RESID ge, deeth occurr	ES INTH (Check OTHEE 4 Nun RE OF 24 PM atreet, fect	NO	UNC Without AT RKY ES 2 [X] end place, eath occur 29c. LICE	ERTAIN sidence (HE Other (Sp 2ed, DESCRIE SUBJ PREDE to the cause(s) time, date end	PERFOR	MED? NO ON LY JURY OCC SHC AND K CC Per as state 4 due to the 29d. DATE	T S ROUNT	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ELF cyte Number. Y end manner es stated. (Month, Day, Year)
COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO INTEXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Period Inv 2 Accident 3 Suicide 8 Code 4 Homicide dei 29e. CERTIFIER (Check only one) 2 MEDICA	E CONTR MEDICAL Inding mentigation uld not be termined YING PHYSIC IL EXAMINER	CIAN: To the basis of e	USE OF I 26. 3 ER/Outpatie INJURY (ay, Year) / 1995 FINJURY — etc. (Specify) my knowledge remination ar	DEATH Y. PLACE OF DEA 28b. Till IN 9: At home, ferm, RESID ge, death occurrend/or investigation	In the un ES	NO	UNC Without AT RKY ES 2 [X] end place, eath occur 29c. LICE	ERTAIN sidence (HE Other (Sp 2ed, DESCRIE SUBJ PREDE to the cause(s) time, date end	PERFOR	MED? NO ON LY JURY OCC SHC AND K CC Per as state 4 due to the	T S ROUNT	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ELF Outs Number. Y
BE COMPLETED BY PHYSICIAN: MEDICAL	DID TOBACCO USI 25. WAS CASE REFERRED TO I EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pe 2 Accident Inv 3 Suicide 8 Co 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE OF	E CONTR MEDICAL Inding metigation uid not be termined YING PHYSIC LEXAMINER F CERTIFIER ERSON WHO OWLE	RIBUTE TO CA HOSPITAL: Impatient 2 28e. DATE (Month, B. 7 / 20 / 28e. PLACE Obuilding, CHAN: To the best of example of the complete of	USE OF I 26. BR/Outpetle INJURY ey; Year) 1995 FINJURY — etc. (Specify) my knowled; xemination ar SE OF DEATH	DEATH Y PLACE OF DEA ent 3 00A 28b. Till 18 9: At home, ferm, RESID ge, death occur and/or investigation	ES I I ITH (Check OTHEE 4 Num AE OF 24 PN atreet, fect ENCE red at the ton, in my o	only one) R: sing Home 28c. INJI WOO 1	UNC Without AT RKY ES 2 [X end place, eath occur 29c. LICE	ERTAIN sidence (NO end due end at the the NSE NUMBER NUMB	HE Other (Sp 2ed. DESCRIE SUBJ PREDE to the cause(s) time, date end BER	PERFOR YES 2 AD Colly) EE HOW IN ECT Colly Store of the Colly CRIC end men place, enx	MED? NO ONLY JURY OCC SHC AND K CC ner as state 4 due to the 29d. DATE	PURED T S WRON T S COUNT COUNT COUNT COUNCE SIGNED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ELF cyte Number. Y end manner es stated. (Month, Day, Year)



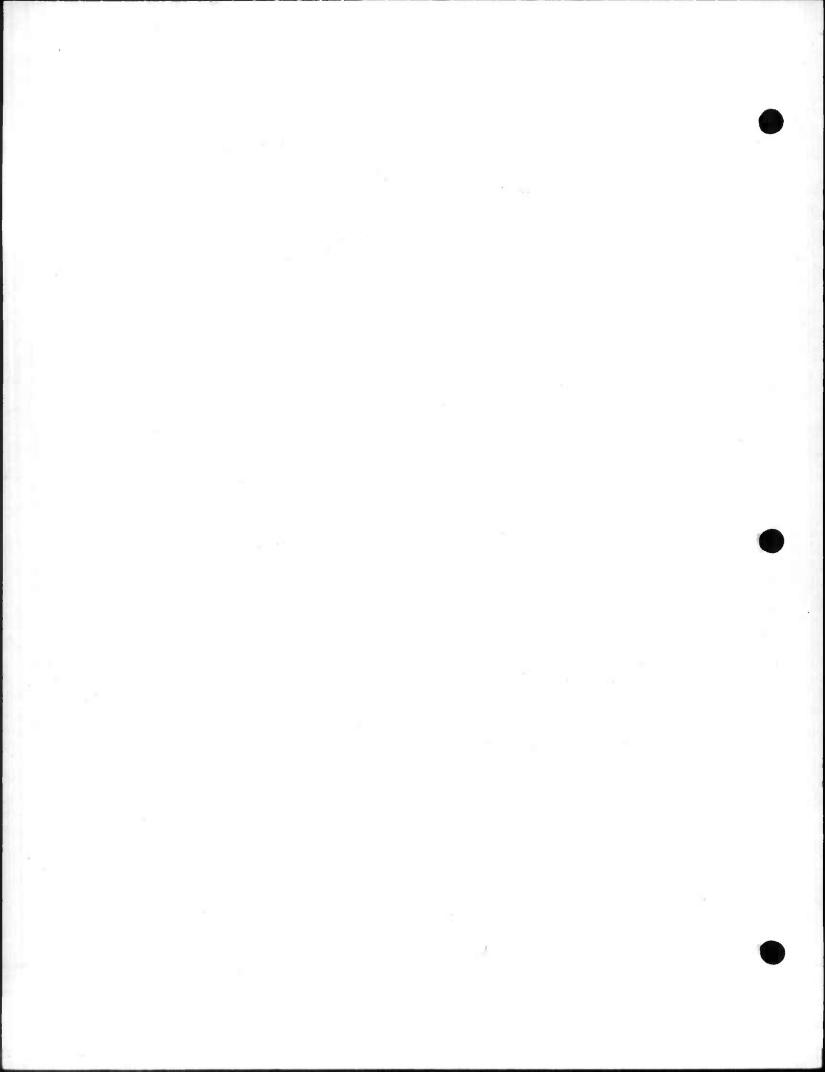
~	
2	
60	
9289	
BOX	
\circ	
×	
-	
0	
P.O.	
40	
RECORDS,	
œ	
$\overline{}$	
9	
O	
ш	
~	
-	
-	
4	
-	
_	
>	
4.0	
-	
0	
ON OF VITAL	
4	
0	
=	
S	
7	
_	
0	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

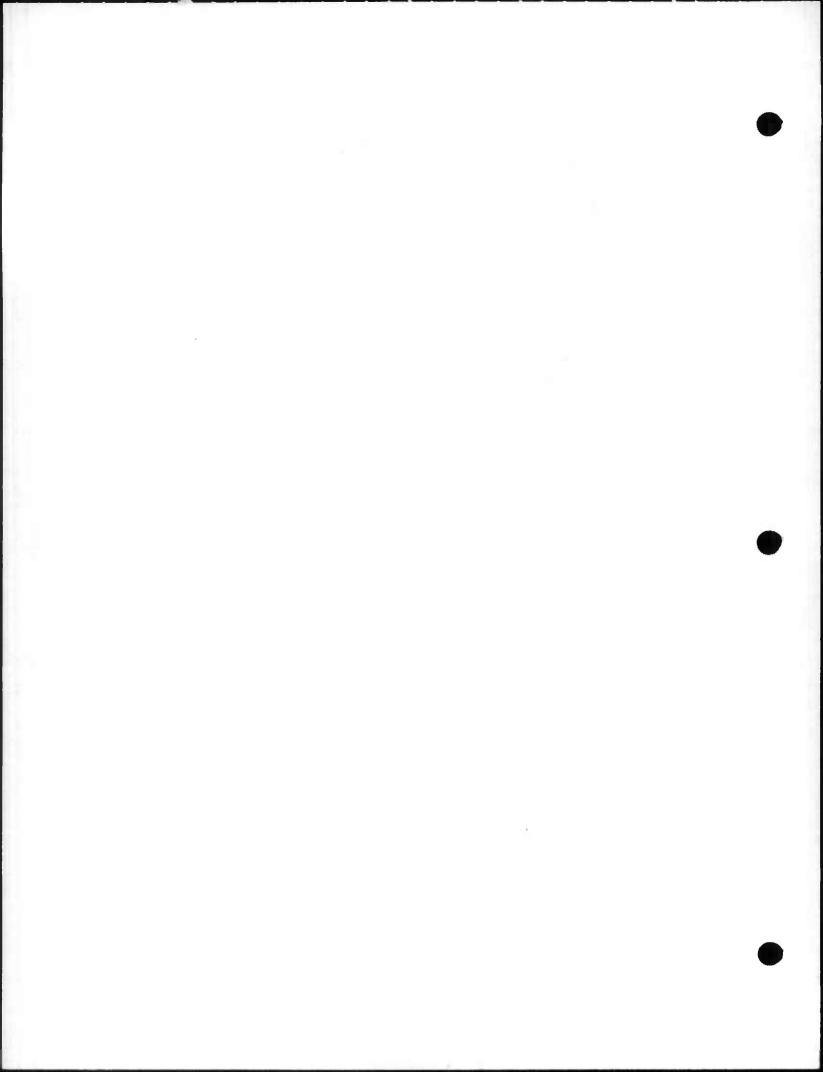
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	NENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last) Marian C.	Miller				2. DATE OF DEATH	1995 YEAR	3. TIME OF DEATH 6:28 P		
	4. SOCIAL SECURITY NUMBER 213-56-5016	1 M 2XXF		UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 9, 19	9. BIRTI Count	HPLACE (State or Foreign ry) aryland		
TOR	9a. FACILITY NAME (If not institution, give att Frederick RESIDENCE OF DECEDENT	Memorial Ho			rederick		9c. COUNTY OF C	derick		
DIRECTOR	10a. STATE 10b. COUNTY	shington	10c. CITY, To	OWN OR LOCAT	oxville		10d. INSIDE CITY LIMITS? 1 TYES 2 XX			
FUNERAL	100. STREET AND NUMBER 918 John	Brown Lane		101	ZIP CODE 2175	1	10g. CITIZEN OF WHAT COUNTRY? United States			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2.E NO	If yes, sp		NC ORIGIN? (Specify Yea o in, Puarto Rican, atc.)				
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. OECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF BUSIN	Own Ho	me		
BE COM	17. FATHER'S NAME (First, Middle, Last)	bert E. Coo		marci	16. MOTHER'S NA	ME (First, Middle, Maiden Su Lillie Orr	rname)	MC		
TO B	19a. INFORMANT'S NAME (Type/Print) Edith M. McCal		19b. MAILING AO			noxville, M		21758		
	20e. METHOD OF DISPOSITION 1	val from Stata cem	PLACE AND DATE OF D etery, crematory or other Fort Lin	coln C	y 29, 19 emetery	95 Bren		Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Zelt	M00335	l Avenu	e Bethes	phrey Funer y Chase, Ir da, Marylar	10 20814	Wisconsin -3501		
	23. PART I. Enter the decess, or so shock, or heart failure. I. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	or only one cause on each of the course on each of the course on each of the course on each of the course of the c	ch line.		tory srrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	resulting in death) LAST	contribution to death to								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No									
CIAN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH (C	NO Dineck anily one)	UNCERTAIN	N 🗆 📗				
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Ninpatient 2 ER/Outp. 26a. DATE OF INJURY (Month, Day, Year)		Nursing Home 28c, INJI WO	IRY AT	6 Other (Specify) 28d. DE\$CRIBE HOW INJ	URY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Speci	Al home, lerm, stree	t, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated.									
TO BE	296. SIGNATURE AND TITLE OF DERTHER? 296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7/27/95 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	James S. Grisson 1475 TANGS ALG SUFFE 204, FREDERICK, MD 21702									
	JUL 28 1995 Ju	Un Davalson Ras	dall	. <u> </u>						



•
3760
~
9
-
8
(0)
_
BOX
-
O
00
ш
Ö
\circ
•
ш,
40.
10
97
\Box
-
Œ
0
$\mathbf{\circ}$
()
ш
OC.
RECORDS,
VITAL
-
۹,
_
_
9
Contract of the Contract of th
OF V
=
0
_
7
0
=
CO
~
-
-
=
_

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest) Laurence E. Masoner 2. DATE OF DEATH MONTH DAY YEAR 3.									3. TIME OF DEATH					
	Laurer	nce t	=. Mo	sone	1					MONTH 7	23		YEAR 95	-520 H
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	_		PLACE (State or Foreign
	579-56-347	4	1 🔀 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	lay, Year)	012	Country	y)
	9a. FACILITY NAME (If not in	•	reet and number)	01		9b. CITY	Y TOWN (OR LOCATI	ON OF D	Oct.	J, 1		INTY OF D	raska
œ										EATT.				
F	Manor Car	e Detn	esda				nevy	Cha	se			M	ontgo	omery
DIRECTOR	10e. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	TION	_					10d. INSIDE CITY
ā	Maryland	Mo	ntgomery		S	ilve	r Sp	ring						LIMITS? 1 YES 2 NO
A	10e. STREET AND NUMBER				101. ZIP COOE					**		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	3608 Edel:	mar Te	rrace			20906						IIn	ited	States
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED						Specify Yee			- American Indien, White, etc.
BY F	3 X Wildowed 4 Discound IF YES, GIVE WAR OR OATES				L NO	NO If yes, specify Cuben, Mexicen 1 YES 2 NO Specify:					in, etc.)		Black Specifi	
	world war II					J. C. Z. Z. No. Specify.						White		
COMPLETED	(Specify only highest grade completed) ((Give kind of	work done	during ma	ON all of working	20	16b. KIND OF BUSINESS/INDUSTRY					
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)			III. Do NOT u	se retired.)				United States					
₹	5+			La	Lawyer				Go	vern	ment			
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				ME (First, Midd	ile, Meiden	Surname)		
BE	Harry Omer Masoner							Se	1ma	Anders	son			
2	19e. INFORMANT'S NAME (Type/Print) 19i									Route Number,				
- 1	Katherine										Beach	, Ca	lifor	nia 90266
- 1	20a. METHOD OF DISPOSIT	ION on 3 🗆 Remo	oval from State	20b. PLA	CE AND DATE	OF DISPOS	SITION /NA	me of	10	Q5 OATE	20c. LO	CATION	City or Tox	wn, State
1	4 Donation 5 Other			- IMont	.gomery	ure	emato	r_{1un}	l. II	nd.	Bet	hesd	a, Ma	aryland
	21. SIGNATURE OF FUNERA	A Day	ENSEE		00831	²Ř	NAMEAN	E ADDRE	Pum	phrey	Fune	ra1	Home/	/
	Darbara	Sp/le	mucani	7 gaws	ence	√ B _Δ .	ethe	sda-	Chev	ŷ Chas	e, I	nc.	7557	Wisconsin
	23. PART I. Enter the d	seesea, or c	omplications the	t ceueed the	e deeth. Do	not enter	the mo	de of dy	ing, auc	h ea cardiec	or reapi	ratory ar	reat,	Approximata
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final													
	disease or condition resulting in death)		. Arther	ocr le	- Tie	Heo	rt	12,0	يما جاء					mon 1ks
i	readiting in death)													
z			Chro	nic' A	Cenal	1=a	·luc	~						
음	Sequentially list conditi if any, leading to imme-	diate		(OR AS A COI		F):								
2	cause. Enter UNDERLYI CAUSE (Disease or Inju													
E	thet initiated evente		DUE TO	(OR AS A COI	NSEOUENCE O	F):								
CERTIFICATION	resulting in death) LAST													
	PART II. Other aignifice	nt condition	contributing to	deeth but n	ot resulting	resulting in the underlying ceuee given in					a. WAS AN	AUTOPSV	246	WE'RE AUTOPSY FINDINGS
MEDICAL	Peripher		scular								PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	Chronic	Class	vetive	01.		10)			— ¹¹	YES 2	110		OF DEATH?
- 1	DID TOBACCO U	SE CONITE	IDLITE TO CA	UCE OF P	FATLL		1320	السام	EDTAIN				1	1 TYES 2 NO
AN	25. WAS CASE REFERRED TO		IBUIE IO CA		PLACE OF OEA			UNC	EKIAII	иПГ				17
PHYSICIAN:	EXAMINER?		HOSPITAL:		1					8 Other (Sp	11000			
Ĭ	27. MANNES OF DEATH	1	28a. DATE OF		28b. T/W	E OF	26c. INJ	e 5 ∐ Re	sidence	8 U Other (Sp 26d. OESCRI	Decity)	LILIBY OC	CUREO	
		Pending	(Month, D	my, Year)	IN.	URY		RK?	NO	200. 020011.	DE HOW II		OUNED	
E E	• 🗆 • • • • • • • • • • • • • • • • • •	Investigation	26e. PLACE O	F INJURY — A	t home, farm,	street, fect		-		261. LOCATIO	ON (Street a	nd Number	or Rural Re	oute Number
		Could not be determined	building,	etc. (Specify)						City or To	own, Stete)			
COMPLETED	290. CERTIFIER	TEVING BUVOI	MAN. To the best of								-			
ğ			N: On the beet of											and menner as stated.
8							pinion, u				i piace, and	due 10 11	ie ceuse(s)	and menner es stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
2	30. WHE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Lee Jonathan Musher ms 5530 Wisconsin Are Chevy Chase md													
	VIO T	11	LA.	E OF BEATH		Print)	20	1		1		-1	1	, ,
	31. DATE FILED (Month, Day,	Year)	1 7 (U.	1 V. C /-	mos	55.	50	WISC	ensi	n Mr	~ (, hev	yCha	he md
ŀ	JUL 28 19		his distriction	e harda	17,									
1	OOL NO 13	20 0	DA LEGISTER ST	1	100									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

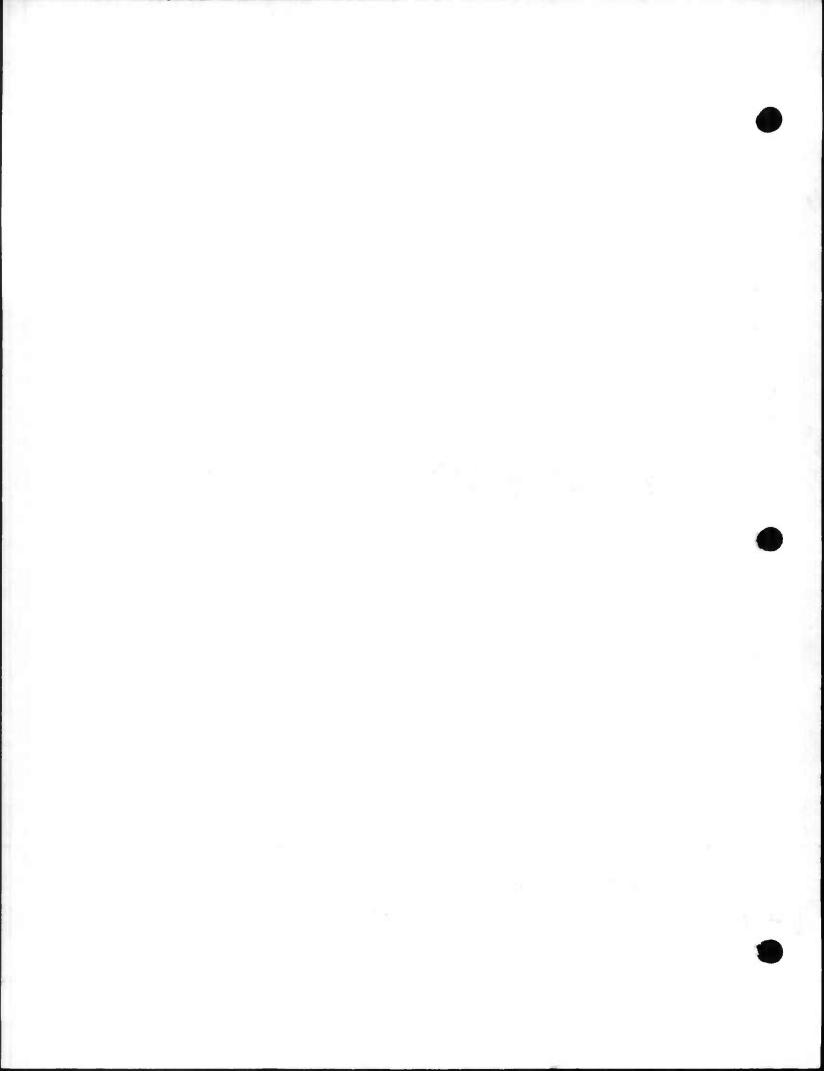
BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			YGIENE EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF E	DEATH		3. TIME OF DEATH			
	Ja	mes Kent Mc	Clintock	, Jr.		July 1	9. 1º	995	1330			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, De	HRTH	8. BIF	THPLACE (State or Foreign			
	220-38-1956	1 🔀 M 2 🗆 F 83		MONTHS DAYS	HOURS MIN.	April			mmy) Colorado			
	9e. FACILITY NAME (If not institution, give stre	nit end number)		9b. CITY, TOWN O	R LOCATION OF DE			9c. COUNTY OF				
DIRECTOR	1004 Brice Road			Roc	ckville			Monto	gomery			
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY			
뜸	Maryland Mon	ntgomery		ockville					LIMITS?			
	10e. STREET AND NUMBER	reguliery			ZIP CODE			10a. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	1004 Brice Road				20852				ed States			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENCENT OF HISPAN	NIC ORIGIN? (Sp	pecify Yes or	CE — American Indian, ack, White, etc.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES			2 X NO Specify		, etc.)		eck, White, etc.			
		1942-1951							White			
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEDENT'S L	ork done during mos		16b. KIN	D OF BUSIN	IESS/INDUSTRY				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	3/62			W - 3 *					
N N	17. FATHER'S NAME (First, Middle, Last)	5+	Physi	cian	18. MOTHER'S NA	ME (Elect Address	Medi					
ŏ	James Kent McCli	intock Sr						mame)				
BE	19e. INFORMANT'S NAME (Type/Print)	incock, SI.	19b. MAILING	ADDRESS (Street or	nd Number or Rural I	einhard		State Zin Coriei				
2	Barbara B. McClir	tock			id, Rocky			, , , , , , , , , , , , , , , , , , , ,	0052			
	20a. METHOD OF DISPOSITION	20b	PLACEANDDATEO	FDISPOSITION /Nei	me of	DATE						
	20c. METHOD OF DISPOSITION 1 Burlel 2 (A Cremation 3 Removal from State 4 Donation 5 Other (Specify) Date Cemelary, crematory or other place) July 21, 1995 Bethesda, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOORS 1 22. NAME AND ADDRESS OF FACILITY RODERT A. PUMphrey Funeral Home /											
	Darbara yom)	CITICULUMOY	2 Wren C	Rockvi	lle, Ind	300	West	Monto	omery			
	23. PART I. Enter the diseases, or to	mplications that caused	the deeth. Do no	ot enter the mod	de of dying, auc	h aa cardlac	or respirat	tory arrest,	Approximata			
	anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition resulting in death)	Gunshot	Wound						Acute			
			CONSEQUENCE OF	1					Acute			
S I	Sequentially list conditions.											
TA	Sequentially list conditions, If any, leeding to immediate Cause Finter INDERLYING											
윤	CAUSE: (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events resulting in death) LAST											
	PART ii Other elegificant conditions	pontribution to death b	A A SUSSIMILATED I	ACC 10 10 1 10 10 10 10 10 10 10 10 10 10 1	- 50 - contin							
₹ I	PART II. Other significant conditiona Chronic Obstru				ceusa given in	Part i. 24a.	PERFORME		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
ă	CHIOHIC ODSCIU	ctive Fullion	nary Dise	ease		10	YES 2 X	NO	OMPLETION OF CAUSE OF DEATH?			
Σ	DID TOPACCO LICE CONTRI	DUTE TO CALICE O	F DEATH VE						1 YES 2 NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRI		F DEATH TES	**	UNCERTAIN	4 🗆 📗						
SICI	EXAMINER?	HOSPITAL:	Selve a per l	OTHER:								
Ä	27. MANNER OF DEATH	26e. DATE OF INJURY	28b, TIME	OF 28c. INJL	JRY AT			URY OCCURED				
BY P	1 Natural 5 Pending	July 19,19	95 1325		RK? ES 2 X NO	Shot i						
	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY building, atc. (Spec	- At home, ferm, str	reet, factory, office		281. LOCATION	(Street and	Number or Rure	l Route Number,			
COMPLETED	4 Homicide determined		Home			City or Tow		#10				
립	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowl	edge, death occurred	at the time, date	end place, end due	to the cause(e)	end manne	r as stated.				
0	one) 2 X MEDICAL EXAMINER:	On the basis of examination	end/or investigation	, in my opinion, de	ath occured at the	time, date and	place, and d	lue to the cause	e(e) and manner ee stated.			
E C	296. SIGNATURE AND TITLE OF CERTIFIER	2	9d. DATE SIGNI	ED (Month, Day, Year)								
0	House (V)	Muy	111		D07099			July	20, 1995			
-	30. NAME AND ADDRESS OF PERSON WHO											
	Frances C. Mayle,			d Road,	Bethesda	a, Mary	land	20817				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA										
	JUL 24 1995	Hum dimension	ardall									

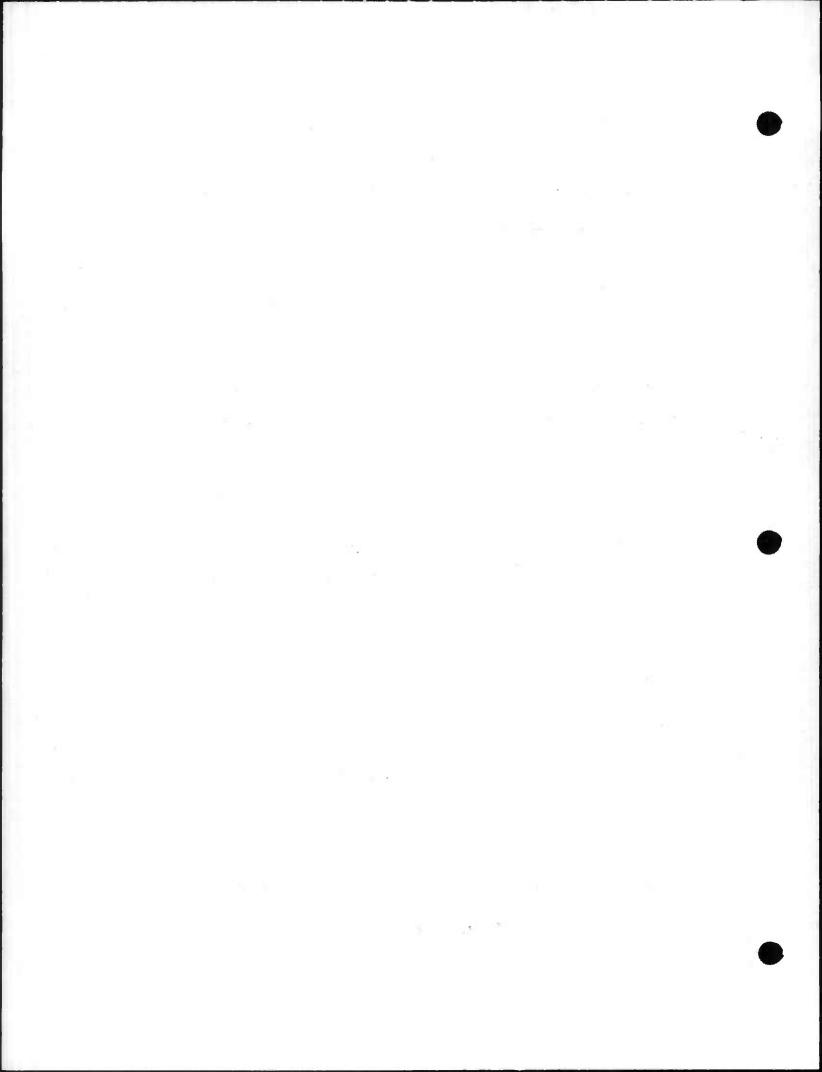


DIVISION OF VITAL RECORDS, P.O. BOX 68760



2	-
9	
687	
8	
BOX	
О	
8	
٦,	
P.0.	
~	
4	
10	
×	
누	
뜻	
RECORDS,	
O	
ш	
Œ	
7	
=	
OF VITAL	
ш	
O	
_	
Ž	
O	
7	
<u>~</u>	
>	
$\overline{}$	
_	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	HEALTH AND ME	ALTH AND MENTAL HYGIENE REATH REG. NO.							
	t. DECEDENT'S NAME (First, Middle, Last)	Elsie	N	10RG-A	N	JULY 2	-2 95°	ar 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 230-16-0385	5. SEX 6. AGE ((In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS		DATE OF BIRTH (Month, Day, Year) 11y 16,		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give		1920 Pe	ennsylvania							
e B	Suburban Hospital			Bethesd	OR LOCATION OF DEATH		Montgo				
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT		1								
DIRECTOR		gomery		y, town on Loca lver Spr				10d. INSIDE CITY			
	10e. STREET AND NUMBER	,	1 3	10	10g. CITIZEN	1 YES 2 NO					
FUNERAL	11507 Joseph Mill			2	0906		United	d States			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	13. WAS DEC	PRIGIN? (Specify Yearto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White				
ED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of	16b. KIND OF BU	SINESS/INDUST						
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ne retired.)	st or working	0	17 -				
DMP	17. FATHER'S NAME (First, Middle, Last)		Home Ma	eker	La Mariana Maria	Own					
	Thomas Wright				Maude Ad		Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural Route		n, State, Zip Cod	(e)			
۴	Catherine I. Best	eder	17916	Muncast	er Road, D	erwood,	Marylar	nd 20855			
	20s. METHOD OF DISPOSITION t □ Burlel 2 X Cremetion 3 □ Ren	noval from State com	netery, crematory or of tropolit	OF DISPOSITION (Na ther place)	1		CATION — City				
1	4 Donation 5 Other (Specify)		tropolit		ATOTY ND ADDRESS OF FACILITY		kandria	, Virginia			
	· ~ 7 -	1	3	DeVo1	Funeral Ho	ome					
	23. PART 1. Enter the diseases, or	complications that caused	the death. Do n	IU E.	Deer Park	Dr., Gai	ithersb	urg, MD 2087			
rion	IMMEDIATE CAUSE (Findlesses or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. PULMO A DUE TO (OR AS A DUE TO (OR AS A		7):		1.66	6	interval Between Onset and Das DA			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Injury DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL											
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPHAL:	26. PLACE OF DEAT	H (Check only one) OTHER:							
PHYS	t YES 2 □ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3 DOA	4 - Nursing Hom	e 5 Residence 8	Other (Specify)	N HARRY AGAILINE				
B	1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	93 S	M 1 1	PES INO	ELL LOCATION (Street &	AT	Home			
ETED	4 Homicide determined	salioning, etc. (Spec	1-10	146		City or Town, State)	#1.1	U			
сомы		ER: On the best of my knowl						use(s) and manner as stated.			
TO BE C	206. SIGNATURE AND TITLE OF CERTIFIE M. NAME AND ADDRESS OF PERSON WITH	Muy	ATH (ITEM 27) (Non.	FERNU	29c, LICENSE NUMBER	79 N BE	PJUL	NED (Month, Day, Year) Y 2.2. 95 DAIN 1806,			
	31. DATE FILED (MUST) OL 1925 19	95 32. HERSTHAN SHOW	Lear Randal	I I I I I	200 D	1) 400	111201	11/1/19			



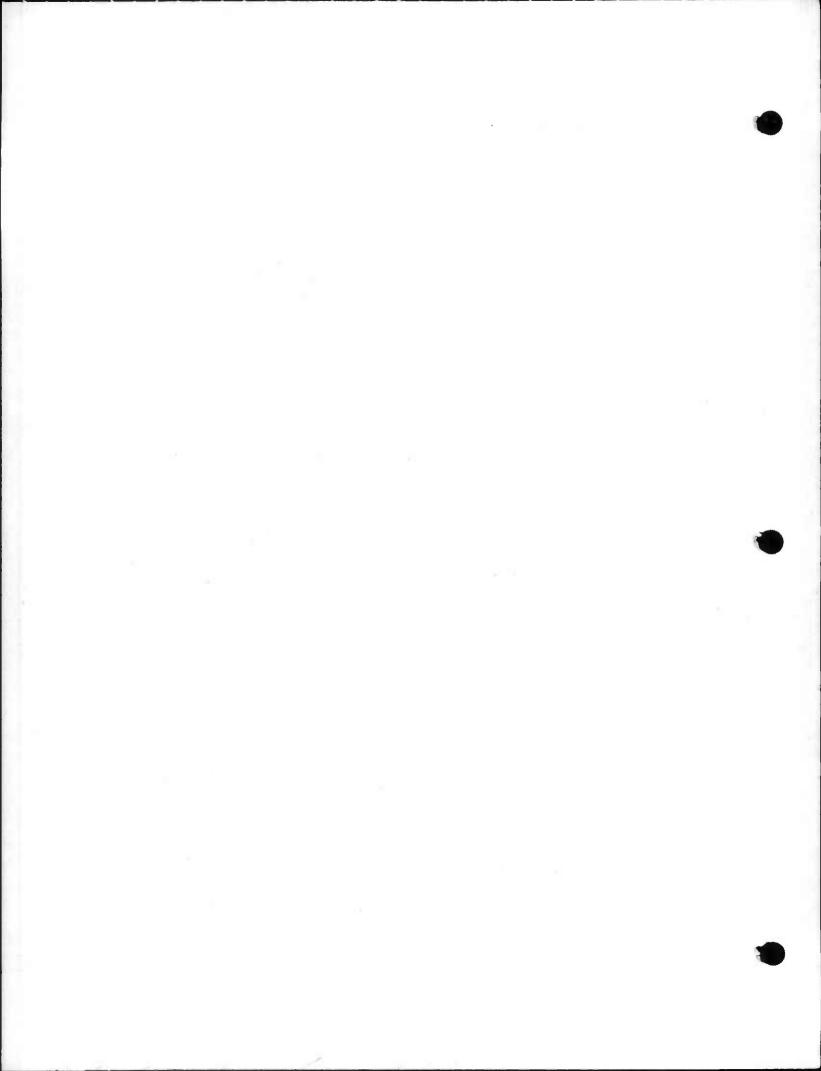
68760	1
BOX 6876	
0	
RDS,	
L RECORDS, F	
TALF	
OF VITAL	
NON	

TO THE FUNEAU, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.	
---	--	--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH										3. TIME OF DEATH				
	Emily Cons	sidine	Marmion						MONTH Tu 1 v				3:25 PM		
	4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (In yrs. las	t birthday)		DER 1 YEAR IF UNDER 24 HRS.			7. DATE OF (Month, D	BIRTH	1///	8. BIRTHE	LACE (State or Foreign	
- 1	578-32-4821	92	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 2		02	Country	ngton.D.C.			
_	Washington	Advent	treet end number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
6	Rehabilita	Takoma Park Montgomery							mern						
DIRECTOR	RESIDENCE OF DEC	Inc. CIT													
E	Maryland		100								10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		tgomery			lak	_	ZIP COD	_			10a CIT		NES 2 ☐ NO	
BY FUNERAL	7405 Garlan	d Aven	116			The state of the s									
S	11. MARITAL STATUS		12. WAS DECEDER										U.S.A. 4. RACE — American Indian, Black, White, etc.		
7	1 Never Married 2 Same Same Same Same Same Same Same Same			MAR OR DATES	10	If yes, specify Cuben, Maxican, Puerto Ricen, etc.) 1 ☐ YES 2 ☒ NO Specify:							Black, Specify		
		-											Whi		
COMPLETED	(Specify onl	EDENT'S EDUC y highest grade	completed)	(G	CEDENT'S we kind of a Do NOT us	work done			ng	16b. KII	ND OF BUS	INESS/IN	DUSTRY		
12	Elementary/Secondary (t	0-12)	College (1-4 or 5	+)						1 = .					
M	17. FATHER'S NAME (First, M	liddle, Last)		Per	sonn	eT_		10 MOT	MED'S NA	Fec			ernme	nt	
	James Cons	idino										surname)			
BE	19a. INFORMANT'S NAME (196	. MAILINO	AODRESS	(Street a	nd Number	or Rural F	e Small	City or Town	State Zic	n Code)		
2	Dolores M.	Mulli	gan											1 20012	
- 9	20e. METHOD OF DISPOSIT	ION		20b. PLACE	NDDATE	OF DISPOS	ITION /Na	me of	ue	OATE	20c, LOC	ATION	rvland 20912 - City or Town, State		
	4 Donation 5 Other		over from State	Mt. O	natory or or live	ther place) t Cet	nete	rv	7/	26/95	Wash	inot	on D	C	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	PROPER	0		22.	NAME AN	ID ADDRES	SS OF FA	CILITY		-			
	1 Com	1/	trous	V		F:	ranc	is J	. Co	llins	Fune	ral l	Home,	Inc.	
	23. PART I. Enter the d	isesses, or c	omplications the	it caused the de	ath. Do n	not enter	tha mo	de of dvi	ISIL	A BIAG	or resolu	S11	.Spr.	,MD 20901	
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Desth														
	disease or condition														
	e. Dehydration Due to (or as a consequence of): 3 Days														
Z	Dementia 8 Vocas												8 Years		
CERTIFICATION	Gegenteering in at commonly oue TO (OR AS A CONSEQUENCE OF):												23023		
5	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):														
Ē	that initiated events resulting in death) LAS	т	DOE 10	(OH AS A CONSEC	UENCE OF	-):									
E			d											1	
	PART II. Other significe	ent condition	s contributing to	deeth but not re	esulting i	n the un	deriying	ceuse g	given in	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS	
MEDICAL										1	YES 2			COMPLETION OF CAUSE OF DEATH?	
ME							_							YES 2 NO	
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DEA	TH YE	S 🔲 1	10 E	UNC	ERTAIN	1 🗆	,				
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. PLAC	E OF OEAT	H (Check of									
YS	1 TYES 2 NO		1 Inpetient 2	ER/Outpatient 3		4 CXNum	Ing Hom		sidence	8 Other (Sp					
	27. MANNER OF OEATH 1 W Netural 5	Pending	26e. DATE OF (Month, E		28b. TIMI INJ	E OF URY		RK?		26d. DEŞCRI	BE HOW IN	JURY OC	CURED		
В	2 Accident	Investigation	28a PLACE C	F INJURY — At ho		***		ES 2 [NO						
ETED		Could not be determined	building,	etc. (Specify)	ne, term, s	treet, lacte	ory, offici			261. LOCATIO	M (Street er wn, Stete)	nd Number	or Rural Ro	ute Number,	
	29e. CERTIFIER														
COMPL	(Checkpoly 1 2 CERT		CIAN: To the best of												
				2	www.como	n, in my o	pinion, di				place, end	dua to th	ne cause(e)	end manner ee stated.	
B	296. SONATURE AND TITLE	OF CENTIFIER	1111/6					29c. LICE	NSE NUM	A G				Month, Day, Year)	
6	30 NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH (ITEA	27) /*	Drint1		170	- 2 (U		Ju	11y 24	4, 1995	
 -	St. Marie St. St. Linds Will St. St. Linds Co. Bearin (11 Em 21) (type, Print)														
-					0 = 1-	7	D-: 1			-			_		
	Pamela M. N	Mulshir	ne, M.D.	11251	Lockw	lood	Driv	ve S	Silve	er Spr	ing,M	íary1	land 2	26901	
_	Pamela M. N	lulshir	ne, M.D.		Lockw	lood	Driv	ve S	Silve	er Spr	ing,M	íary1	land 2	26901	



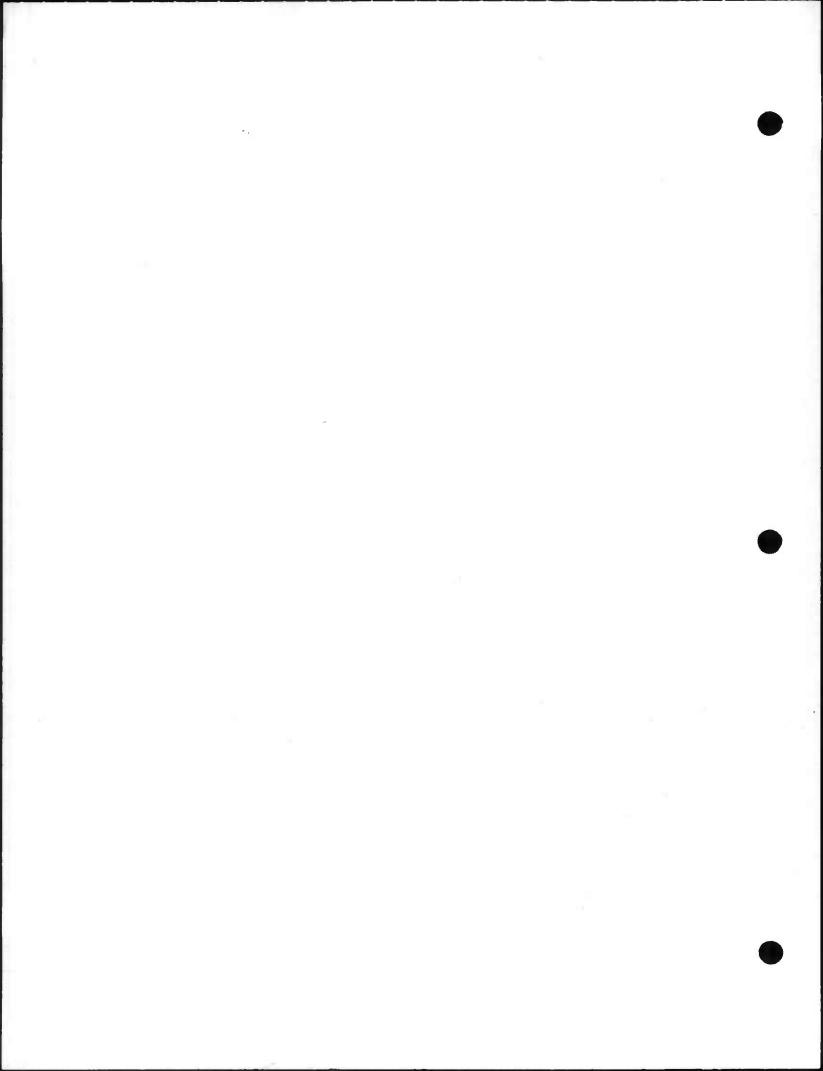


STATE REGISTRAR

-	
	D.
	,
0	3
9	-
<u></u>	1
8	
×	
0	4
8	1
	4
0	1
٥.	
_	3
Ś	•
ö	1
~	4
$\overline{}$	4
\approx	١
\sim	
<u></u>	1
ш	
_	1
Ø	1
<u> </u>	F
_	4
	2
Ē.	É
0	1
7	,
$\overline{}$	1
$\underline{\circ}$	9
S	1
	į
	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760	COMPANY OF STREET, STR
	46
	0
	3

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Alex Mazel 21 July 11:35 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 | F DAYS HOURS YRS. 119-22-2475 Oct. 6, 1910 New York Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Montgomery General Hospital Olney, MD Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Montgomery Silver Spring 1 YES 2 NO permit. 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 20906 15036 Candover 12. WAS DECEDENT EVER IN U.S. ARMED USA retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES YNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced WWIT COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Gov. Patent Office 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) notified at Philip Mazel BE Ida Talisman 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6 Esther W. Mazel 15036 Candover Ct. Silver Spring MD 20906 Page 6 may be be 20e. METHOD OF DISPOSITION
1. Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must t □ Buriel 2 □ Cremation 4 □ Donation 8 □ Other (Specify) _ King David Memorial Gardens7/23 Falls Church, VA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Edward Sagel Funeral Direction Edul 23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, completely filled in by the rial, cremation, or removal. Rockville 20852 medical Approximate ahock, or haart failure. List only one cause on each line. Interval Between 9 IMMEDIATE CAUSE (Final **Onset and Death** disease or condition the . Cardiac Arrest event. reaulting in death) 10 yrs DUE TO (OR AS A CONSEQUENCE OF): burial, b. Myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION and Sequentially list conditiona, prior to the attending physician Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL signed by the Health and N 1 TES TO NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State certificate HOSPITAL: OTHER: 1 TES 2 NO ☐ Inpetient 2 □ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED DIRECTOR: After this 1 Natural
2 Accident 5 Pending Investigation M 1 YES 2 NO ВУ death 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 20 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be hours after item 28 is 4 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as stated.
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the TO THE HOSPITAL OF TO THE FUNERAL DE FILED WITHIN 72 ho (Check only one) MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data end place, end due to the ceuse(s) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Talleno 7-24-95 D33067 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF FERSON 106 Irving Street NW Washington DC 20010 31. DATE FILED (Month, Day, Year) REGISTRAR'S SIGNATURE 25 1995 Julia diewolfer Rand

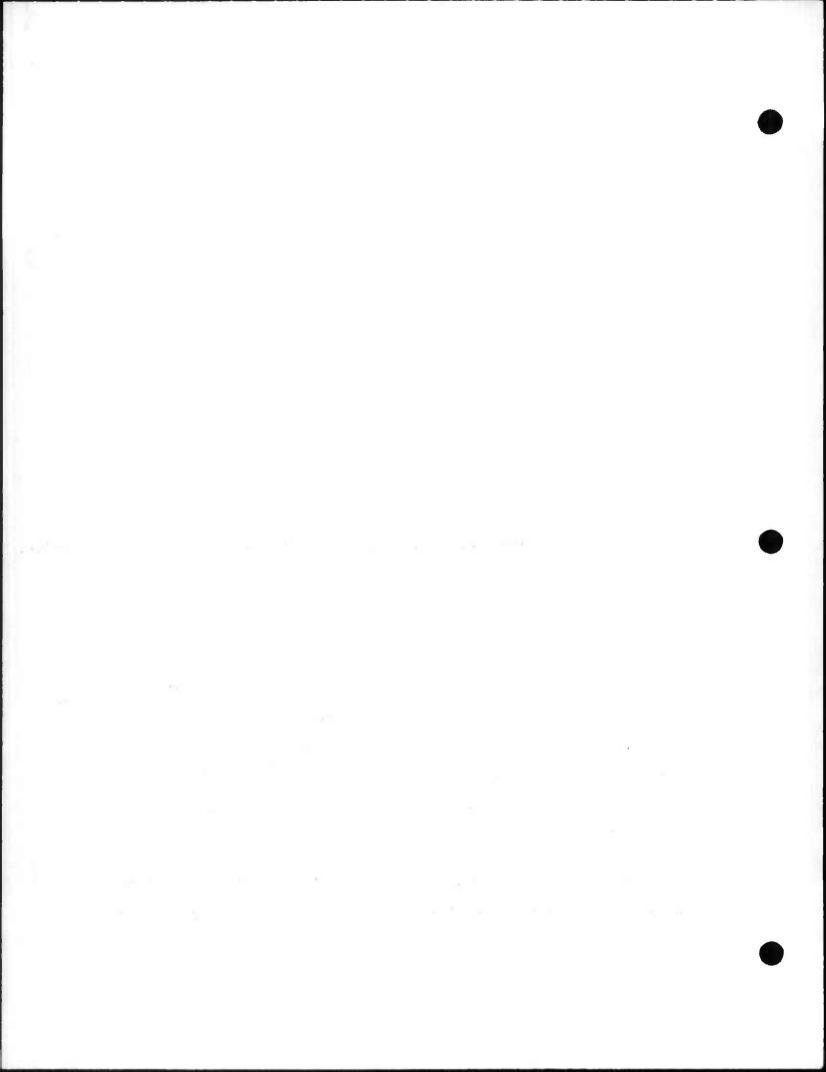


DIVISION OF VITAL RECORDS, P.O. BOX 68760	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should al.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY FINERAL DIRECTOR

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
		er J.	McK	enne	y, J:	c		July 24, 1995			2:20 p M		
	The second secon	5. SEX	6. AGE (In yrs. last		F UNDER 1 YE		R 24 HRS.	7. DATE OF BIT	RTH Mari	a. BIRTI	HPLACE (State or Foreign		
	2/2 20 0014	1 🔀 M 2 🗆 F	52	YRS.	ONTHS DA	HOURS	42	"Ohio					
œ	90. FACILITY NAME (If not institution, give street 17840 Old Frede		550			VN OR LOCAT		EATH		COUNTY OF I			
DIRECTOR	RESIDENCE OF DECEDENT	STICK P			Mt. Airy Howard								
R	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?		
	Maryland Carr	coll]	Mt.	Airy					1 X YES 2 NO		
FUNERAL	104. STREET AND NUMBER					101. ZIP COD			10g.		WHAT COUNTRY?		
NE IN	17840 Old Frede	ETICK R			1 40 1110		1771			U.S.			
	1 Never Married 2 Married	FORCES? 1	XYES 2 N	O	If yes	, specify Cubi	n, Mexice	NIC ORIGIN? (Spe n, Puerto Ricen,	atc.)	Blac	E — American Indian, ik, White, etc.		
ВУ	3 Wildowed 4 Divorced	Viet			1 1	YES 2 KNO	Specify	y:		Spec	Black		
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DEC	CEDENT'S US	SUAL OCCUP	ATION most of worki	na	16b, KIND	OF BUSINESS	/INDUSTRY	*		
ĽE	Elementary/Secondary (0-12)	College (1-4 or 5+4 Yrs) [<i>a</i> a				
ME	17. FATHER'S NAME (First, Middle, Last)	1 110	1 00	urt 1	керол		115010 1111	ME (First, Middle,	C. Go		ment		
BE CO	Luther J. McKe	enney,	Sr.					G. Wh		10)			
5	19a. INFORMANT'S NAME (Type/Print)		196	MAILING A	DDRESS (Str	et and Numbe	r or Rural F	Route Number, City	y or Town, State	, Zip Code)	21771		
-	Barbara Y. McKe	nney (deri		_		-		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Departies 5 Other (Specific)	al from State	20b. PLACE A	ND DATE OF	DISPOSITION	I (Name of	-		20c. LOCATION				
i	1 Burlet 2X Cremation 3 Removal from State Cemetery, crematory or other place) 4 Donation 5 Other (Specify) Baltimore Nat'l Cem. 7/28 Baltimore Nat'l Cem. 7												
	SNOWDEN FUNERAL HOME, P.A.												
	23. PART i. Enter the diseeses, or con	polications that	ceused the dea	ith. Do not	enter the	mode of dv	Ing. such	MD 2	20850	arrest	Approximate		
	anock, owneart failure. List only one cause on each line. immediate CAUSE Final Onset and Death												
	disease or condition resulting in deeth) - Immuno blastic lymphoma 12 monts												
Í	disease or condition resulting in deeth) Immunoblastic lymphoma 12 monts												
Z	Sequentially list conditions b.												
ATE	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING												
띪	CAUSE (Disease or Injury C. Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	resulting in death) LAST												
	PART ii. Other aignificent conditions	contributing to	death but not re	sulting in	the under	ving cause	alven in	Part i 240 1	MAC AN AUTOR	ev I au	WERE ALTOROV ENDINGS		
MEDICAL				outing in	ano unigen	ying couse	givenini	PERFORMED?			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
								_ 10	YES 2 NO		OF DEATH?		
	DID TOBACCO USE CONTRI	BUTE TO CAI	JSE OF DEAT	H YES	П NO	M UNC	FRTAIN	<u>-</u>		u l	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			OF DEATH	(Check only o								
YSI	1 TYES 2 NO	IOSPITAL:	ER/Outpetient 3		THER:	tome 5×R	esidence	6 Other (Spec	cify)				
표	27. MANNER OF OEATH 1. Natural 5 Pending	28e. OATE OF (Month, Da	y. Your)	286. TIME O	Υ	MOUNT	VIA	28d. DESCRIBE		OCCUREO			
B≼	2 Accident Investigation	7/F		NIA			NO	-					
	3 Suicide 6 Could not be determined	building.	INJURY — At hon	ne, tarm, stre	et, factory, c	ffice		261. LOCATION City or Town	(Street and Nun n, State)	ober or Rural I	Route Number,		
	29e. CERTIFIER CEPTIEVING PHYSICIA	N. To the heat of	- Learning of the Land						•				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:										a) and menner se stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIEP					29c. LIC	ENSE NUM	IBER	29d. (DATE SIGNED	(Mpnth, Day, Year)		
TO B	OBy Knight	Mi	<u>)</u>			2 4	-113	3 9	•	7/25	195		
-	30. NAME AND ABDRESS OF PERSON WHO	COMPLETED CAUS	e of DEATH (ITEM		int)	Jelyn	ab:	a h	·) 2	104	4		
	31. DATE FILED (Month, Day, Year)	32.,REGISTRAN			1			/	1 0	. • •	('		
	31. DATE FILE UN 27 1995	plus dance	un-Nardal	6 0									
							_						

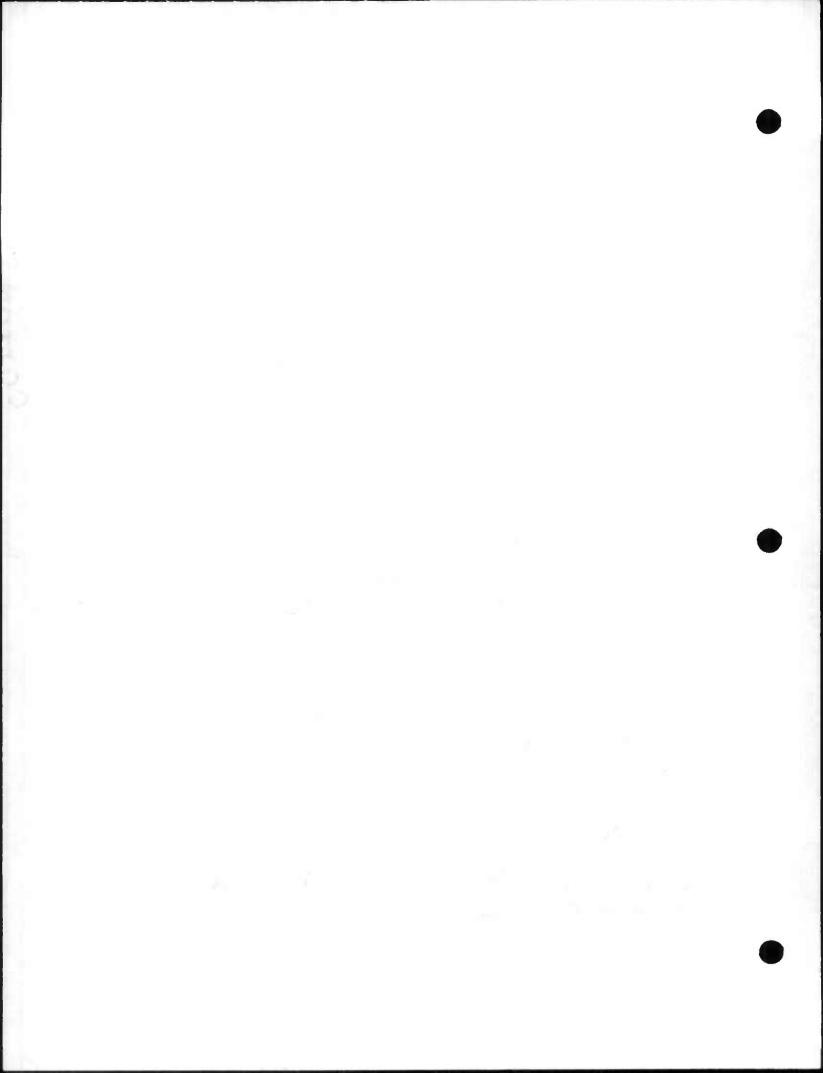


DIVISION OF VITAL RECORDS, P.O. BOX 68760

etaine	choul
ay be	Dane B
ge 6 m	linactor
eath. Pa	funeral
after d	with w
hours	ni ba
within 24	pletely fill
paccuted	and com
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	r this certificate has been signed by the attendion physician and completely filled in twitte fundament director have 5 charal
death o	aftend
at the	by the
equires th	en sioned
e faw ri	has be
IYSICIAN: Th	is certificate
4	T th

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF			Mar -	3. TIME OF DEATN	
		Marguerit		a McFee							July	22.	199	YEAR	1:50 P M	
		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDE	R 1 YEAR	-	24 HRS.	7. DATE OF (Month, D	BIRTH		8. BIRTH	IPLACE (State or Foreign	
P		579 - 24 - 5665		1 🗆 M 2 💢 F	94	YRS.	mon (na	LIAVS	HOURS	MIN.	June		901		consin	
3 should	E	9a. FACILITY NAME (If not is					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATN		
1, 2, 3	<u> </u>	Montgomery	Gener	cal Hospi	ltal		Olney Montgomery						omery			
iges 1	DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CITY	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY		
ج ج		Maryland		ntgomery	7		Silver Spring						LIMITS? 1 ☐ YES 2 ☑ NO			
L bern	¾	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT 3701 International Drive, #347 20906 United												VHAT COUNTRY?		
transi	FUNERAL	3701 Inte	rnatio							0906			U	United States		
burial-transit permit. Pages	1	1 Never Married 2	Married		YES 2 MAR OR DATES	X NO		If yes, s	ECENDENT O	, Mexicar	, Puerto Rica	Specify Yea in, atc.)	or No-	Black	E — American Indian, k, White, etc.	
the state of	84	3 🔀 Widowed 4 🗌 Dive	MAR OR DATES	ES 1 ☐ YES 2 🕅 NO Specify: Sp								Spec	White			
Second S										SINESS/INC	DUSTRY					
d for	E	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)									
detache once.	COMPL	17. FATHER'S NAME (First, M	licidia Lasti			T	each	er	40 14071	FD'0 NA	AE (First, Midd		1001			
2 E	E C	Levi Geor	A175	ric								lle, Maiden	Sumame)			
5 should notified	00	19a, INFORMANT'S NAME (113		19b. MAILING	ADDRES	S (Street			Lee	City or Towi	n, State, Zic	Code)		
e not	입	Thomas S. M	cFee			1213									61	
by the funeral director, page emoval. Ilical examiner must be		20g, METNOD OF DISPOSIT	ION on 3 🗆 Reme	oval from State	20b. PLA	CE AND DATE O	F DISPOS	SITION (Name of 26	. 19	DATE		CATION -			
direct		4 Donation 5 Other (Specify) Rockville, Maryland													Maryland	
e funeral dir if. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00831 22. NAME AND ADDRESS OF FACILITY RODE II. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805														
the fr		Avenue, Rockville, Maryland 20850-2805														
5 5		23. PART i. Enter the diseases, or complications that ceused the daeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between														
filled i		IMMEDIATE CAUSE (Final Onset and Death														
remat ent,		disease or condition resulting in death) Due to (or as a consequence of):														
n and completely fille to burial, cremation, imatic event, the	_	- Acute MI														
led by the attending physician and completely fille the and Mental Hygiene prior to burial, cremation, any injury, or other traumatic event, the	CERTIFICATION	Sequantielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
attending physician rital Hygiene prior t	S	ceuse. Enter UNDERLY CAUSE (Disease or Inju		2 1 7	201-6	Norto			- HT	>					Tears	
Hygien r oth		that initiated events resulting in death) LAS	T	DUE 10	(DR/AS A CON	ISEOUENCE OF):									
the atten Mental njury, o				d												
and M	MEDICAL	PART II. Other significe	ot resuiting in	g in the underlying cause givan in				Part i. 24s, WAS AN AUTOPSY PERFORMED?			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
signed Health :	DIC							_	_		1	YES 2	NO		OF DEATH?	
of Healt		DID TOBACCO U	SE CONTE	DIRLITE TO CA	LISE OF D	EATH VE	c 🗀 .	NO P	M IIIIC	- ATA - A			•		1 YES 2 NO	
Sep 23	SICIAN	25. WAS CASE REFERRED T		ABOIL TO CA		LACE OF DEAT	-			ERTAIN						
State C	SIC	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHEI		me 5 🗆 Res	lidence i	Other (Si	nec/fv)				
ith the	РНҮ	27. MANNER OF DEATH		28s. DATE OF (Month, E		28b. TIME	OF	28c. IN	JURY AT		28d. DESCRI		JURY OC	CURED		
tter this eath with marked	BY.		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11100	M		YES 2	NO						
after de	8		Could not be determined	28e. PLACE C building,	of INJURY — At etc. (Specify)	t home, farm, at	lreet, fact	lory, offi	lce		28f. LOCATIO	ON (Street a	nd Number	or Rural R	loute Number,	
DIRECT hours a item 2																
10 m	COMPI	(Check only		CIAN: To the best of											100 - 100 - 100 - 100 A	
THE FUNERAL (filed within 72 h PORTANT: It it		296. SIGNATURE AND TITLE	THE REAL PROPERTY.		AMINIMATION WIND	or investigation	i, iiv iiiy t	уриноп,		-		place, and) and manner as stated.	
TO THE FUNERA DE filed within 7 IMPORTANT: I	88		-			\rightarrow			Di Cicer	432	SOL	.	W.	V	(MONTA Day Mar)	
F 5 %	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAN			Print	77.0	ore U	m	1 12	1179	14/	/ 0	(d 1)	
		C.Ozanne		rktard		305 N	1-6	2	ilver	5	ormu o		01	20	5906	
		31. DATE FILED (Month, Day,	Year)	July Da	R'S SIGNATUR	E					1					
		JULZ	1335	faur and	MARK WO	TO BUT										



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--

												95) 2	4 4
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMEN	T OF H	IEALTH DEAT	AND I	MENTAL		E		
	1. DECEDENT'S NAME (First	Middle Lest)			ENTH	ICAI	E OF	DEA	П	L	REG. NO.			
	Rudo1ph		Miller							HTHOM			YEAR	3. TIME OF DEATH
	July 19, 1993										2:45 P. M			
											8. BIRTH	PLACE (State or Foreign		
	578-05-3050 1 ⋈ 2 □ F 86 YRS. MONTHS DAYS								MIN.			1909		nsylvania
	Se. FACILITY NAME (If not in	estitution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE	EATH	12.7 1			
DIRECTOR		Meridian Nursing Center Frederick Frederic												
5	RESIDENCE OF DECEDENT													
H.											10d. INSIDE CITY			
											LIMITS?			
FUNERAL	10e. STREET AND NUMBER						10	. ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?
E.	9905 Dilston Road 20903 U.S.A.													
목	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN II S AR	MED	12	WAS DEC	ENDENT O	E LUCAA	NC OBIOINE	M			
띹	1 Never Married 2	Married	FORCES? 1	YES 2 X	NO	13.	If yes, sp	ecify Cube	n, Mexica	in, Puerto R	(Specify Yealican, etc.)	or No-	14. RACE Black	American Indian, , White, atc.
BY	3XXWidowed 4 Dive		IF YES, GIVE W	AR OR DATES			1 TYES	XX NO	Specify	y:			Specif	white
														WIIIC
COMPLETED	15. DEC (Specify onl	EDENT'S EDUC y highest grade (ATION completed)	(G	CEDENT'S	work done	during mo	ON ast of workin	ia.	16b.	KIND OF BUS	INESS/IND	USTRY	
Щ	Elementary/Secondary (6)-12)	College (1-4 or 5	-) Hfe.	Do NOT us	se retired.))		•					
<u>a</u>	8			Ca	arpen	ter					Constr	uctio	on	
ő	17. FATHER'S NAME (First, M	liddle, Lest)						18. MOTH	HER'S NA	ME (First, M	iddle, Melden	Sumama		
	Herman M	iller									ot (Sc	,	ema+1	١
H	19a, INFORMANT'S NAME (
2											er, City or Town			
	James Jans				1903	Dall	las <i>P</i>	ve.	Silv	er Sp	pring,	MD 2	20903	1
	26e METHOD OF DISPOSIT 1. Buriel 2 Crematic 4 Donation 6 Other	ION on 3 - Remo	wal from State	20b. PLACE /	metory or o	of DISPO	SITION (Ne	me of	Tuller	DATE	20c. LO	CATION —	City or Tow	wn, Stata
- 84	THE SUPPLIES OF FUNERA		ENCO	- P C - 11	11001	11 0	me te	ту	oury	44,	ם כפבי	renu	vood,	, III)
		E SERVICE EIGH	Z											Home, Inc.
	A	4/h /	4/10	lace. 6	1	25	4 Ca	rrol	1 St	. NW	Wash	ingto	on, I	O.C. 20012
	23. PART I. Enter the U	labases or co	ornatications the	coursed the de	eth Do							_		
1 1	shock, or h	ert fallure. L	lat only one cau	se on each line		iot aiita	i tha ino	ua oi uyi	ng, suci	n as carol	ac or respi	ratory arr	est,	Approximate Interval Batween
	IMMEDIATE CAUSE	saf	,											Onset and Death
	disease or condition	→ .	Respi	ratory F	ailu	re								1 day
				(OR AS A CONSE										
-			Conge	stive He	eart.	Fail	ure							1 day
RTIFICATION	Sequentially list condit			(OR AS A CONSEC										1 day
N N	If eny, leading to imme cause. Enter UNDERLY													j
유	CAUSE (Disease or Inju		DUE TO	OR AS A CONSEC	DIENCE OF	٥.								
ΕI	that initiated events resulting in death) LAS		502.10	OH AS A CONSEC	JOENCE OF	7:								
CER		d												
	PART II. Other significa	nt conditions	contributing to	death but not a	naudálan I	n Abriller								
MEDICAL	Atr	ial Fil	orillatio	כי מווי של המו	asulting i	ii (iia u	nuariyin	g cause g	iivan in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ĕ		101 11,	ortifact.								1 YES 2	X) NO		COMPLETION OF CAUSE OF DEATH?
Ę.										- 1				1 YES 2 NO
	DID TOBACCO U	SE CONTR	BUTE TO CA	USE OF DEA	TH YE	sΠ	NO E	LINC	ERTAIN	V \square				70,140,101.0
A	25. WAS CASE REFERRED TO				E OF DEAT			0110	EKIAII	101				
PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHE	R:							
ΥS			1 Inpatient 2		□ DOA	4XXVIII	rsing Hom	e 5 🗆 Re	sidence	6 🗆 Other	(Specify)			
표	27. MANNER OF DEATH		28a. DATE OF (Month, Di		26b. TIM	E OF URY	28c. INJ	URY AT		28d. DE\$C	RIBE HOW IN	JURY OCC	URED	
ВУ		Pending Investigation		- U1-2	2006	М	1 🗆 1		NO					
	2 Sulate	Could not be	28e. PLACE O	F INJURY - At ho	ma, farm, s	treat, fac	tory, office			28f. LOCA	TION (Street a	nd Number	or Rural Re	oute Number
ш		determined	bullding,	atc. (Specify)						City or	Town, State)			
Ш	20a CERTIFIE						_							
집	(Check on 1 CERT	IFYING PHYSIC	BAN: To the best of	my knowledge, da	ath occurre	d at the	time, date	and place,	and dua	to the caus	e(e) and man	ner as state	ıd.	
COMPLETED	2 MEDI	CAL EXAMINER	: On the beals of as	amination end/or i	nvestigatio	n, In my	opinion, d	eath occur	ed at the	time, date a	ind pleca, and	d due to the	a cause(a)	and manner as stated.
	29b, SIGNATURE AND TITLE													
BE	1900	1	N	1/1				29c. LICE		HJUN	J			(Month, Day, Year)
2	VIIV	1	///	#				D180	১০১			Jul	y 19	, 1995
- H	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH STEE	A ATA /Tone	Charles all								

801 Tollhouse Ave. Frederick, MD 21701
32. REGISTRAR'S SIGNATURE

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

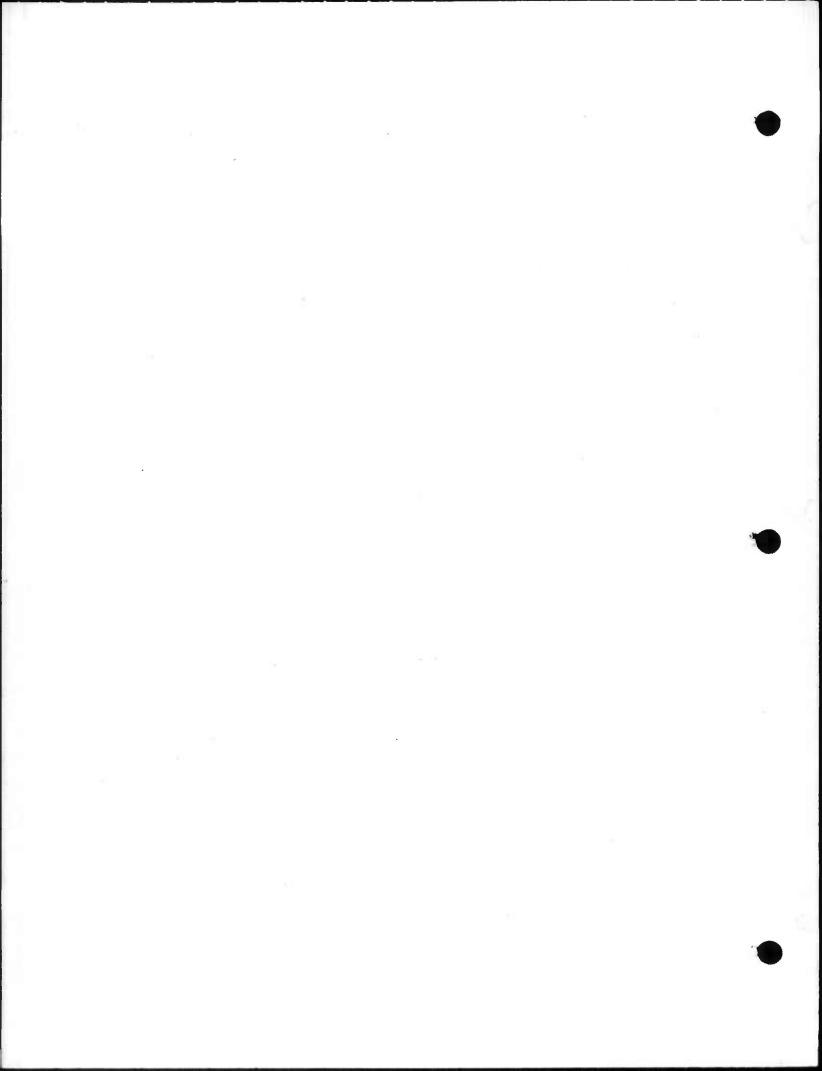


30. NAME AND AL

A. Majeed M.D.

31. DATE FILED (Month, Day, Year)

JUL 27 1995

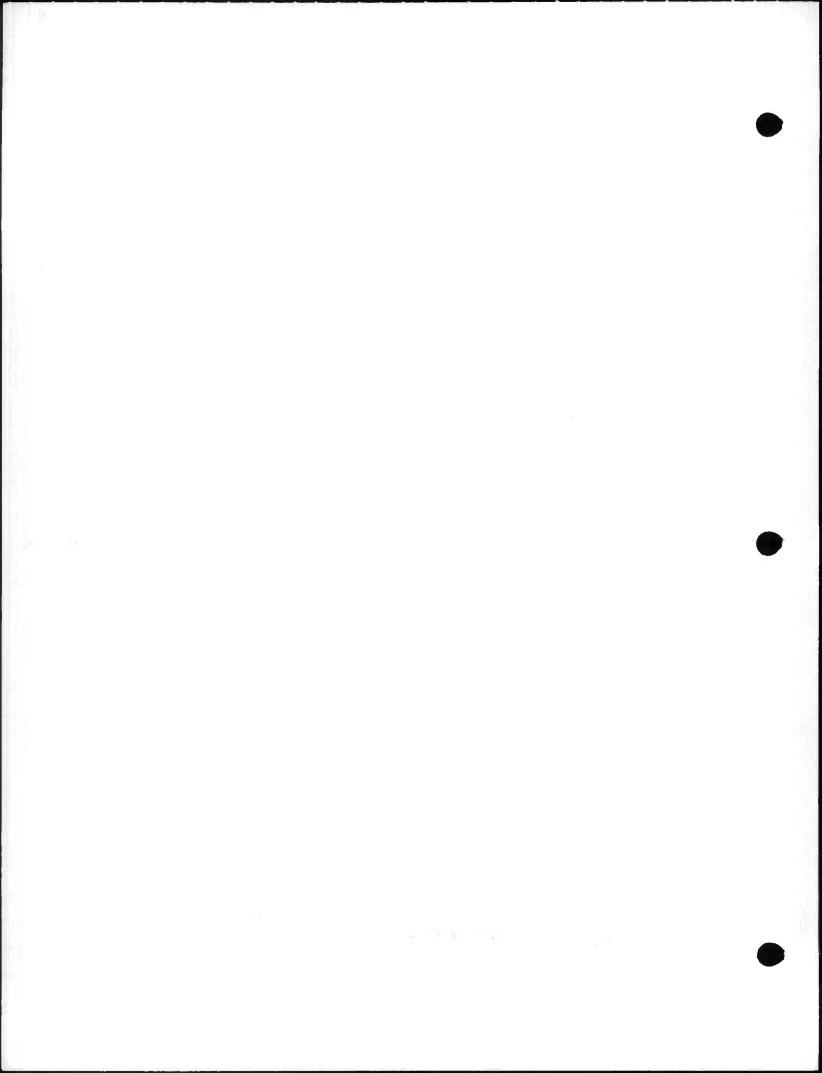


ermit. Pages 1, 2, 3 should

4	,
α	
\sim	
മ	
-	
∞	
Ó	
w	
\sim	
ŏ	
-	
\mathbf{c}	
_	
m	
\sim	
0	
-	
-	
Δ.	
-	
4-5	
S	
_	
Albert .	
Œ	
=	
\sim	
\sim	
0 0	
L 3	
_	
111	
Portland.	
OP.	
RECORI	
TALF	
_	
-	
eg.	
_	
_	
3	
September 1	
£1	
-	
<u></u>	
\sim	
_	
VISION	
~	
_	
0	
U	
_	
4.00	
CD)	
40	
_	
3	
Stanoon or other	
0	

24 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the buria on, or removal.	he medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	CONTRACTOR OF THE PROPERTY OF

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL HYG				
	1. OECEDENT'S NAME (First, Middle, Last)			AIL OI	DEATH	2. DATE OF DEAT	тн		3. TIME OF DEATH	
1	Herbert	L. Need	lham			July 1	6 199	YEAR 5	9:50 P M	
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yr	s. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRTI	IPLACE (State or Foreign	
	579-30-0542	1 X M 2 □ F 69	YRS.	NTHS DAYS	HOURS MIN.	May 15,		Was	nington, DC	
	Se. FACILITY NAME (If not institution, give street	et and number)	98	CITY, TOWN	R LOCATION OF D			INTY OF D		
DIRECTOR	5221 Varnum Street			Blader	sburg		Pri	Ince	George's	
Ë	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
		George's	Blade	ensburg	5				1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CIT	IZEN OF	WHAT COUNTRY?	
ÿ	5221 Varnum Street				20710		Uni	lted	States	
교	11. MARITAL STATUS 1 Never Married 2 X Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2	NO NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specials, Puerto Rican, etc.	fy Yes or No-	14. RACI	E — American Indian, k, White, etc.	
В	3 Widowed 4 Divorced	1943 to 1946			2 X NO Speci		/	Spec	ffy:	
	15. DECEDENT'S EDUCAT		n. DECEDENT'S US	IAL OCCUPATIO	IM .	165 KIND O	F BUSINESS/IN	DUETRY	White	
	(Specify only highest grade co	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo.	st of working	TOD. KIND O	r BUSINESS/IN	DUSTRY		
7	12		Construct	tion Wo	rker	Rui 1	ding Ir	duet	rv	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M.		idust	Ly	
BE C	Charles Joseph Nee	dham				Lela Cro				
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AO	DRESS (Street a		Route Number, City of		p Code)		
2	Marie J. Needham		5221 Va	arnum S	treet.	Bladensbu	irg. MT	20	710	
	20s. METHOD OF DISPOSITION	20b. PL/	ACE AND DATE OF D	ISPOSITION /Ne			c. LOCATION -			
	1X Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	For	t Linco	ln Ceme	terv 7	/20/95 I	Brentwo	od.	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22 NAME AN	D ADDRESS OF EA				- Jane	
ğ	Kon L. H.	10.4							MD 20722	
	23. PART I. Enter the diseases, or con	nplications that caused the	a death. Do not	anter the mo	de of dving au	h as cardiac or	Drentw	poot,	Approximata	
	anock, or heart failure. Lis	it only one cause on each	lina.		so or dyning, add	in de cerdiac pr	espiratory at	1001,	Intarval Between	
	IMMEDIATE CAUSE (Final disease or condition	C. ABEI	drm	Α (60			Onset and Death	
	disease or condition resulting in death) a. CAREINDMA LUNG SMALL CELL 19808 DUE TO (OR AS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequantially ilst conditiona, If any, laading to immediata	OUE TO (OR AS A CO	NSEQUENCE OF):							
S	cause. Entar UNDERLYING CAUSE (Disease or Injury									
F	that initiated events reaulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):							
Ë	d.									
AL C	PART II. Other significant conditions of	contributing to death but n	ot resulting in t	ha underlying	cause given in	Part 1. 24a. WA	S AN AUTOPSY	24b	WERE AUTOPSY FINDINGS	
CA	1763 2200			FAIR	300	PE	RFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	ASBEST				4110	— ¹ ⊔ YI	ES 2 NO		OF DEATH?	
2	DID TOBACCO USE CONTRIE		FATH YES		UNCERTAI				1 TYES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH (ONCERIAI					
Sic		IOSPITAL: Inpatient 2 ER/Outpatien	W 3 [] DOA 4	THER:	· Xana	6 Other (Specify				
Ħ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c. INJ		28d. OESCRIBE H		CUBED		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO					
ВУ	2 Accident investigation								loute Number.	
區	building, stc. (Specify) City or Town, State)									
COMPLETED	298. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	double occurred in	the time date	and place, and due	to the squarfel and				
ž		On the basis of examination and							and manner as stated	
	29b. SIGNATURE AND TITLE OF GERTIFIER									
H	velos) }	hr			29c. LICENSE NUI	1aa	29d, DAT	E SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type Prin	nf)	VIT	1/0		110	2 73	
	K. Isseph Matheu		Kenik	inster	AUD TITY	Dunda	lo A	Id	20727	
	31. DATE FILED (Month, Day, Year)	3. REGISTRAR'S SIGNATURE	E. 1 11	100,00		- Ivelau	4, 10	W.	20131	
	JUL 2 5 1995	John of water &	ANG AG							



9
9
-
87
9
BOX
\circ
\approx
ш
0
ч.
0
S
\circ
RECORDS,
-
0
ō
\sim
ш
α
_
-4
OF VITAL
_
>
ш.
0
0
7
dia.
0
=
ഗ
_
VISION
-
0
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

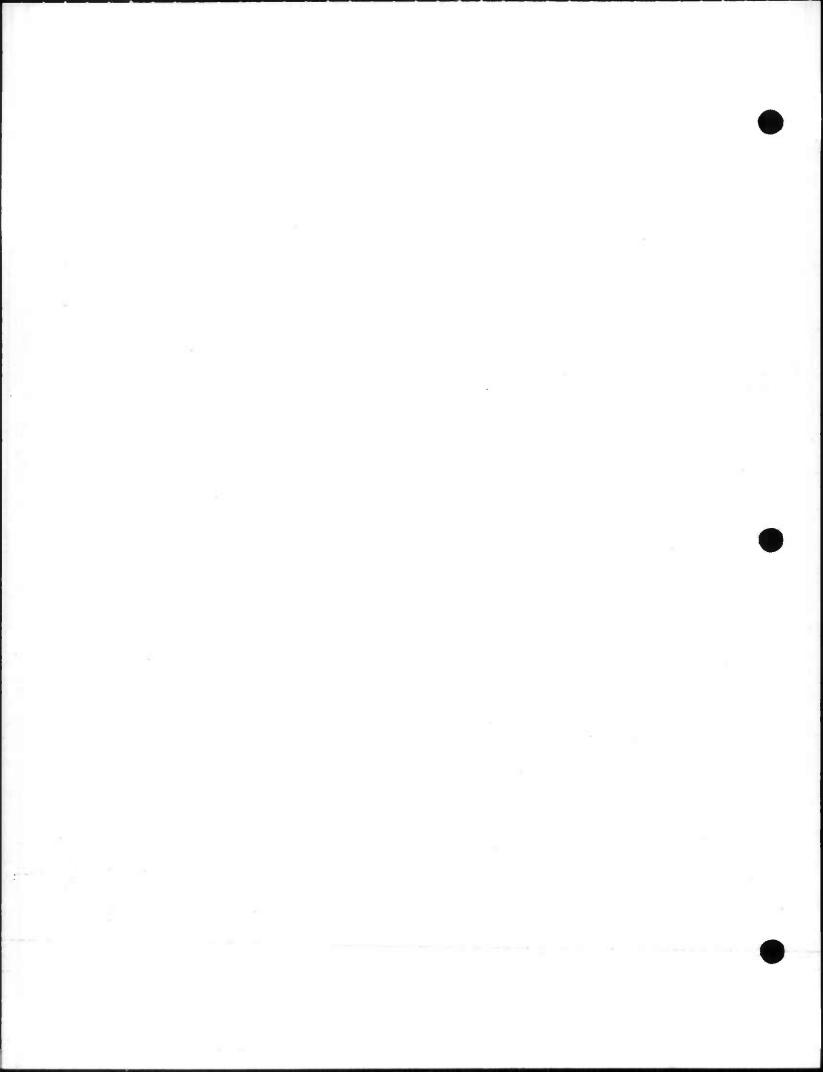
TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitied at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF I	EALTH AND		GIENE S. NO.		
į.	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH		3. TIME OF DEATH
		John Howard	Nicklas			July	20, 199	5	3:40 P M
	4. SOCIAL SECURITY NUMBER		940	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Y	TH (bar)	8. BIRTI Count	HPLACE (State or Foreign
	324-18-4051	1 XXM 2 □ F	74 YRS.	- CATO	HOURS MIN.	March 3			"Ohio
œ	9a. FACILITY NAME (If not institution, give s		91	b. CITY, TOWN	OR LOCATION OF D	DEATH	9c. COI	INTY OF E	DEATN
5	11204 Deborah Dr	ive		Pot	omac		Mo	ntgo	mery
DIRECTOR	10e. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCA					10d. INSIDE CITY LIMITS?
	Maryland Mont	gomery			Potom	ac			1 TES 2XXNO
FUNERAL		Deborah Drive	2	10	20854				States
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	20001	NIC ORIGIN? (Spec			E — American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	TES	If yes, sp	ecity Cuben, Mexic	en, Puerto Rican, el	tc.)	Blac	k, White, atc.
			WW II						White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Give kind of work life. Do NOT use re	done during me	ON ost of working	16b. KIND (OF BUSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Enginee	,		Unite	d State	es Go	vernment
NO.	17. FATHER'S NAME (First, Middle, Last)		5		18. MOTHER'S N	AME (First, Middle, N		-5 00	Vermienc
BE C	J	John Martin N	icklas			Theresa		neyer	:
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City			
	Olean R. Nickla					Potomac,			
	209. METHOD OF DISPOSITION 1.X. Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF D etery, crematory or other te of Hea			1995	oc. LOCATION —	•	
	21. SIGNATURE OF FUNERAL SERVICE LIC	priser Ga	te or Hea	ras NAME A	Metery ADDRESS OF FA	ACILITY _	Silver	Spri:	ng, Maryland
	Made 1 7.8	hising	M00846	300 We	st Mont	phrey Fu gomery A	neral H Venue	Iome/	Rockville, Inc.
	23. PARTA. Enter the diseases, or c shock, or heart failure.	complimations that caused	the death. Do not	enter the mo	de of dying, suc	ryland	reapiratory ar	1805	Approximate
	shock, or heart failure, IMMEDIATE CAUSE (Final								interval Between Onaet and Death
	disease or condition resulting in death)	· Ou	ctas of	24-6	Sla	125	cauc	S	6 ru
		DUE TO (OR AS A	CONSEQUENCE OF):						
ON	Sequentially list conditions,	b. DUE TO OR AS A	CONSEQUENCE OF:						
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
FF	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d							
AL C	PART II. Other aignificant condition	s contributing to death bu	it not resulting in t	he underlyin	g cause given in	Part i. 24s. W	AS AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS
S						PI	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME						''''	23 2 1 110		OF DEATH?
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF	DEATH YES		UNCERTAI	N 🛛			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	6. PLACE OF DEATH (Check only one) THER:					
14S	1 YES 2 NO	1 Inpatient 2 ER/Outpar	tient 3 DOA 4	Nursing Nor		8 Other (Specif)			
	1 Natural 5 Pending	(Month, Day, Year)	28b, TIME O	WO	RK?	28d. DESCRIBE	OW INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	- At home, farm, atree	_		28f. LOCATION (S	Street and Number	or Rural F	Toute Number
Ī	4 Homicide determined	building, atc. (Specif	γ)			City or Town,	Stete)		
PL	29e. CERTIFIER (Check only 1 CERTIFYING PNYSIC	CIAN: To the best of my knowle	dge, death occurred a	t the time, date	end place, end due	to the ceuse(s) en	d menner as sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, is	n my opinion, d	eath occured at the	time, data and pla	ca, end due to ti	na ceuse(s) end menner as stated.
uu li	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								(Month, Day, Year)
TO B	X Speach	56312			D106	96	DA	uly	21, 1995
	30. NAME AND ADDRESS OF PERSON WHO				: 1		4 -		
ŀ	Edgar H. Levin, N 31. DATE FILED (Month, Day, Year)	1.D. 9801 Ge	orgia Ave	nue, S	llver Sp	ring, Ma	ryland	209	902
	JUL 24 100F	11. 11 .	0						ł
	34 1995	- Yaba Bushard	woody						DHMH-16 Rev 1/89





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 . STATE

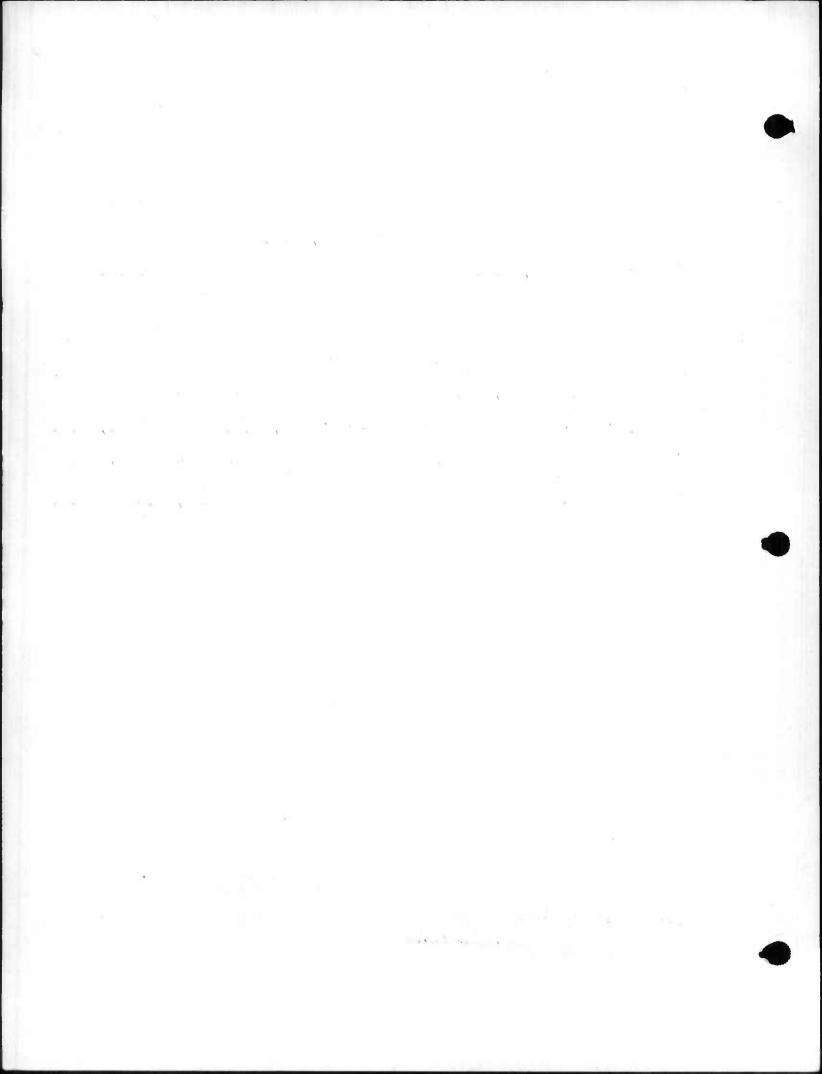
	HEGISTHAR			EKIIF	ICALE	: OF	DEA	IH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DEATH
	LEONARD	LISPENARI	NICHO	DLSON	. II	I			TULY	Z 25 [™]		YEAR	2:45 P
	4. SOCIAL SECURITY NUMBER	T	. AGE (In yrs. les		IF UNDER	_	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign
	175-03-0365	1 🔀 M 2 🗌 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	Day, Year)	111	Count	(٧)
	9e. FACILITY NAME (If not institution, give s	treet and number)	03		9h CITY	TOWA	OR LOCATE		Dec.	4, 15		Wash	ington, DC
OC.					90. G11,						9c. COL	INTY OF D	EATH
임	NATIONAL NAVAL	MEDICAL C	CENTER		<u> </u>		BETH	<u>ESDA</u>				MONT	GOMERY
DIRECTOR	10e. STATE 10b, COUNTY	1		10c. CIT	Y, TOWN O	B LOCAT	ION						10d. INSIDE CITY
Ë	Maryland Mont	gomery			evy (112000						LIMITS?
	10e. STREET AND NUMBER	Gowery		CII	evy								1 X YES 2 NO
FUNERAL						101	. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
9	23 West Irving	Street					208	15			Uni	ted	States
ا ج	11. MARITAL STATUS	12. WAS DECEDENT			13. V	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACI	E — Americen Indian, k, White, etc.
	1 Never Merried 2 Merried	IF YES, GIVE WAS		NU			2 TN NO		n, Puerto Ric	en, etc.)		Speci	
B	3 Widowed 4 Divorced	WWII, K	orea				20						ite
COMPLETED	15. DECEDENT'S EDU-		18e. DE	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. K	ND OF BUS	SINESS/IN		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life	Bive kind of a Do NOT us	se retired.)	ouning mo	ST OF WORKE	ng					
립		3		Comma	nder				11	.s. c	'oast	Gua	rd
8	17. FATHER'S NAME (First, Middle, Last)			- Ontario			18 MOTI	HER'S NA	ME (First, Mid			. Guu	
	Iconard I Nich	oldon Tm									Somethe)		
BE	Leonard L. Nich	OISOII, JI				David No.			J. Ge				
2									Route Number,				
	Margaret Anne Ni	cholson								hingt	on,	D.C.	20018
	20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Rem	ovel from State	20b. PLACE cemetery, cre	ANDDATE	OF DISPOSI	ITION/Na	me of	6 1	OOSATE	20c. LO	CATION -	City or To	wn, State
1	4 Donation 5 Other (Specify)		Monto	gomer	y Cr	emat	oriu	ım, İ	nc.	Beth	esda	. Ma	ryland
	21. SIGNATURE DE FUNERAL SERVICE LIC	ENSEE			22 1	MAME AN	ID ADDOE	SC OF FA	DR CTM				-
	+ XX 9.	100	M00202	2	Be	bert thes	da-C	hevy	hrey Chas	Funer e, Ir	ral E	lome/	Wisconsin 3501
	23. PART I. Enter the diseases, or o	complications that			IAV	enue	e Bet	nesc	ia, Ma	rylar	1d 20	814-	
	ahock, or heart fallura.	List only one cause	on each ilna	B.	iot aintai	tha mo	ua oi uyi	irig, auci	i as cardia	c or respi	ratory ar	rest,	Approximate interval Between
- 1	iMMEDIATE CAUSE (Final disease or condition												Onset and Death
	resulting in death)	. METAS	TATIC	PROST	CATE	CAN	CER						
	DUE TO (OR AS A CONSEQUÊNCE OF):												
Z	Sequentially list conditions. ACUTE RENAL FAILURE												
CERTIFICATION	If any, leading to immediate	DUE TO (O	R AS A CONSE	QUENCE O	F):								
5	CAUSE (Disease or injury	c.											
드	that initiated eventa	DUE TO (O	R AS A CONSE	OUENCE OF	F):								
	resulting in death) LAST	4											
EDICAL	PART ii. Other significant condition	a contributing to de	eath but not r	rasulting	in tha un	deriying	cause g	given in	Part i. 24	In. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2										XYES 2			COMPLETION OF CAUSE
									_ '	24123 2			OF DEATH?
Σ	DID TOBACCO USE CONTI	DIRLITE TO CALL	SE OF DEA	TU VE	с П »	10 [LINIC	EDTAIN					1 TES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL	CIBUTE TO CAU					UNC	EKIAI	4 🗆 📗				
o l	EXAMINER?	HOSPITAL:	26. PLAC	CE OF DEAT	OTHER								
PHYSICIAN:	1 TYES 2 NO	1 X Inpatient 2 🗆 E	R/Outpetient 3	□ DOA			e 5 □ Re	sidence	8 Other (S	(pecify)			
표	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DESCR	IBE HOW IF	VJURY OC	CURED	
B	1 Netural 5 Pending 2 Accident Investigation				М		ES 2	NO					
	3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — A1 ho	ome, ferm, a	itree1, fecto	ory, office			281. LOCATIO	ON (Street a	nd Numbe	r or Rumi F	Route Number,
E	4 Homicide determined building, etc. (Specify)												
COMPLETED	29e. CERTIFIER			_		_							
를	(Check only												
ō I	2 MEDICAL EXAMINE	R: On the beele of exer	nination end/or	Investigatio	n, in my of	pinion, d	eath occur	ed at the	lime, date en	d place, en	d due to 1	ne ceuse(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	· C>					29c. LICE	NSE NUN	BER		29d. DAT	E SIGNED	(Month, Day, Year)
8	Edward M.	manuel)	M	1						ļ	▶2		D. O.C
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE	OF DEATH (ITE	M 27) /Tuna	Print)		-				_		xy 13
			e. venin (ilei	··· ar j (19408,	e inny		NATI	ONAL	NAVAI MD 20	MED	ICAL	CEN'	TER
	E. M. OMRON LT.	MC. USNR	Y 11-10-1				RETH.	ESDA	MD 20	J889 -	5600		
	31. DATE FILED (Month, Day, Year) JUL 27 1995	The district	use hard	111									
M	001 67 1995	TRUM DUROS	ANN AUTHOR	all of									

FOR STATE REGISTRAR

	l
13146,	
BOX	
P.0.	
RECORDS,	
F VITAL	
DIVISION	

,	1. DECEDENT'S NAME (First, Middle, Last)	R. Pari	EP.	JR.					2. DATE OF D	DEATH DA		YEAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	F UNDER 1		IF UNDER		7. DATE OF B	IRTH		B. BIRTH	PLACE (State or Foreig
1	578-02-6325	1 X M 2 □ F		34 YRS. "	ONTHS	DAYS	HOURS	MIN.	(Month, Day	ZZ.	60	WAS	SHINGTON,
	9a. FACILITY NAME (If not institution, give			1			R LOCATIO		ATH			NTY OF D	
DIRECTOR	University Ho	ospital			Ba.	ltı	more	e				Balt	imore
REC	10a. STATE 10b. COUNT	Υ		10c. CITY,									10d. INSIDE CITY LIMITS?
- 0	10e, STREET AND NUMBER	<u> </u>		Was	hin		n,		•				YES 2 NO
ERAL	2301 11th Str	eet N N	J #2	24		101.	200				-	U.S.	VHAT COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13. W	AS DECI			lic ORIGIN? (Sp	pecify Yes			- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 IF YES, GIVE W					cify Cube 2 XNO		n, Puerto Rican	, atc.)		Speci	lly:
ED B	15. DECEDENT'S EDI	ICATION	40.	DECEDENTIS III	1	MIDATIO			40. 900				ack
	(Specify only highest grad			(Give kind of wo life. Do NOT use	rk done du	iring mos	et of workin	g	16b, KIN	D OF BUS	SINESS/INI	DUSTRY	
IPL.	12	Conlege (1-4 or 5 +		Window	Cl	ean	er		_				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	_			. .				ME (First, Middle	e, Maiden	Surname)		
BE (Theodore R.	Parker,	Sr.						Polk				
2	19a. INFORMANT'S NAME (Type/Print) Ava P. Parker			19b. MAILING A									D C
	20a. METHOD OF DISPOSITION		20b. PL	ACE OF DISPOSIT	ION (Nam	e of cen	netery, cren	netory or		20c. LO	CATION	City or To	D.C.
	1 X Buriel 2 Cremetion 3 X Ren 4 Donetion 8 Other (Specify)		M+	· Mari	ah 1	Bap	tis	t Cl	nurch	Ly	nch	burg	, VA
	21. SIGNATURE OF FUNERAL SERVICE LIBERISEE					22. NAME AND ADDRESS OF FACILITY Hall Brothers Funeral Home							
	William O. Ables				621 Florida Avenue, N.W. D.C.								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death Ons												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST AS PIRATION PLYMONIA DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	CHF, CYTOMEGALOVIRUS, HIV DID TORACCO USE CONTRIBUTE TO CAUSE OF DEATH							WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO					
N.	YES NO UNCERTAIN												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL: EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
PHYS	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME	OF	28c. INJ	URY AT	HIGONCO	28d. DESCRI		NJURY OC	CURED	
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ey, real)	INJU	M		PRK? YES 2 [□ NO					
ETED E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE 0 building,	of INJURY — atc. (Specify)	At home, ferm, st	eet, facto	ry, offic	•		281. LOCATIO City or To	N (Street i wn, State)		or or Rural i	Route Number,
COMPLI	29a. CERTIFIER (Check Only one) 1 CERTIFYING PHYS	The state of the s											s) and manner as sta
TO BE C	260 CONTINUE AND TITLE OF MENTING						29c. LIC	ENSE NUI	930		29d. DA	7 7	(Monte, Day, Year)
	30. NAME VIII ABOUT S OF PERSON W	Well 22	25.6PE	eene S		TE	E	SALT	imore	E, 1	W	21	105
	31. DATE FILED (Month, Day, Year) JUL 2 & 1995	SZ. REGISTON	R'S SIGNATI	الماملة									
1		44											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



Pages 1, 2, 3

permit.

use as the burial-transit

page 5 should be detached for

funeral director,

once.

notified

pe

must

examiner

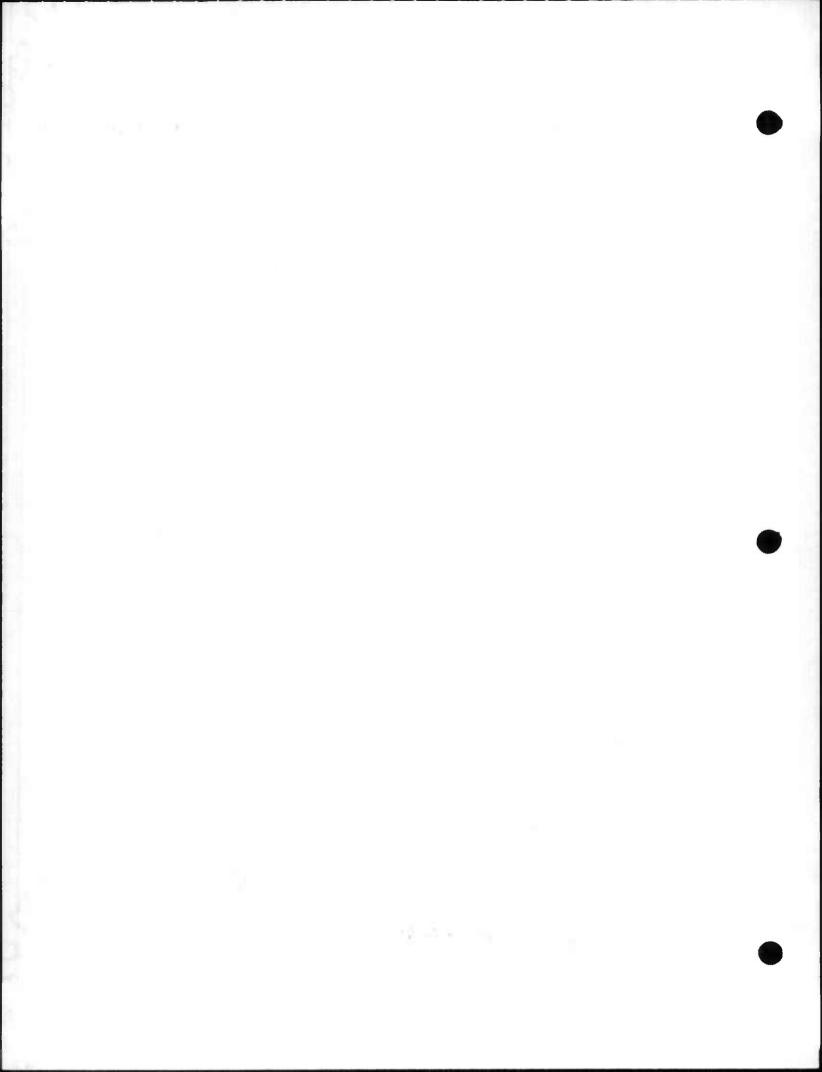
JUL

FOR

	dea	2	2
ò	ler	the	10
	Saf	A E	dica
	3	.E .	a a
	4	illec n, t	
	2	atio	=
3	=	lete man	E
	Ď	D.	3
5	5	d co	9
2	Exe	and o	Bu
	2	ian or to	ā
í	35	ysic	=
	JE.	전원	P
)	Cert	Joseph	0
	5	HH	0
7	dea	atte	Š
	the	なる	를
	TE .	A SE	A
)	th s	the de	9
?	uire	Sig	3
	Ped	9	5
ì	₩	S b	3
9	9	20	5
	E	tat	e
•	A	it if	10
	Sic	th Ce	,
)	F	this	te e
	9	ath	Tag
)	ā	de A	69
)	TEN	te da	00
	A	EC S	E
	8	E S	ē
	MI	¥ 2	=
	Spi	EB in	
	호	豆木	M
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or rempail.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exa
	TO	TO	M
-	F	F 5	=

REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last. 2. DATE OF DEATN GERTRUDE FIERSON JULY 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreig JAN . 11, 1904 374-14-5354 HOURS 91 YRS. ILLINOIS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NATIONAL LUTHERAN HOME DIRECTOR ROCKVILLE MONTGOMERY CO. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? VA. FAIRFAX CO. VIENNA 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8500- TYSPRING STREET U.S.A. 221080 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexicen, Puarto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BΥ 3 Widowed 4 Divorced Specify: WHITE 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) College (1-4 or 5 +) NURSE 12 NURSING 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) FRANK TIEDEMANN ANNA SCHIVEC BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REV.DR. REICHARD 9701- VEIRS DRIVE, ROCKVILLE, MD. 20850 20a. METHOD OF DISPOSITION
1 ☐ Burlal ②【□ Permetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State METROPOLITAN CREMATORY-7/18-ALEXANDRIA, VA. 4 ☐ Donation 5 ☐ Other (Specify) _ 22. NAME AND ADDRESS OF FACILITY
HYSONG CO., INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE W. Mi. Hypern 1300- N STREET, NW, WASH., DC 23. PART I. Enter the diseases, or complication that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) 2 weeks CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING eimer yeur CAUSE (Disease or injury that initiated events resulting in death) LAST eriosclerohi 1cars PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY pertension, t TYES 2 NO OF DEATN? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO IX UNCERTAIN | 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) OTHER: HOSPITAL: 1 YES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident M 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, ferm, street, fectory, offica building, etc. (Specify) 3 Sulcide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29a. CERTIFIER COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and menner as stated. (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner ea stated, 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 2 AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EIRS DR. 701 CHEMI 32 REGISTRAR'S SIGNATUR 31. DATE FILED (Month, Day, Year) 241995



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH GARY PROCTOR JULY 23 1995 4:34 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday. IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign XX M 2 F YRS. N/A 3-4-95 4 WASH.D.C. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH RC. COUNTY OF DEATH DIRECTOR PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C WASHINGTON 1 XXES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Jeath. Page 6 may be retained by the hospital or attending physician. furneral director, page 5 should be detached for use as the burial-transit 1107 V ST, N.W 20010 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES TO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 XX Never Married 2 Married 1 TES 2 NO BY Specify: Specify: 3 Widowed 4 Divorced BLACK 16a. DECEDENT'S USUAL OCCUPATION ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A N/A N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ GARY NATHANIEL PROCTOR LAMESIA FOSTER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LAMESIA FOSTER 1107 V ST.N.W.WASH.D.C. 20010 V SI. W. W. S after death. Page 6 may be must be 20a. METHOD OF DISPOSITION

X Burtal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 7-25 4 Donation 6 Other (Specify) GLENWOOD CEMETERY WASH.D. medical examiner 21. SIGNATURE OF SUMERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY MODERN FUNERAL HOME Lauc 3821 14th ST.N.W. in and completely filled in by the to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hours a Approximata shock, or heart failure. Liet only one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 the disease or condition NO ANATOMIC OR TOXICOLOGIC CAUSE OF DEATH resulting in death) traumatic event, BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician it, of Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO shows any COMPLETION OF CAUSE YES 2 NO OF DEATH? YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER: 1XXXES 2 □ NO I ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 Nursing Home SX Bealdenca 6 Other (Specify) 0 27. MANNER OF DEATH marked, 28s. DATE OF INJURY 286 TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural • Tending FOUND: 7-23-95 4:00 AM 1 YES 2 NO BY TINKNOWN Investigat 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, DR. #304 City or Town, State) 1809 BELLE HAVEN DR. #304 3 Sulcide COMPLETED 6 (Could not be Item 28 4 Homicide determined PRIVATE DWELLING LANHAM, P.G. COUNTY, MARYLAND 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL I THE FUNERAL D filed within 72 h TO THE FUNERAL (De filed within 72 h (Check only one) HOSPITAL MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occursed at the tima, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E ▶ JULY 23,1995 2 30. NAME AN PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PERSON WHO CO 111 Penn Street, Baltimore, Maryland 21201 LEGIST AR'S HONATY

retained by the hospital or attending physician, LTIMORE, MARYLAND 21215-0020 2 death. Page 6 may permit. Pages 1, 2, 3 should

use as the burial-transit

page 5 should be detached for

funeral director.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Mars ha

3 1 1995

31. OATE FILED (Month, Day, Year)

Blakesle

32. REGISTRAR'S SIGNATURE

479

Q.	ō	-
BA	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after di	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the t within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	55	Ten De
	3	- o
	E	- E
		F F
	d	Ta
0	M	9
9	p	E -
œ	쁡	2 'E
Ó	99	2 3
×	8	5 5
0	ă	Cia O
m	ate	2 2
	fic	9 5
0	E.	5.8
0	C	五五
_	TE .	tal la
S	Ď	e de
	the	5 2
\sim	at	3 5
0	5	De to
Ū	es	69
Ш	9	SI
\simeq	9	900
_	SW.	S
₫	0	20
_	E	ate
_	ż	SS
	8	무를
_	S	0 4
0	E	this
Z	9	声岳
0	S	Att
-	Z	a 5
"	Ĕ	5 E
>	A	F E
DIVISION OF VITAL RECORDS, P.O. BOX 68760	0	들
_	A	4R
	E	EB
	8	3 5
	I	W. }

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR PHILLIPS EUGENE DOUGLAS 2:30 A. 995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Formion (XXXIII 2 | F 212-64-0919 43 April Maryland 9e. FACILITY NAME (If not institution, give stre-9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 1335 Dorsey Road Hanover Anne Arundel 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Anne Arundel Hanover 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 1335 Dorsey Road 21076 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ₹ YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Never Married 2 Married ВУ 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced 1969-1971 White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 11 Tree Trimmer Tree Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ie BE Avery James Phillips Annie Virginia Lydard 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jackie Phillips 279 Longford Dr. Frederick, Md. 21702 pe 20a METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must Burlel 2 Cremetion 3 Removal from State Cemetery 4 Donation 5 Other (Specify) Monocacy 7/29 Beallsville, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Hilton Funeral Home Barnesville, Md. Box 86 20838 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition Metastatic Lymphoma resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): uning physician a If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 injury. PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL WAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 LING OF DEATH? Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem **EXAMINER?** HOSPITAL OTHER: 1 YES 2 1 40 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 N Residence 0 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 COMPLETED 8 Could not be 28 4 🔲 Homicide tem 29a. CERTIFIER

(Chart only)

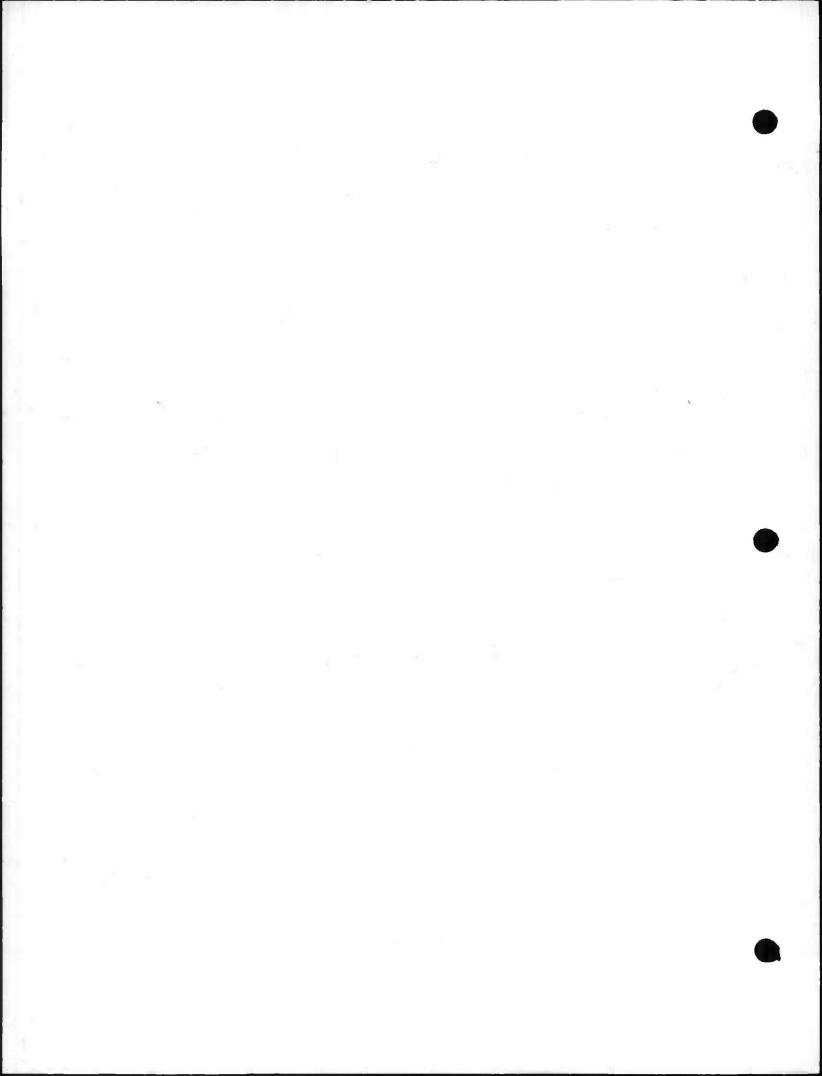
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(a) and manner ea steted. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mpnth, Day, Year) BE mystellale 00 195 2

MD SIKIC

Severag

Hole

Jumpus



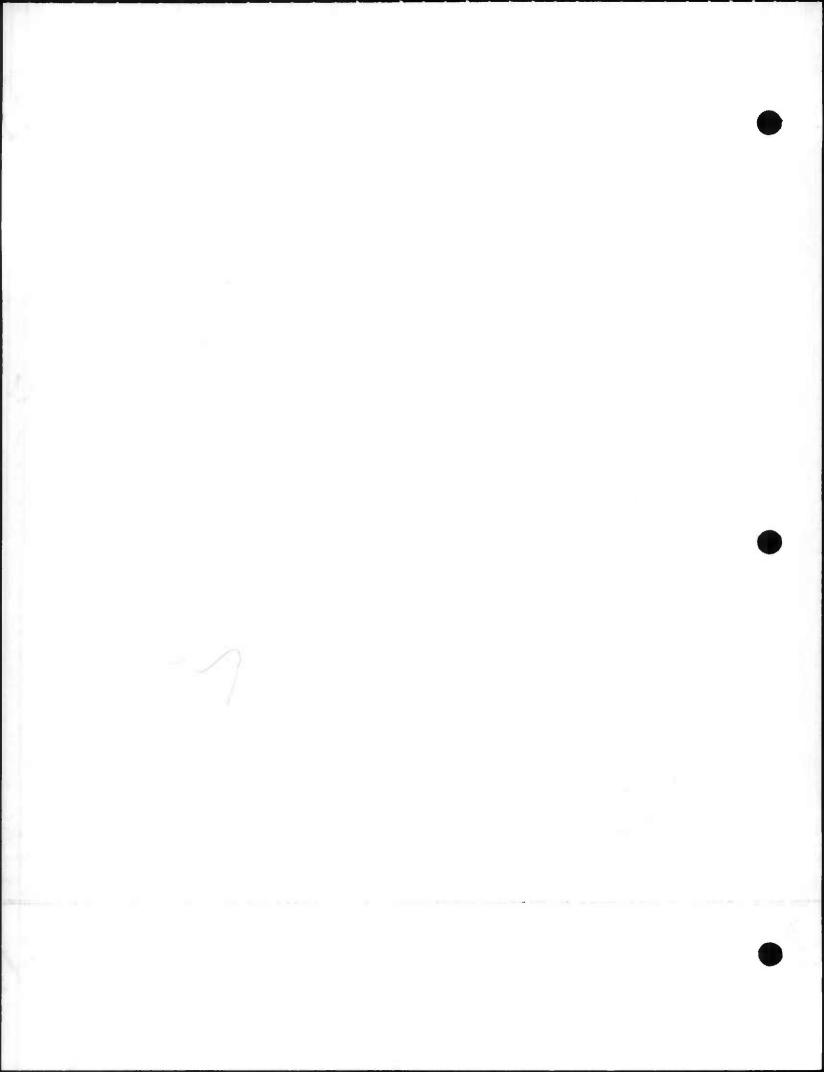
-	
	١
	7
68760	
70	
9	
687	
10	
4	
BOX	
\cap	
~	
m	
-°	
Q	
P. 0.	
0	
-	
95	
CO	
97	
RECORDS,	
ш.	
\sim	
\circ	
()	
\sim	
ш.	
e e	
щ	
VITAL	
and .	
⋖	
_	
_	
>	
ш.	
\cap	
\cup	
_	
Z	
$\overline{\sim}$	
ON OF	
-	
CO.	
_	
DIVISIO	
5	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or named a named at once.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	ITMENT OF H	EALTH AND	MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)			Α.		2. DATE OF DEATH		3.	TIME OF DEATH	4		
	Gordon	Windsor		Poole	-	JULY 2	1.00	PASY	0802	м		
	4. SOCIAL SECURITY NUMBER 5	5. SEX 8. AGE (II	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	/ 0	BIRTHPL	ACE (State or For	elan		
	214-12-7087	1XXW 2 □ F 7	2 YRS.	MONTHE DAYS	HOURS MIN.	Aug. 24,		Country)	arvland	-		
	9a. FACILITY NAME (If not institution, give stree	it and number)		9b. CITY, TOWN C	R LOCATION OF E		9c. COUNT		4			
C	PENINSULA REGIONAL	L MEDICAL CE	ENTER	SA	LISBURY			ICOMI				
DIRECTOR	RESIDENCE OF DECEDENT			l								
IRE	10e. STATE 10b. COUNTY		100	Y, TOWN OR LOCAT	ION			10	d. INSIDE CITY			
	Maryland Montg	omery	I	Bethesda				1 TYES XX NO				
FUNERAL		"		101	. ZIP CODE				T COUNTRY?			
NE	10250 Westlake Dr				20817			.ted	States			
	11. MAHITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO	If yes, spi	cify Cuban, Maxic	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	fea or No — 14	I. RACE — Black, W	American Indian	n,		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 NO Speci	ty:		Specify:	White			
Ü	15. OECEDENT'S EDUCAT	TION	18a, DECEDENT'S	USUAL OCCUPATION)N	185 KIND OF 6	USINESS/INDUS	TOV	WILL CE			
E	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo	st of working	100. 14110 01 0	O O INESS/INDO	,,,,,				
ם	11.	20.000	Painter			Paint	ing					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meid	en Sumame)			_		
BE C	Windsor Cullum Pool	le			Kathe	rine Louis	se Pool	е				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or T	own, State, Zip Co	ode)				
F	Florence M. Poole		10250	Westlake	Drive	#501, Beth	nesda,	Mary.	land 20	817		
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Remove	20b.	PLACE AND DATE	of Disposition (Na	me of	1995 20c. I	LOCATION - CIT	y or Town,	Stata			
	4 Donation 8 Dother (Specify)	I Pa	rklawn i	Memorial	Park	Ro	ckville	, Ma	ryland			
1	ST SIGNATURE OF FUNERAL SERVICE LIGHT	SEE / 1 N		22. NAME AN	D ADDRESS OF F	Physics Fire	owal He	- /D	1			
	> Maken (C)	Acellos	M00846	300, ₩	st Mont	phrey Fundamery Ay	erar no	me/K	OCKVIII Ir	le,		
	23. PART Enter the diseases, or con	applications that caused	the deeth. Do r	not enter the mo-	de of dying, suc	ch sa cerdisc or res	piratory srrea	it,	Approximat			
	ahock, or heart failure. List only one dause on each line. IMMEDIATE CAUSE (Finel disease or condition)											
ŀ	resulting in deeth) e. Due to con AS A CONSEQUENCE OF:											
z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):											
2	CAUSE (Disease or Injury											
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	5):								
E	d											
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
SC						1 YES	2 IDINO	CO	MPLETION OF CA			
Ä							30		DEATH?	0		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB	SUTE TO CAUSE OF	DEATH YE	S 🗆 NO 🗆	UNCERTAI	N D						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	6. PLACE OF DEAT	H (Check only one)								
YSI	1 YES 2 NO 1	Inpetient 2 ER/Outpe	tient 3 🗆 DOA	OTHER: 4 Nursing Home	5 🗆 Rasidence	6 Other (Specify)						
H _d	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIM INJ	E OF 28c. INJU	JRY AT RK?	26d. OEŞCRIBE HOW	INJURY OCCUP	REO				
B≺	2 Accident Investigation				ES 2 NO	L				100		
	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY - building, atc. (Specif	— At home, farm, s	street, factory, office		28f. LOCATION (Street City or Town, State		Rural Route	Number,			
E												
COMPLETED		N: To the best of my knowle										
S.	2 MEDICAL EXAMINER: C	on the beals of examination	and/or investigation	n, in my opinion, de	ath occured at the	time, date and place,	and due to the c	ause(a) an	d menner aa stat	ted.		
BE	296. SIGNATURE AND TITLE OF CENTIFIER	мвея	29d. DATE S	KINED (NO	nth. Digi. Marj.	\neg						
10 B	Land.	18N1			D150	89	D 20	Jal &)			
	30. NAME AND ADDRESS OF PERSON WHO C						U	1				
	Dr. Andrew Forgal	54-560 A	iversid	L Dr. A	206, 5	alisbury	md =	21801	1			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAL Julia Dauchen	TURE									
	JUL 24 1995	julia d'unicum	vardalle									



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician.

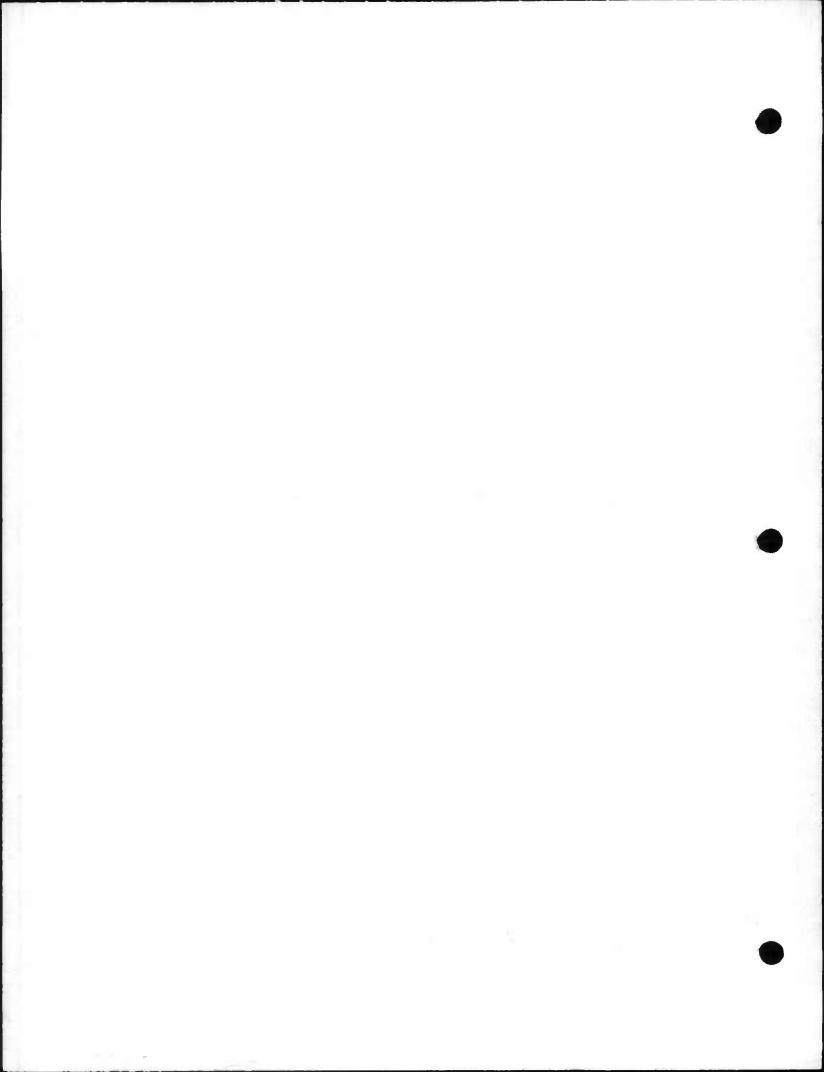
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merical Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

10

1	•	FOR STATE REGISTRAR

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н		3. TIME OF DEATH	
	ALLAN ABRAHAM P	LEET				JULY 18	, 1995	YEAR	10:50 PM _M	
	The state of the s	8. AGE (In y	rrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTH (Month: Day (ber) EBRUARY 9, 1939 CANADA			
_	9a. FACILITY NAME (If not institution, give street		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF DE	ATH		
DIRECTOR	MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY									
E C	10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LOCAT	TION			T	10d. INSIDE CITY	
	MARYLAND MONT	F	ROCKVILL	E				LIMITS?		
FUNERAL	100. STREET AND NUMBER 5346 NORBECK RO.	AD		101	ZIP CODE 2085	3		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
BY FUN	11. MARITAL STATUS 12 1	R. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 X NO	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 2 NO Specif	in, Puerto Rican, etc.	C ORIGIN? (Specify Yes or No— 14. RACE—Black, W Specify:			
	15. DECEDENT'S EDUCATI	ION 16	a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF	BUSINESS/IND	USTRY		
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	college (1-4 or 5 +)	life. Do NOT us		st of working	СТОР	AGE COM	(TD A NTSZ		
N N	17. FATHER'S NAME (First, Middle, Lest)		ACCOUN	ITANI				PANI		
	ISAAC PLEET					ME (First, Middle, Ma EPSTEIN	iden Surnama)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or	Town, State, Zip	Code)		
ř	FREDALYNNE PLEE	T	5346	NORBECK	ROAD -	ROCKVILLI	E, MARY	LAND	20853	
	20a METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ramoval 4 Donation 8 Other (Specify)	1rom State 20b.PL	ACE AND DATE O	E AND DATE OF DISPOSITION (Name of Communication of Commu						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CHAPEI									
	3/2/1/1	11-0							ELS, INC. MD. 20852	
	23. PART I. Enter the diseeses, or com	plicetions that ceused th	e deeth. Do n	ot enter the mo	de of dying, suc	h se cerdiec pr n	epiretpry arr	est.	Approximeta	
	shock, or heart failure. Liet IMMEDIATE CAUSE (Final	only one ceuse on each	line.					E-III'	Interval Between Onset and Death	
	disease or condition resulting in death) a. Ventracular Tady analyticas DUE TO (OR AS A CONSEQUENCE OF)								1987	
ON N	Sequentielly list conditions, if any, leading to immediate LECTURE Conditions OUE TO (OR AS A CONSEQUENCE OF)									
S									1973	
E	that initiated events resulting in death) LAST									
CERTIFICATION	resulting in death) LAST a. Cithurosciensis									
DICAL	PART II. Other significent conditions conditions		Α.			D.C.C.	AN AUTOPSY		WERE AUTOPSY FINDINGS	
	-11/4	molly colds			struction		S 2 NO		COMPLETION OF CAUSE OF DEATH?	
ME	Organoparin PEC	side Grady	Jupan	com		_ / ′		1	YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIB		_	S NO [UNCERTAIN	<u> </u>				
Š		OSPITAL:		OTHER:	new S					
H	27. MANNER OF DEATH	Inpatient 2 ER/Outpatie	28b. TIME			6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCC	TIDED		
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	JRY WO	RK? ES 2 NO	ave. Describe fic	W MISONY OCC	ONED		
COMPLETED B	3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, at	treet, factory, office		281. LOCATION (Str. City or Town, S	eet and Number tate)	ot and Number or Rural Route Number, te)		
Ž	290. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledg	se death occurre	d at the time date	and place, and due	to the several and				
NO.		n the basis of exemination an							and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUR				Month, Day, Year)	
) BE	Jackee W				3526	10	Nu	NA	1995	
으	36. HAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH		Derve *	2112 (.1	-> 6	amo	2001		
	31. DATE FILEO (Month, Day Year)	32. REGISTRAR'S SIGNATU		WALL TO THE REAL PROPERTY.	210 51/0	ex Shops	91010	SCH!	10	
18	JUI 25 1995 94	IAA BURUELION INDIVI	44							



DHMH-16 Rev 1/89

M.E.O. RELEASED BY DR MAYLE

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

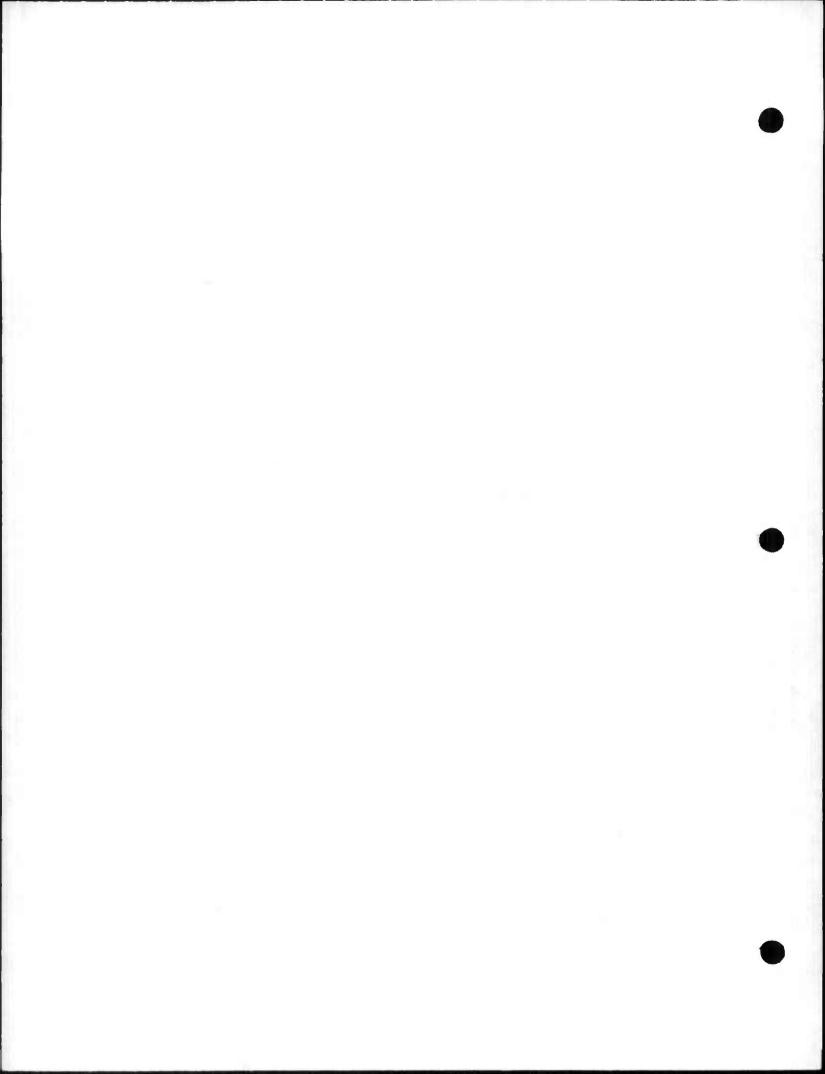
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

10

1	-	FOR STATE REGISTR	AR
Г	1. (DECEDENT'S	NAI
ŀ			1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

					IOAIL	- 01	DEA			EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) ALLOS GEORGE PACAK 2. Date of Death DAY NORTH JULY 22, 1995 3. Time of Death 10:30 P.M.												
		EORGE]	PACAK						JULY :	22,T	995	TEAN	10:30 P.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER		IF UNDER		7. DATE OF B			8. BIRTH	IPLACE (State or Foreign
	230-46-0685	1 📉 M 2 🗌 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day		1912	Countr	γ)
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY	Dec. 22,1912 K1ado,							
۳.	4970 BATTERY LANE #306				1	Reth	esda					Mon	
DIRECTOR	RESIDENCE OF DECEDENT	4113 11 300				JCCII	csua					rion	
) W	10a. STATE 10b. COUNT	Υ		10c, CIT	De. CITY, TOWN OR LOCATION 10d.						10d. INSIDE CITY		
ੂ	MD	MONT.			BI	ETHE	SDA						LIMITS?
A	10e. STREET AND NUMBER				101. ZIP CODE 10g. CITIZ				IZEN OF V	VHAT COUNTRY?			
EB	4970 BATTERY LAN	E #306					20814	4	USA				
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF				13. \	MAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Sp	ecify Yes	or No-	14. BACE	- American Indian
H	1 Never Married 2 X Married	FORCES? 1	YES 2 3	MO		f yes, sp	ecify Cube	n, Mexica	n, Puerlo Rican, etc.) Black, W			— American Indian,	
	3 Widowed 4 Divorced						ZA NO	органу				Speci	₩ White
	15. DECEDENT'S EDU (Specify only highest grade	CATION		ECEDENT'S					16b. KIN	D OF BUS	INESS/INC	DUSTRY	
ᄪ	Elementary/Secondary (0-12)				se retired.)	uning mo	St OF WORKIN	g					
를		4+		Rese	earch			Federal Gov't.			4		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME								
BE	Joseph Pacak						Вс	zena	a (Unkı	nown`)		
	19a. INFORMANT'S NAME (Type/Print)		19	Db. MAILING	ADDRESS	(Street e			loute Number, C			Code)	
2	Jarmila Helen	Pacak							thesda				
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE				, DC.				City or To	wn. State
	1 Donation 5 Other (Specify)	ematony or o	ther plecal			7							
21. SIGNATURE OF FUNERAL ISERVICE LICENSEE													
. 1	JOS GAWLERS SONS												
-	Jenon Jemons 5130 WI AVE NW WASHINGTON, D.C. 20016									20016			
	23. PART I. Entar tha disesses, or ahock, or heart feliure.	complications the List only one cau	t ceused the duse on each iln	eath. Do n e.	ot enter	the mo	de of dyl	ng, such	aa csrdisc	or respir	ratory an	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Final												Onset and Daath
	disesse or condition resulting in death)	. Stroke											
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, Hypertension												
CERTIFICATION	if any, laading to immediate	OUENCE OF	F):										
2	CAUSE (Disease or injury	c	DUE TO (OR AS A CONSEQUENCE OF):										
늗	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7:								
H	resulting in deedil) CAST	d											
	PART II. Other eignificent condition	ns contributing to	deeth but not	resuiting l	n the un	derlyloc	1 COURS O	ilven In I	Part i 14a	WAS AN	urmoney	Last	WERE AUTOPSY FINDINGS
EDICAL	Diarrhia				outing in the underlying cease given in Pa				240.	PERFOR		240.	AMILABLE PRIOR TO COMPLETION OF CAUSE
	DIATIMA	-							_ 10	YES 2	NO X		OF DEATH?
Σ													1 TYES 2 NO
Ž.	DID TOBACCO USE CONT	KIBUTE TO CA					UNC	ERTAIN					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT	OTHER	-							
YS	1 XYES 2 NO	1 Inpatient 2		_	4 🗆 Nurs	ing Hom		sidence (8 Other (Spe	ictly)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b. TIMI	E OF URY	28c. INJI WO	URY AT RK?		28d. DESCRIB	E HOW IN	JURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	'ES 2 _	NO					
	3 Suicide 6 Could not be	28a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, s	treet, facto	ery, office			281. LOCATION City or Tox		nd Number	or Rural A	oute Number,
COMPLETED	4 Homicide datarmined								01, 07	n, olalo,			
21	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, d	eath occurre	d at the th	me, data	and place.	end due	to the cause(s)	and mani	nor an atat	ed.	
2	one) 2 MEDICAL EXAMINE												end manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE												22
m C C C C C C C C C C C C C C C C C C C									(Month, Day, Year) 24,1995				
2	30. NAME AND ADDRESS OF PERSON WH			M 27\ /T-m-	Delet)		D4	3430	,		,	TITO	47,1777
	GAURANG K. TH					יידע	מת מו	TVE	OLNEY,	MAT	VT AN	י תו	0822
	31. DATE FILED WORTH, Day 1807)				OE P	וידדיי	רב הצ	TAG	OLNEI,	PIAF	LLAI	ע ע	0032
- 18	The same rules of the same of	T. MEGISHA	R'S SIGNATURE	Latt.									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

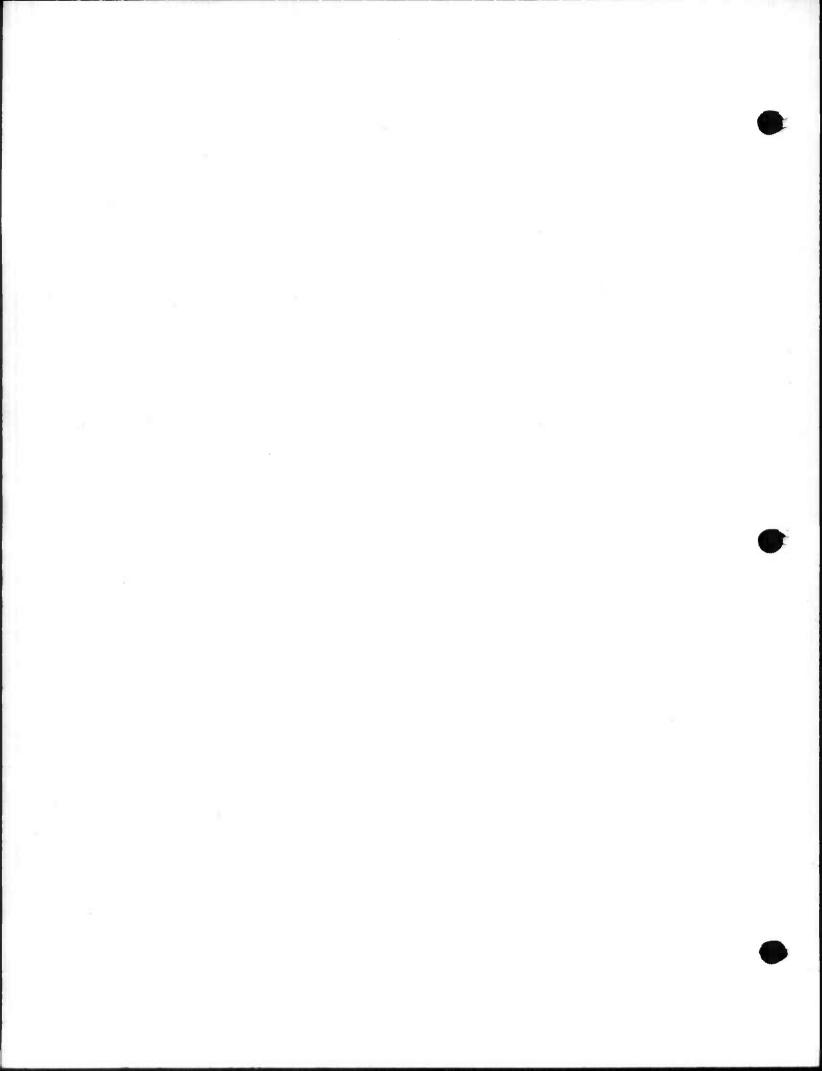
Amended #4 8/4/95 MRT Montgomery Cognitate 251

Amended #31

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.		5			
1. DECEDENT'S NAME (First, Middle, La		2. DATE OF				3. TIME OF DEATH						
	Lynnette Be	ernhak	Pilse	en		July	24,	1995	YEAR	5:20 am	M	
4. SOCIAL SECURITY NUMBER 109-09-9096	5. SEX 8.	AGE (In yrs. les		IF UNDER 1 YEAR		7. DATE OF			Country	PLACE (State or Fore y)	ign	
9e. FACILITY NAME (If not institution, gi	ve street and number)	- 00		9b. CITY, TOW	N OR LOCATION OF I		914			w York		
137 Grafto	137 Grafton Street Chevy Chase Montgomery											
10a. STATE 10b. COL	INTY		10c. CITY	TOWN OR LO					Т	10d. INSIDE CITY LIMITS?		
	Montgomery					Chase				1 X YES 2 N	0	
100. STREET AND NUMBER 137 11. MARITAL STATUS	Grafton Str	eet			101. ZIP CODE 2081	5	10g. CITIZEN OF W					
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. WAS D	ECENDENT OF NISP	NIC ORIGIN? (Specify Yea			- American Indian White, etc.		
3XXWidowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR		10		specify Cuban, Maxic ES 2 X NO Spec		en, atc.)		Specif			
15. DECEDENT'S I		tea. DE	CEDENT'S L	SUAL OCCUPA	TION	16b. KI	IND OF BUS	INESS/INDU	ISTRY	WILLES		
(Specify only highest gi	College (1-4 or 5 +)	(Gi	ve kind of wi Do NOT use	ork done during retired.)	most of working							
	12		Con	ywrite	r			Publ	ishi	na		
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)			COP	AMTILE	18. MOTNER'S N	AME (First Mirk	dle, Mairlen			7		
	rrv Bernhak					Eve Sc		,				
D 100 INFORMANTIS MARK (For strict)		198	MAILING A	ADDRESS (Street	et and Number or Rura				Code ³			
Leon C Cha	mherlin									20014		
20s. METHOD OF DISPOSITION	Leon C. Chamberlin 137 Grafton St							_				
1 ☐ Burial 2 ☐ Cremation 3 ☐ R	amoval from Stata	cemetery, crei	PLACEAND DATE OF DISPOSITION (Name of elery, cremetory or other place) July 26, 1995									
	A Donation S Other (Specify) Cremetory or other place) July 26, 1995											
· Done	7 Xul	/ MOO	335	Robe	ert A. Pu nesda-Che nue Bethe	mphrey vy Cha	Fune se, I	ral H	Tome	Wiscons:	in	
23. PART I. Enter the diseasea,	or complications that co	sused the de-	eth. Do no	t enter the r	node of dving, au	ch ea cerdla	aryra	na Zu	0814	Approximate		
IMMEDIATE CAUSE (Finel	re. List only one cause	on each line.						atory arre	71.	Interval Bet	ween	
disease or condition resulting in death) a. CARCINOMA OF OVARY DUE TO (OR AS A CONSCOUENCE OF):									4m.0	[_		
Sequentially list conditions.	Sequentielly liet conditions,											
If any, leading to immediate cause. Enter UNDERLYING												
CAUSE (Disease or Injury	C. DUE TO (OF	AS A CONSEO	HENCE OF							-		
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	302.10 (0.	AS A CONSEC	OZNOL OF	•								
	d											
	lona contributing to de	ath but not re	eulting in	the underly	ing ceuse given in	Part I. 24	ia. WAS AN A		24b.	WERE AUTOPSY FIND		
PART II. Other algorificent conditions of the co	MA 03	BREA	57			l.	PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAL		
	OF DEATH?											
DID TOBACCO USE CON	STRIRLITE TO CALL	E OF DEAT	IH VE		LINICEDTAL	N D				1 TES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				(Check only or		N LA						
DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 27. MANNER OF DEATH	HOSPITAL:			OTHER:								
27. MANNER OF DEATH	1 Inputient 2 I EF				ome 5 XRasidence							
	28a. DATE OF INJ (Month, Day, 1	Mar)	28b. TIME INJU	RY I	NJURY AT VORK?	28d. DESCR	IBE NOW IN	JURY OCCL	PRED			
2 Accident Investigation					YES 2 NO							
3 Sulcide 4 Nomicide 6 Could not detarmined 29a. CERTIFIER (Check only 12 MEDICAL EXAM	building, atc.	IJURY — At hor (Specify)	RY — At home, farm, street, factory, offica secify)				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
29a. CERTIFIER XXCERTIFYING PN	YSICIAN: To the best of my	knowledge des	th occurred	at the time de	the and place, and du	o to the source						
(Check only 2 MEDICAL EXAM	INER: On the beals of exem									The State of the S	u	
			······································	, iii iiiy opiiiioii	death occored at the	time, data an	z piaca, and	dua to the	cause(a)	and manner as state	M.	
396: STORISTURE AND OF LE OF CENTRE	-		2	2	29c. LICENSE NU	2 - 2		29d. DATE	SIGNED	(Month, Day, Year)		
	1	1/	-1		1019-	3 78		Ju	ly 2	24, 1995		
30. NAME AND ADDRESS OF PERSON	MND COMPLETED CAUSE O	F DEATH (ITEM	27) (Type, F	Print)								
MAURICE /J	. CASEY/	MO	5 454	+ WISC	ONSIN,	QUE C	CHEV	CHA	SEA	10 2081	5	
33 DATE FILED (Month, Day, Year)	JUL 27	1995	Julia	Mude	ONSIN,							



TO BE COMPLETED BY FUNERAL DIRECTOR

9	5	-	1	7	2
В		K	۰	S	

-	M:	28f	, E	PER	ME (O F	ILM	G - 727	9	/13/	95	t.	.t	
1	TE	MC.	23	DA	DT	T	27	202 1	-	DED	MC	n	E 1	r

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-726 8/18/95 t.t 30 41 120												
REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO	-						
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY 1	3. TIME OF DEATH					
RASHAAD LET		QUEEN			JULY 1	8, 19	95 3:00 PM					
578-04-1001	ŊM 2 □ F		IF UNDER 1 YEAR FONTHS DAYS		The state of the s							
9a. FACILITY NAME (II not institution, give street 4172 SUITLAND RO	OAD APT.	#102	SUIT!	AND	EATH		Y OF DEATH ICE GEORGES					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		leat and										
	ce George'			land			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
	101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
3948 Suitland Road 20746 United States												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. Never Married 2 Married 15. Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— H yea, specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes, Specify: 14. RACE — Arme Black, White, Specify:												
15. DECEDENT'S EDUCATI (Specify only highest grade con	ION	16a. DECEDENT'S U	SUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	Black					
Elementary/Secondary (0-12)	College (1-4 or 8 +)	(Give kind of wo	retired.)	nost of working								
8th 17. FATHER'S NAME (First, Middle, Last)		St	udent									
				18. MOTHER'S NA	AME (First, Middle, Maiden							
Bernard E. 19a. INFORMANT'S NAME (Type/Print)	Queen	405 444 1110 4				Dorse	J					
Rose J. Oueen					Route Number, City or Tow		20746					
20a, METHOD OF DISPOSITION		0b. PLACE AND DATE OF	DISPOSITION				y or Town, State					
1 Surlei 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Harmony Memorial Park 7/24/95 Landover, Md												
22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home												
· John !	Slewa	J.T. L	4001	Benning			, D.C. 20019					
23. PART Error the diseasea, or com about, or heart failure. List IMMEDIATE DAUSE (Final disease or condition	plicetiona that cause on strong one cause on SHOTGUN WOUR	each line.	t enter the m	ode of dying, auc	ch as cardiac or reap	iratory arrea	t, Approximate interval Between Onset and Daeth					
resulting in death) a		A CONSEQUENCE OF):			<u> </u>							
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):										
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):										
resulting in death) LAST												
PART ii. Other algnificent conditions conditions	ontributing to death	but not reaulting in	the underlyi	ng ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
DID TORACCO LICE CONTROL	LITE TO CALLE	05.054511\					1 TYES 2 NO					
DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL	UIE IO CAUSE	OF DEATH YES			N L I							
EXAMINER?	OSPITAL:	10	OTHER:		Service and the service and th							
27. MANNER OF DEATH	Inpetient 2 ER/O				8 M Other (Specify)							
1 Natural Pending	(Month, Day, Year 7-18-95	12:49	W Y	JURY AT ORK? YES 2 1 410	SUBJECT WAS		RED					
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, fectory, office building, stc. (Specify)							AND ROAD APT. 102					
APARTMENT API. 103 SUITLAND, MARYLAND												
29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) end manner as stated. **XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE OF CERTIFIER												
	The MD			O.C.M	• E		LY 19,1995					
Dennis Chute M.D				et, Bal	timore, N	Maryla	and 21201					

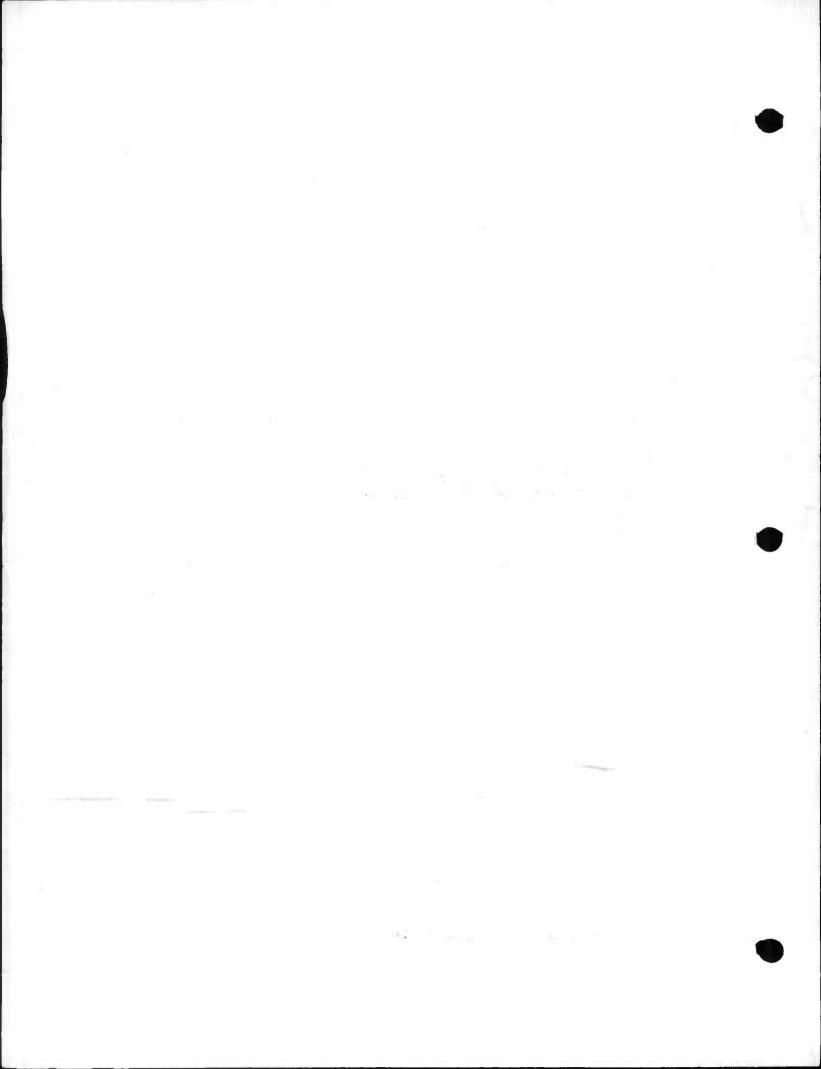
111 Penn Street, Baltimore, Maryland 21201

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

31. DATE FILED (Month, Day, 16ar)

JUL 2 7 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

	FOR 1 - STATE REGISTRAR	STATE OF A					EALTH AND DEATH	MENTA	AL HYGIEN REG. NO			tions I tous	
	1. DECEDENT'S NAME (First, Middle, Last) GLORIA						ILLA		E OF DEATH		995	3. TIME OF DEATH 5:38 A M	
	4. SOCIAL SECURITY NUMBER 579-21-3287	5. SEX 1	6. AGE (In yrs. lee 27	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH	1968	Count	APLACE (State or Foreign (Y))	
TOR	9a. FACILITY NAME (If not institution, give shing COPLEY ROAD & I		PSHIRE	AVE			ILVER S		NGS	9c. COI			
DIRECTOR	MD 10a. STATE 10b. COUNTY MD MONTG			10c. CITY, TOWN OR LOCATION SILVER SPRING								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	40 LD BONIFANT RO	101. ZIP CODE 20912						VHAT COUNTRY?					
BY	1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 P			f yes, sp	ENDENT OF HISPA ecify Cuban, Mexic 2 NO Speci	an, Puerto	IN? (Specify Yes Rican, etc.)	or No—	Spec	— American Indian, c, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 4 TH		(Gi	ive kind of Do NOT u	USUAL ON WORK done (during mo	DN st of working	16	b. KIND OF BUS	SINESS/IN	IDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) LUIS TORRES			10081	<u> WIF</u>								
TOB	196. INFORMANT'S NAME (Nype/Print) LUIS TORRES 196. INFORMANT'S NAME (Nype/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stere, Zip Code) 1630 R STREET, N.W. WASHINGTON, D.C. 20009 20e, METHOD OF DISPOSITION												
	4 Donation 5 Other (Specify)	LEL SALVADOR, C.A.											
	W.H. BACON FUNERAL HOME INC. 3447 14TH STREET, N.W. WASH, D.C. 2										20010		
	23. PART i. Enter the diseases, or construction of the part fellure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cau	caused the dese on each line					ch aa ca	rdiac or respi	ratory ar	rrest,	Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
_	PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AWA COM												
PHYSICIAN: MEDICA	DID TOBACCO USE CONTR	IBUTE TO CA					UNCERTAI	N 🗆	<u> </u>			OF DEATH?	
HYSICI	EXAMINER? XYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Home 5 Residence Other (Specify) ROADWAY											
B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	URY 3 GM street, facto	WORK? 1 YES 2 DONO PLASSELA GLO - 6 ONY, Office 281. LOCATION (Street and Number)					rub	-acto colls3				
NPLETED	4 Homicide detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	IAN: To the beet of						Her to the co	euse(e) end man	iner ee ats	eted.	We wheave,	
BE COMPL	296. SIGNATURE AND TITLE OF CERTIFIER	: On the beale of ax	amination end/or is	nvestigatio	n, in my o	pinlon, de	29c. LICENSE NU		e and place, an			(Month, Day, Year)	
		F/ 6	4				OCN	A F			TIIT.V	22 1995	

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUL 25 199

Penn Street, Baltimore, Maryland 21201

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

TOSE OSCAR OUINTANILLA JULY 2 195 5:38 10 12 2 19 19 25 5:38 10 12 2 2 19 19 25 5:38 10 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				_	OCITIE	IOAI		DEATH		HEG. NO				
DOSCAR OSCAR OUINTANILLA JULY 22, 1995 SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY A MORE TO AN END OF BRINNING SARY MONTOCOMERY WE STORY WE STORY WE STORY WE STORY WE STORY WE STORY SARY	1. DECEDENT'S NAME (First, I	Middle, Last)									NA.	VEAR	3. TIME OF DEATH	
SOURCE OF DECEMBER MONTGOMERY			OSC				INT	ANILLA					5:38 A	
S. PACITY ROWS ON LOCATION OF DEATH S. PACHY MAN EFFOR ADMINISTRATE OF SECTION OF SEATH S. PACHY MAN APPENDED TO SECTION OF SEATH MONTGOMERY S. COTY, TOWN ON LOCATION S. LUCE SPRINGS MONTGOMERY S. LUCE SPRINGS M	4. SOCIAL SECURITY NUMBE	R :	5. SEX	8. AGE (In	yrs. leet birthday)			1			***************************************	8. BIRTH	PLACE (State or Foreign	
SOUTH TOWN ON LOCATION OF DEATH COPLEY ROAD SOLD NEW HAMPSHIRE AVENUE SILVER SPRINGS MONTGOMERY THE STREET AND RAMBER ON LIFE OF DECEMBERY THE STREET AND RAMBER ON LIFE OF SEATHER SOLDHITY SOLD STREET AND RAMBER ON LIFE OF SEATHER SOLDHITY SOLD STREET AND RAMBER ON LIFE OF SEATHER SOLDHITY SOLD BONT FANT ROAD SILVER SPRING SILVER SPRING SILVER SPRING SILVER SPRING SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	579-21-3288		1 M 2 D F	32	YRS.	MONTHS	DAYS	HOURS MIN.			963			
The STREET AND NAMED 10. WAS DECEDENT EVEN IN U.S. ANMED 20.912 10. WAS DECEDENT OF WHAT COUNTRY 20.000 10. WAS DECEDENT EVEN IN U.S. ANMED 10. WAS DECEDENT OF HERPANC CONDITION 10. WAS DECEDE	Se, FACILITY NAME (If not inst	litution, give stree	et end number)			9b. CIT	r, TOWN	OR LOCATION OF C		. 20 1	v			
THE STREET AND NUMBER 4.0 LD BONTFANT ROAD 1. MARTHA STRUES 1. MAS OCCORDENT EVER IN U.S. ANMED 1. MARTHA STRUES 1. MAS OCCORDENT COMMON PARTHAN STRUES 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MARTHAN STRUES 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OR ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS	COPLEY ROA	D & N	JEW HAM	PSHI	RE AV	NILE	· c	TIVER	PPT	NCS	Mo	NTC	OMEDV	
THE STREET AND NUMBER 4.0 LD BONTFANT ROAD 1. MARTHA STRUES 1. MAS OCCORDENT EVER IN U.S. ANMED 1. MARTHA STRUES 1. MAS OCCORDENT COMMON PARTHAN STRUES 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MARTHAN STRUES 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OF HISPANC ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS) 1. MAS OCCORDENT OR ORIGINATION (PARTHAN ON DATE OF THE ANALYSIS	RESIDENCE OF DECE	EDENT		I DIII	ND AV.	BIVOL		TUATIC	OF IVE	1405	PIC	MIG	OMERI	
THE STREET AND NAMED 40 LD BONT FANT ROAD 11 MARTINI STATUS 11 MARTINI STATUS 12 NAS DECEDENT EVER IN U.S. ARMED 12 NAS DECEDENT OF INSPARCE ORIGINATY NO IN IT. IT. RADEARMED 13 WAS STATUS 14 S. RECEDENTS EDUCATION (CONTROL OF STREET AND CONTROL OF THE STATUS OF THE STA	10a. STATE	10b. COUNTY			10c, Cl	TY, TOWN	OR LOCAT	TION	20				10d. INSIDE CITY	
Lange Lang	MD 1	MONTGO	MERY		SI	LVER	SPR	ING					1 X YES 2 NO	
1. MAN INTERIOR 2 & Minried 3 Middowed 4 Dinorated 1 Pers, Give Man on DATE 5 1 18 X/18	100. STREET AND NUMBER				101. ZIP CODE					10g. CiTiZE			HAT COUNTRY?	
11. MARTINE STATUS 11. New Processor 1 St. New Secondary or History 2 Martined 1 St. New Secondary 1 St.	40 LD BONTFA	NT ROAI	D		20912						EL.	SALVA	DOR	
Types, specify Cubani, Mascican, Pourto Ricen, etc.) Black, White, WC. WYSS 2 NO Specify: WYSS 2 NO Sp			12. WAS DECEDENT	EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes				
Second Professional Control (Control of Nighted grids) consignated Second Professional Professional Control (Control of Nighted grids) consignated Second Professional Professional Control (Control of Nighted grids) consignated Second Professional Professional Control (Control of Nighted grids) Second Professional Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control (Control of Nighted grids) Second Professional Control of Nighted Grids) Second Professional Control (Control of Nighted Grids) Second Professional Control of Nighted Grids) Second Professional Control of Nighted Grids) Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids) Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids) Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids) Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Grids Second Professional Control of Nighted Gr			FORCES? 1	YES	ZY NO	- 1	If yes, sp	ecify Cuban, Mexic	an, Puerto	Rican, etc.)				
College of the photol grafts completed	3 Widowed 4 Divorc	bed	120, 211211	071 071			I M 153	2 NO Speci	ry.			HIST	ANIC	
Elementary@scondary (0-12) STH FOREMAN	15. DECE	DENT'S EDUCA	TION		16a. DECEDENT'S	S USUAL O	CCUPATIO	ON	16	b. KIND OF BUS	SINESS/IN	DUSTRY		
STHEMS NAME (First, Modils, Last) 16. MOTHER'S NAME (First, Modils, Last) 16. MOTHER'S NAME (First, Modils, Making Survame) 17. FATHER'S NAME (First, Modils, Making Survame) 18. MOTHER'S NAME (First, Modils, Making Survame) 18. MALING ADDRESS (Similar and Mumber or Russ Rouse Rouse, City or Sown, State, 25 Code) 10. DET. 18. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 11. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 11. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, Mumber or Russ Rouse, Rouse, City or Sown, State, 25 Code) 12. MALING ADDRESS (Similar and Mumber or Russ Rouse, Mumber or Russ Rouse, Mumber or Russ Rouse, Russ Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Rouse, Russ Russ Rouse, Russ Rouse, Russ Russ Russ Rouse, Russ Russ Russ Russ Ru						work done ise retired.)	during mo	st of working						
18. MOTHER'S NAME (First, Meddis, Last) RAFAEL QUINTANILLA 19. MAILING ADDRESS (Street and Number or Puril Floods Number, City or Town, State, 2th Code) JOSE M. VALLADARE 1112 M STREET, N. W. #80.5 MASHINGTON, D. C. 20009 20. METHOD OF OSPOSITION 11. SERVICE (Freedings) Street and Number or Puril Floods Number, City or Town, State, 2th Code) 11. SUMMERING OF OSPOSITION 11. SERVICE (Freedings) Removed from State 11. SUMMERING OF OSPOSITION (Number of Puril Floods Number, City or Town, State, 2th Code) 12. SUMMERING OF OSPOSITION (Number of Puril Floods Number, City or Town, State, 2th Code) 12. SUMMERING OF SUMMERING OF TOWN, State, 2th Code, 11. SUMMERING OF SUMMERING OF Town, State 12. SUMMERING OF SUMMERING OF TOWN, State, 2th Code, 11. SUMMERING OF SUMMERING OF TOWN, State, 2th Code, 2th	8TH		FOREMA	N			l c	ONSTRU	CTTO	N COM	IPANY			
THE MECHANITY NAME (Properhies) 196. MALING ADDRESS (Sinnet and Number or Pland Route Number. City or Town, State, Tip Code) 200. METROD OF ORDINOTHING TO THE RESEARCH NUMBER OF Pland Route (Properhies) 1112 M STREET, N. W. #805 WASHINGTON, D. C. 20009 200. METROD OF ORDINOTHING TO THE RESEARCH NUMBER OF PLAND RATE OF SIDES OF STREET, N. W. #805 WASHINGTON, D. C. 20009 21. SIGNATURE OF PUREAL SERVICE (Pland State) 22. NAME AND ADDRESS OF FACILITY W. H. BACON FUNERAL HOME INC. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval of the plant of the part of the plant of the period of the plant of the period of the plant of the period of the plant of the period of the perio		die, Last)			1 0112121			18. MOTNER'S N.						
The. MAILING ADDRESS (Street and Number or Parall Pouts Number, City or Rown, Stein, 2p Cooks) JOSE M. VALLADARE 200. METNOD OF DISPOSITION 1112 M STREET, N.W. #805 WASHINGTON, D.C. 20009 201. METNOD OF DISPOSITION 201. PART II. M. #805 WASHINGTON, D.C. 20009 202. NARRE (Specify) 203. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, interval int	RAFAEL OUTN	TANTI	Δ											
JOSE M. VALLADARE 1112 M STREET, N. W. #805 WASHINGTON, D. C. 20009 209. WETNOD OF DISPOSITION 10. BURIDLE COMMENTS OF PRINCIPAL 10. BURIDLE COMMENTS 10. BURIDLE COMMENTS 10. BURIDLE COMMENTS 10. BURIDLE COMMENTS 10. BURIDLE COMMENTS 10. BURIDLE COMMENTS 11. SIGNATURE OF FUNERAL SERVICE MCSPAGE 21. SIGNATURE OF FUNERAL SERVICE MCSPAGE 22. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, interval disease or condition 11. BURIDLE CAUSE (Final disease). Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, asseting to immediate cause the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, interval disease or condition 12. BURIDLE CAUSE (Final disease). Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE			A		195 MAIL IN	ADDRES	e /Ctmat a				. 0	0.44	Marie Control	
20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City of Town, Stells 4 © Donation S Other (Specify) PAMT LOCATION Date 20c. LOCATION — City of Town, Stells 4 © Donation S Other (Specify) PAMT LOCATION Stells 5 Other (Specify) PAMT LOCATION Stells 5 Other (Specify) PAMT LOCATION Stells 5 Other (Specify) PAMT LOCATION Stells 5 Other (Specify) PAMT LOCATION Stells 5 Other (Specify) PAMT Location S Other (Specify) 5 Other Stells S Other Stells 5 Other Stells Stells S Other Stells 5 Other Stells Stells Stells Stells Stells 5 Other Stells S														
1 Generation 3 Removal from State 4 Donation 6 Other (Speciety) TATLY CEMETERY JUL 29/9 EL SALVADOR, C.A. 21. SIGNATURE OF PUNERAL SERVICE JUMPSEE TATLY CEMETERY JUL 29/9 EL SALVADOR, C.A. 22. NAME AND ADDRESS OF FACILITY W. H. BACON FUNERAL HOME INC. 3447 14TH STREET, N. W. WASH, D. C. 20010 A47 14TH S														
22. SIGNATURE OF PUMERAL SERVICE INCLUSES 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arreat, interval interv	1 S-Burial 2 Cremation	3 Remove	ral trom State	cemet	tery, crematory or o	other place!								
23. PART I. Enter tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart felture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiatized events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE		L_129	/95 EL	SAL	VADOF	R,C.A.								
23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on sach line. HAMEDIATE CAUSE (Final diseases or condition resulting in death)	W.H. BACON FUNERAL HOME INC. 3447 14TH STREET, N.W. WASH, D.C. 20010													
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, interval inte													20010	
PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMEC? 24b, WERE AUTOPSY PERFORMEC? 24b, WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH 1 YES 2 NO UNCERTAIN 1 YES 2 NO UNCERTAIN 1 YES 2 NO UNCERTAIN 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Numbring Home 5 Residence XOther (Specify) ROADWAY 27b, Manner of Death 28e, DATE OF INJURY AT WORK? 1 YES 2 NO OF DEATH 1 YES 2 NO	DUE TO (OR AS A CONSEQUÊNCE OF): Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WYES 2 NO 26. PLACE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence (MXOther (Specify) ROADWAY 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. LOCATION (Street end Number or Pural Route Number City or Town, State) Now Investigation in Year Company 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF DATE OF INJURY (Month, Day, Year) 28. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Month, Day, Year) 29. DATE OF DATE OF INJURY (Mont	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WER											WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence X XOther (Specify) ROADWAY 27. MANNER OF DEATN 1 Neturel 5 Pending Investigation 28e. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28c. INJURY AT WORK? 29c. Accident 3 Societies 8 Could not be determined 28e. PLACE OF INJURY - At home, farm, street, tectory, office building, etc. (Specify) 29e. CERTIFIER (Check only One) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the time, death occurred at the time,	l ———									1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? X XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence X XOther (Specify) ROADWAY 27. MANNER OF DEATN 1 Neturel 5 Pending Investigation 28e. DATE OF INJURY 28b. DATE OF INJURY 28b. DATE OF INJURY 28c. INJURY AT WORK? 29c. Accident 3 Societies 8 Could not be determined 28e. PLACE OF INJURY - At home, farm, street, tectory, office building, etc. (Specify) 29e. CERTIFIER (Check only One) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the cause(e) end menner as a series of the time, death occurred at the time,													1 YES 2 NO	
EXAMINER? X X X X X X X X X	DID TOBACCO US	E CONTRII	BUTE TO CAL	JSE OF	DEATH Y	ES 🔲	NO [UNCERTAI	N					
XYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence XOther (Specify) ROADWAY			HOSPITA	26	B. PLACE OF DEA	_								
27. MANNER OF DEATN 1 Neturel 2 Paccidernt 3 Suicide 4 Nomicide 5 Could not be determined 28e. DATE OF INJURY (Month, Dev, Neer) 28e. DATE OF INJURY (Month, Dev, N				ER/Output	lent 3 🗆 DOA			e 5 🗆 Reeldence	₩.Xoth	or (Specify)	ROA	DMA	,	
2 Paccident 2 Paccident 2 Paccident 2 Paccident 3 Sulcide 4 Nomicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office 28e. PLACE OF INJURY — At home, farm, street, tectory, office 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State) New Home	27. MANNER OF DEATN					E OF	28c. INJ	URY AT						
28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28e. CERTIFIER (Check only one) 28e. CERTIFIER To CERTIFIER (Check only one) 28e. DLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28e. DLACE OF INJURY — At home, farm, street, tectory, office City or Town, State) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as									01	1200 -	au	10 - 6	who coil is	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of estimation end/or investigation, in my opinion, death occurred at the time, date end piace, end due to the cause(s) end menner as	a Culatra		28e. PLACE OF	INJURY -	- At home, ferm,	- 0	tory, office		281. LO	CATION (Street a	nd Number	or Rural A	oute Number	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner es stated. 2 MEDICAL EXAMINER: On the basic of estated in my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner as	~		building, e	ec. (Specify	0 /				City	or Town, State)	- 0-1	la m	a wheaton	
one) 2X MEDICAL EXAMINER: On the basis of example of end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner as	29e. CERTIFIER	WIND BURGES									-		noc.	
	(Check only													
H 20h SIGNATIIDE AND TITLE AD-ADDTONIO			- M	1		, m my c	quinon, o			end piace, en				
29b. SIGNATURE AND TILLE-OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	THE SIGNATURE AND TITLE	T CERTIFIEH	66	1										
			0	7				O.C.M	LE.		J	ULY	22, 1995	
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DWILL R Fow & 111 Penn Street, Baltimore, Maryland 2120	DWILL R	0	/				tre	et, Bal	tim	ore, l	Marv	land	1 21201	

8
10
2
-
9289
9
BOX
\circ
m
-
-
P.0
٠.
0
_
40
S
0
œ
$\overline{}$
\circ
ECORDS
0
ш
~
- 1
/ITAL
_
-
t e
OF
_
7
di-
0
\equiv
DIVISIO
97
-
_
2
_

0

31. DATE FILED (Month, Day, Year)

1995

			1. DECEDENT'S NAME (FIRST,	Middle, Last)								
			Marguerite	H. Qu	igg							
		l	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in yrs. last t	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.
			578-28-1629		1 🗆 M 2 🔯 F		96	YRS.	MONTHS	DAYS	HOURS	MIN.
	3 should		Se. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	TOWN C	R LOCATI	ON OF DE
		Œ	Collingswo			0				kvil		011 01 01
	1, 2,	18	RESIDENCE OF DEC	EDENT	Sing nom				1100	10011	.10	
	Society	DIRECTOR	10a. STATE	10b. COUNT	1			10c. CIT	Y, TOWN	OR LOCAT	ION	
	&" .≕	ਰੋ	Maryland	Mont	gomery		_ [В	ethe	sda		
	E	AL.	10e. STREET AND NUMBER								. ZIP COD	E
	. Usit	8	4977 Batter	y Lane							20	814
0	physician. burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN						ENDENT C	
BALTIMORE, MARYLAND 21215-0020	hospital or attending physician, ached for use as the burial-trar ce.	ВУ	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	YES	2 X NO				2 X NO	n, Maxica Specify
21	r attend use as			EDENT'S EDU			16a. DECE	DENT'S	USUAL O	CCUPATIO	N st of working	
21	for u	LET	Elementary/Secondary (0	1	College (1-4 or 5	+)	ille. D	o NOT us	e retired.)	doring mo	at or worker	V
9	ched ched	A P	12				Cle	rk	_			
A	by the hospit be detached at once.	COMPL	17. FATHER'S NAME (First, MI	iddle, Last)							18. MOTI	HER'S NA
	d be	BE	Alex Hunter								Ma	ggie
A	retained 5 should notified	10	19a. INFORMANT'S NAME (7)								nd Number	
2	ay be re page 5		Jacqueline		igg		49	77	Batt	ery	Lane	В
8	may or, pag		20e. METHOD OF DISPOSITI		oval from State	20b.	PLACE AN	DDATEC	P DISPOS	ITION (Na	ma of	
9	Page 6 Il directo ner mu		4 □ Donation 5 □ Other	(Specify)	- 1	Ar	ling	tón	Nati			
Ē	ter death. Page 6 may be retained by the hos the funeral director, page 5 should be detach pag. Aminer must be notified at once.		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			7			D ADDRE	
AL	death. e funera I.		· // //	1	Non		- /	1/	Wa.	3U W shin	isco gton	nsin
•••	at at		23. PART I. Enter the di	seases, que	omplications the	t ceused	the deat	h. Do n	ot enter	the mo	da of dvi	na. suci
	2 2	ŀ	ahock, or he	eart fallure.	List only one cau	ise on as	ich line.				,	
4		- 1	IMMEDIATE CAUSE (Fin disease or condition	al	Transi	tions	1 00	77	e an a	or o	f lei	dnov
0	within npletely cremat vent, 1	H	resulting in death)	7			CONSEQU			61 0	ı Kı	uney
P.O. BOX 68760	and com o bunial, o	- 1				(4.7.7.		-1102 01	,-			
9)	and to bu	CERTIFICATION	Sequentially list conditions of the sequential sequenti		OUE TO	(OR AS A	CONSEQU	ENCE OF):			
ô	physician ne prior to	Ā	cause. Enter UNDERLY	NG								
	n certificate nding physi Hygiene pri or other to	Ĕ	CAUSE (Disease or inju- that initiated events	Y .	DUE TO	(OR AS A	CONSEQU	ENCE OF):			
0.	Hygin or o	본	reaulting in death) LAST	r .	i.							
Ś	he death certil the attending Mental Hygien njury, or oth		DART II Other slenilles	1								
RECORDS,	requires that the death certificate be executed within 24 een signed by the attending physician and completely fillight Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event, the	EDICAL	PART II. Other algnification	nt condition	a contributing to	death bu	ut not rea	ulting I	n the un	derlying	ceuse (iven in
0	uires that the signed by Health and Dws any in	ă					-					
Ĕ	en signe of Healt	Z.										
	. 0 .	ÿ.	DID TOBACCO U		RIBUTE TO CA	USE OF	F DEATH	H YE	S 🗆 1	NO K	UNC	ERTAIN
TA	N: The law fcate has b State Dept.	5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	2	26. PLACE	OF DEAT		-		
>	ician: sertifica the St	PHYSICIAN	1 NES 2 NO		1 Inpatient 2		ntient 3 🗆	DOA	OTHER 4 Num	Ing Home	5 🗆 Re	eldence
OF	PHYSICIAN: The law this certificate has with the State Dep red, or Item 23	F	27. MANNER OF DEATH	D. a. dla a	28a. DATE OF (Month, D		1	286. TIME INJ		28c. INJU		
Z		À		Pending nvestigation					М	1 🔲 Y] NO
000	ATTENDING PHYSICIAN: The ECTOR: After this certificate h s after death with the State I 28 is marked, or item			Could not be	28e. PLACE O building,	F INJURY atc. (Specia	— At home	, farm, a	treet, fect	ory, office		
DIVISION OF VITAL	OR ATTENDING DIRECTOR: Atter hours after death tem 28 is ma	COMPLETE	- Indinicide 6	letermined								
ā	L DIRECT POURS	급	29e. CERTIFIER 1 X CERT	FYING PHYSIC	CIAN: To the beat of	my knowle	edge, death	occurre	d at the ti	me, date	end place,	and due
	HOSPITAL FUNERAL within 72 h	8	cost /		R: On the basis of a							
	F FULL WITH		296. SIGNATURE AND THELE	OF CERTIFIER	/ <						29c. LICE	NSE NUM
	TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE (Much	5	itton	2						1900
	0=	2	AA MANA AMA AAAAAA		1-							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Davidson Ra

Smith S. Ho, M.D. 7610 Carroll Avenue, Takoma Park, MD 20912

CERTIFICATE OF DEATH

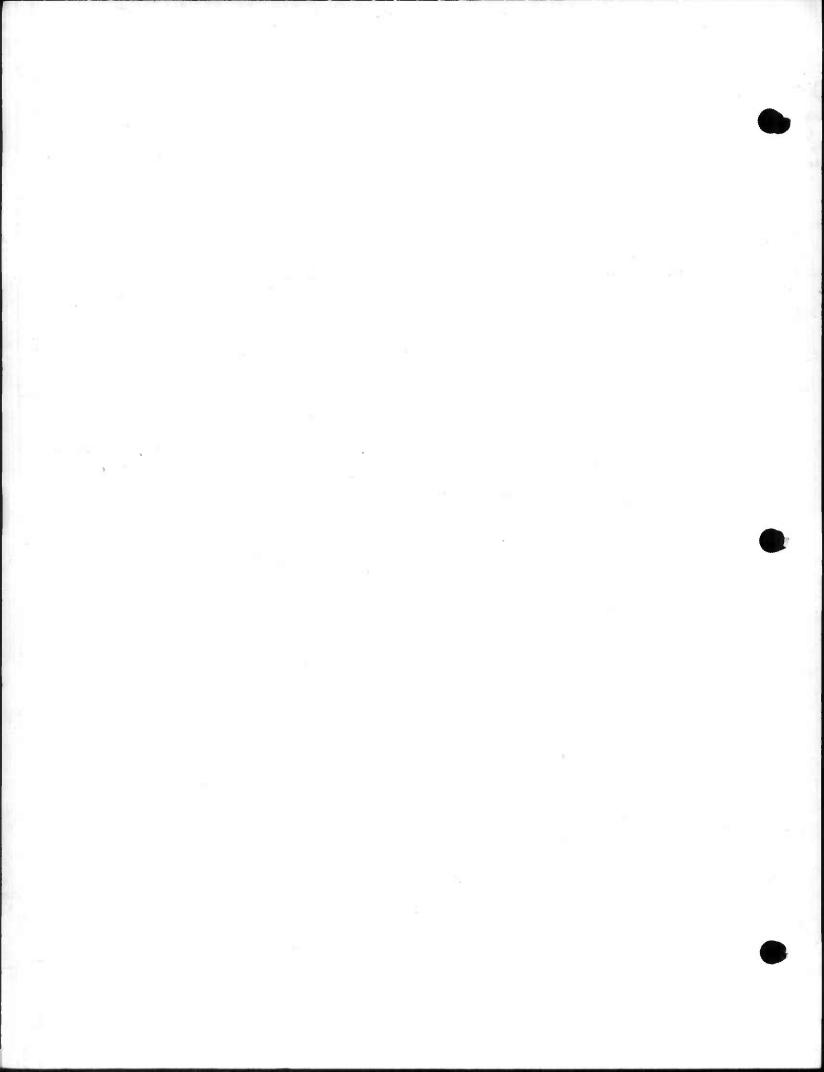
NO Specify:

1 - FOR STATE REGISTRAR

95 24129 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH 3. TIME OF DEATH 1995 July 21 2:40p 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) Sept. 9, Pennsylvania 1898 CATION OF DEATH 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY LIMITS? 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. ENT OF HISPANIC ORIGIN? (Specify Yes or No — Use American Indian, Cuben, Mexican, Puerto Rican, etc.)

14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Department Store MOTHER'S NAME (First, Middle, Maiden Surname) Maggie Unknown umber or Rural Route Number, City or Town, State, Zip Code) Bethesda, MD 20814 20c. LOCATION — City or Town, State Cemetery 8/1 Arlington, Virginia DDRESS OF FACILITY Oseph Gawler's Sons, Inc. consin Avenue, N.W. on, D.C. 20016 f dying, such as cardiec or respiratory arrest, Approximata Intarval Batween Onset and Death se given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 1 NO 1 TES 2 NO INCERTAIN ☐ Residence 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) place, and due to the cause(s) and manner as stated. a and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

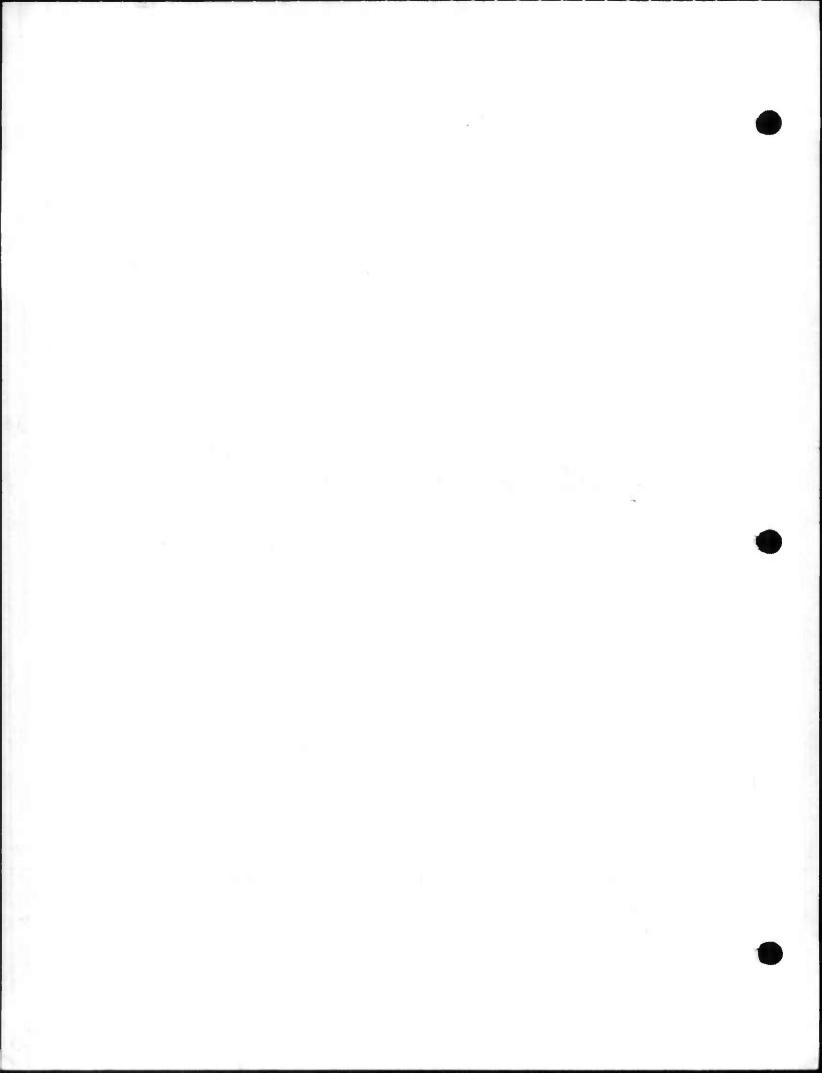
July 22, 1995



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR CERTIF					VENTA			20	_ 1 1 0 0
	1. DECEDENT'S NAME (First,	Jam.		7.	Ro	CHE		DEAT		2. DATE	OF DEATH	AY 26	YEAR	3. TIME OF OEATH 5 *
	4. SOCIAL SECURITY NUMB 070-14-5321	l	5. SEX 1 M 2 F	6. AGE (In)	yrs. last birthday) YRS.	MONTHS (PAS	IF UNDER 2 HOURS	4 HRS. MIN.	7. DATE (More DECE	OF BIRTH h. Day, Year) MOET 8,	1922	8. BIRTH County NEW Y	PLACE (State or Foreign
O R	9a. FACILITY NAME (If not in 13110 Evan	ston						Vill		EATH 9c. COUNTY OF C				
DIRECTOR	Maryland	10b. COUNTY	gomery			10c, CITY, TOWN OR LOCATION ROCKVILLE							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 13110 Evans	ston St	reet			10f. ZIP CODE 20853						IZEN OF V	VHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	T EVER IN U. N. YES	S. ARMED 2 NO	ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicar 1 YES 2 XNO Specify					17 (Specify Ye Rican, etc.)	or No-	Black	- American Indian, c, Whita, etc.
COMPLETED		EDENT'S EDUC Nighest grade (-12)			(Give kind of a life. Do NOT us	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) SECURITY GUARD					Wells			
BE CON	Thomas Roc	he (ast)					18. МОТНЕ	R'S NAI	ME (First	Middle, Meiden Paly	Surname)		·	
10 8	James M. Ro	che		13110°	MALING ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code) 3110 Evanston Street, Rockville, MD 20853								853	
	26. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, Unique of Disposition Date 20c. LOCATION - City or Town, Unique of Disposition Unique of Di													
	21, SIGNATURE OF POMERA	L SERVIGE LIC	S)	ust		Reno	m/	Male Fi	ner	al Ho	me anham, 1	MD 20)706	
23. PART / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Application of the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, intermediately and the disease of condition.										Approximate Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
בווופוסוקיי שבסוסיד	PART ii. Other significa	nt condition	not resulting	ing in the underlying cause given in					Part I, 24a. WAS AN AUTOPS: PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?				PLACE OF DEA	TH (Check onl	ly one)	UNCE	RTAIN					
5	1 YES 2 NO		HOSPITAL: 1 Inpatient 2 (28a. OATE OF (Month, D	INJURY	28b. TIM	E OF 28	g Homes	URY AT	dence (NJURY OC	CURED	
5	1 Natural 5 2 Accident 3 Suicide 6	At home, farm,		1 🗆 1		NO	28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLEIED	29a. CERTIFIER (Check only		CIAN: To the best of a							to the car	rse(a) and ma	nner aa ata		and manner as stated.
O BE C	296. SIGNATURE AND TITLE	W5)	29c. LICENSE NUM											
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH		Print)	2	60,0	5 C	ens	in	AU	6	3. The
	31. DATE FILED (Month, Day,	8 1995	32 AEGISTA	R'S SIGNATU	/BS									



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-726 8/28/95 t.t

	1 - STATE REGISTRAR		STATE OF	MARYL					DEAT		MENTA	AL HYGIEN	_		
	1. DECEDENT'S NAME (First,	Middle, Lest)									2. DAT	E OF DEATH			3. TIME OF DEATH
	ERNEST		EDW	IARD			R	тсн	ARDS	3	MON		, 19	YEAR	2:55 P. M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		(In yrs. teat bir	thday)		R I YEAR	IF UNDER			E OF BIRTH	117	-	HPLACE (State or Foreign
	578-44-5941		1 ⊠ M 2 □ F		59	YRS.	MONTHS	DAYS	HOURS	MINI,		th, Day, Year)	1025	Coun	nington, DC
	Se, FACILITY NAME (If not ins	stitution, give a	tniet and number)				9b. CIT	Y. TOWN C	OR LOCATI	ON OF DE		y 29,		Wasi	
Œ				10 D	TUED								1		
DIRECTOR	WINDMILL RESIDENCE OF DEC	EDENT	MICOMIC	:O R	O RIVER Windm					OTILL			C	HARL	ES CO.
Ä	10e. STATE	10b. COUNTY	7		11	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
=	Maryland	Wash	ington			На	gers	town					LIMITS?		
A A	10e. STREET AND NUMBER		-					101	. ZIP COD	E			10g. CI	WHAT COUNTRY?	
FUNERAL	13633 Donny	brook	Drive						2174	1			П.	S.A.	
3	11. MARITAL STATUS			DENT EVER IN U.S. ARMED 13, WAS DECEMBENT OF HISPANIC ORIGIN? (Speci							IN? (Specify Yes		14, RAC	E American Indian,	
	1 Never Married 2 🔀		FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES				Il yes, specify Cuban, Mexican 1 YES 2 NO Specify					Rican, etc.)		Spec	k, White, etc.
ВУ	3 Widowed 4 Divor	ced	Ko	Korean						,,,,,,					White
	15, DECE (Specify only	CATION completed)		16a. DECED	kind of	work done	durina mo	ON sl of workin	10	16	b. KIND OF BU	SINESS/IN	DUSTRY		
<u>u</u>	Elementary/Secondary (0-	-12)	College (1-4 or 5	+}	life. Do	NOT u	e retired.)								
E G			4		Inter	rna	1 Au	dito	r		P	Λ. Τ. δ	т.		
TO BE COMPLETED	17. FATHER'S NAME (First, Mic		4						-7 -25			Middle, Meiden			
B	Edward P. R		d.S	Agnes Francis Pugh											
2	19a. INFORMANT'S NAME (1)											nber, City or Tow			
	Sally McNey		ards		136	33	Don	nybr	ook l	Driv	e, H	lagerst	own,	MD	21741
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation		oval from State	20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or committee).											
	Commetter, crematory of other (Specify) Commetter													Virginia	
	21. SIGNATURE OF FUNERAL	SERVICE LIE	EMSEE /	1					D ADDRE			Т.		1 77	D 4
EX E	1 Hp	- X	X +(/											me, P.A.
menical examine	23. PART i. Enter the di	eases, or c	complications the	t caused	tha death.	. Do r	not antai	tha mo	da of dvi	ing, such	e Av	diac or read	ratory a	TITE	MD 20781
	snock, or na	art fallure.	List only one car	ise on a	ach lina.					3,					intarvai Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DROWNING a													Onset and Death	
,															
	70.1 St. (m.) 1 C 37.5 September 27														
CERTIFICATION	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												<u> </u>		
N S	cause. Entar UNDERLYING												1 4		
	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):														
FR	resulting in death) LAST														
AL CE	BART II Other similian	a condition													
	PART ii. Other significan	it condition	s contributing to	death bi	ut not resu	ilting	in tha ui	ndariying	causa (given in	Part i.	24a, WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
												YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
: MEDI															1 YES 2 - NO
Z	DID TOBACCO US		RIBUTE TO CA	USE O	F DEATH	YE	S	NO [UNC	ERTAIN	N K				/
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		26. PLACE OF	P DEAT	ment management days	100							
NS N	1 1 YES 2 □ NO		1 Inpatient 2	ER/Outpe	atlent 3 🗆 C	ADO	4 Hur	ning Hom	e 5 🗆 Re	eldence	6 XOth	er (Specify) W	ICON	1ICO	RIVER
PH	27. MANNER OF DEATH	-	28s. DATE OF (Microth, II)		20	AL TIM	E OF	26c. INJ				SCRIBE HOW I			
BY		ending eventigation	FOUND:			:20		1 🗆 1	es 2 (/NO	SUBJ	ECT FOUN	DIN	RIVER	
	3 Suicide 6 Dic	could not be	28s. PLACE C building.	F INJURY	- At home.	farm, a	street, fact	iory, attice			28f. LO	CATION (Street a	nd Numbe	or or Rural	TOUR AUMBOL WINDMIN
E	4 Homicide d	elermined			R)	LVER	8				POIN			COUNTY	
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the best of	my knowl	ledga, death (occum	ed at the t	Ime, data	and place,	and dua	to the ca				
W															a) and menner as stated.
	296. SIGNATORE AND TITLE			_		_	_			NSE NUM					(Month, Day, Year)
BE	1	- >	XX							.M.			JI	JLY	23, 1995
2	30 NAME AND ADDRESS OF	DERSON WHO	DOMPLETEO CAU	SE OF OE	ATH (ITEM 27) (Tvno	Print)		20100						,
	111 Penn Street Baltimore Maryland 21201														
	31. DATE FILED (Month, Day, H	YON.	32- REGISTRA	R'S SIGNA										-1	21201
	JUL 26	The second second	Jahra of	مياسا	chardo	Ц									1
	302.00	PARA	-												

and the same of th

1. DECEDENT'S NAME (First, Middle, Last)

Joseph

1 X M 2 - F

FOR STATE REGISTRAR

Michael

4. SOCIAL SECURITY NUMBER

262-87-5434

YEAR

1995

3. TIME OF DEATH

0300

8. BIRTHPLACE (State or Foreign Country)

2. DATE OF DEATH MONTH

July

7. DATE OF BIRTH (Month, Day, Year)

	262-87-5434	1 (X M 2 F	17	YRS.		1.00.10	bot	oher 28.	1977 N	Marv1	and	
~	9a. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, T	OWN OR LOCATIO	N OF DEATH	DEATH 9c. COUNTY OF				
DIRECTOR	Prince Georges	Hospita	Cer	nter	Ch	everly			Prin	Prince Georges		
EC.	10a. STATE 10b. COU				r, TOWN OR	LOCATION		10d. INSIDE				
딤	Maryland Prin	nce Georg	e's	La	ndov	er			LIMITS?			
AL	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
EB.	2328 Brights	eat Road	#T-1			2078	5		USA			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPAN 14. YES 2 NO If yes, specify Cuben, Maxica					IGIN? (Specify)	14. RACE — /	American Indian,		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAS				YES 2 NO		TO PROBE, STO.)	- 1	Specify:		
ED	15. DECEDENT'S E	DUCATION	16a	. DECEDENT'S	USUAL OCC	LIPATION		165 YIND OF B	I IS IN ESS /IN DIE		Black	
ET	(Specify only highest gri Elementary/Secondary (0-12)		(Give life. Do			ring most of working	,	16b. KIND OF BUSINESS/INDUSTRY				
APL	10								ate			
COMPL	17. FATHER'S NAME (First, Middle, Lest)					16. MOTH	ER'S NAME (Fir	st, Middle, Maide	n Surname)			
BE (Michael Jose	oh Roscoe	, Sr			J	acque	line 1	Mack			
10	19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (Street and Number of	or Rural Route N	Code)				
	Jacqueline R	oscoe		2328 Br.	ight se	at Rd. #I	l Landov	ver, Maryland 20785				
	29a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re	amoval from State	cemetery	CEAND DATE O	her place)		1		OCATION — CI	ity or Town, 1	State	
	4 Denation 5 Other (Specify)	1100731055	Hai	rmony	Memo	orial E	Park 7/	/27 La	ndove	r, M	D	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home											
	1		ěc,			74 Landov					0785	
CERTIFICATION	disease or condition resulting in death) Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II ON THE STATE OF THE STA	d										
MEDICAL	PART N. Other eignificant conditi	ona contributing to de	eath but no	ot raaulting i	n tha unde	erlying cause gi	ven in Part i		N AUTOPSY ORMED?	AWA	E AUTOPSY FINDING	
								1 YES	2 🗌 NO		PLETION OF CAUSE DEATH?	
	DID TOBACCO USE CON	ITPIRITE TO CALL	CE OE D	EATL VE	s \square N/	O T UNICE	DTAIN!			1 🗆	YES 2 NO	
N N	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEAT			KIAIN L					
YSICIAN:	EXAMINER? 1 XYES 2 NO	HOSPITAL:	R/Outpatien	1 3 DOA	OTHER:	g Home 5 🗆 Res	idence 6 🗆 O	ther (Specify)				
PHY	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIME	OF 20	c. INJURY AT		DESCRIBE HOW				
	1 Natural 5 Pending 2 Accident Investigation	5 O.4	-9 r	804		WORK?	NO	Sus	DECL	SHO		
2	3 Suicide 8 Could not be determined	manually are	NJURY — At	t home, farm, s	treet, factory	, office	281. L	OCATION (Stree	t and Number or	Rural Route	Number, Q50	
	4 Homicide determined	PARI	LING	LLOT			WH	TEPLE	LD-CH	MEL	ROPRIN	
7		SICIAN: To the best of my					end due to the	cause(a) and m	enner as atated	1.		
COM	one) 2 MEDICAL EXAMI	NER: On the basis of exen	nination and	/or investigation	n, in my opir	ilon, death occure	d at the time, d	late and place,	and due to the	cause(a) and	manner as stated	
<u>.</u>	296 NGHATURE AND TITLE OF CERTIF	IED M				29c. LICEN	ISE NUMBER		29d DATE S	SIGNED (Mon		
K 11	ZING THE AND THE OF CENTE	n .							12001	GIGINEO INION	th, Day, Year)	
m	Warrie On	eyfull				0.0	C.M.E	•	N		th, Day, Your) 1 1995	
TO BE	39. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	,	111 P		O.0 Street		-	▶ Ju	ıly 2	1 1995	
œ	30. NAME AND ADDITION OF PERSON V	WHO COMPLETED CAUSE	,	111 P				-	▶ Ju	ıly 2	1 1995	

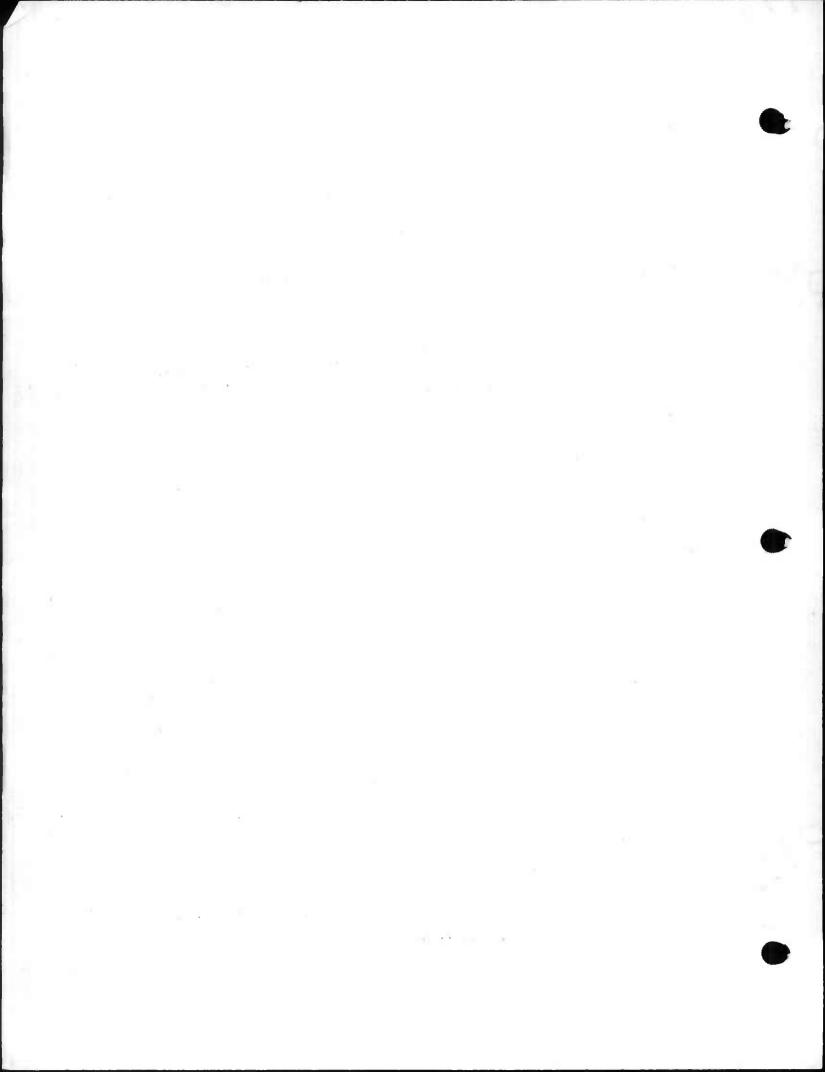
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Roscoe

6. AGE (In yrs. last birthday)

Jr

IF UNDER 1 YEAR IF UNDER 24 HRS.



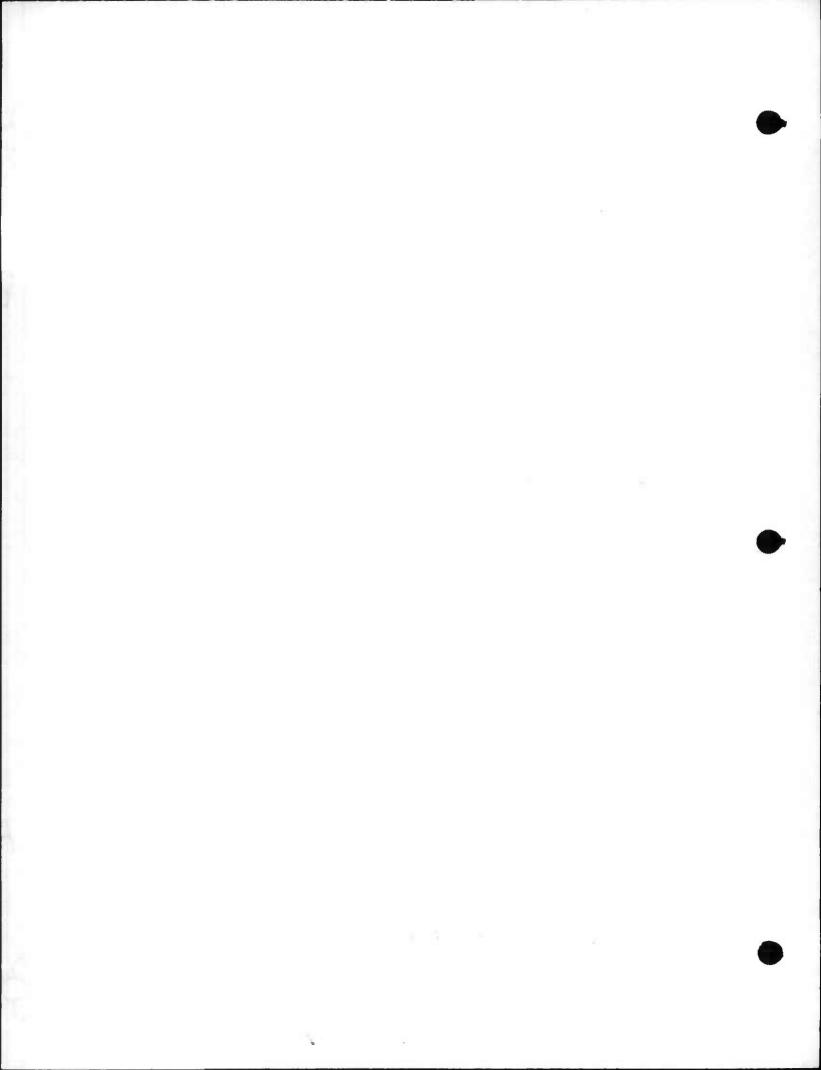
THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have mitting the State Dept. of Health and Mental Hyghele prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

						THE TOPAL	- VI			REG. N	J.				
	1. DECEDENT'S NAME (First, MARG		ADELINI	E HAV	WES I	REILL'	Z			2. DATE OF DEATH MONTH JULY 24	DAY 19	9 5 ⁶	3. TIME OF DEAT 1:50	н Ам	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. lest birti	rRS. IF UNDE	R t YEAR	HOURS	MIN.	7. DATE OF BIRTH		A. BIRTI	PLACE (Store or Fo	reign	
OR	90. FACILITY NAME (# not in 5118 Flintrick							OR LOCATI	ON OF DE	ATH		DUNTY OF DEATH Prince Georges			
151	RESIDENCE OF DEC	EDENT													
🗓	10a. STATE	10b. COUNT	Y		10	c. CITY, TOWN			10d. INSIDE CITY						
L DIRECTOR	Maryland 100. STREET AND NUMBER	Prince	e Georges	<u> </u>		Hyatt							LIMITS?		
FUNERAL	5118 Flintri	.dge D	rive		10f. ZIP CODE 20784					U.S.A			WHAT COUNTRY?		
151	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAN	IIC ORIGIN? (Specify Y	e or No-	14. RACI	E — American India k, White, stc.	ın.	
	1 Never Married 2		FORCES? 1	MAR OR DAT	2 XNO					n, Puerto Rican, etc.)					
BY	3 Widowed 4 Divo	rced	17 163, 0176 9	ON DAI	63		I U YES	2X NO	Specin	<i>(</i> *		Spec	ocily: nite		
0	15. DEC	EDENT'S EDU		1	16a. DECEDI	ENT'S USUAL O	CCUPATION	ON		16b, KIND OF B	JSINESS/IN		ICE		
		highest grade			(Give kii life, Do I	nd of work done VOT use retired.)	during mo	ost of working	ng						
COMPLETED	Elementary/Secondary (0	-12}	College (1-4 or 5	+)		s Cler			Chandle	ers D	rug a	and Medi	cal		
Ö	17. FATHER'S NAME (First, MI							18. MOT	HER'S NA	ME (First, Middle, Maide	n Sumame)				
BE C	Milton B. H	lawes						Ma	rie	C. Quin	A				
5	James F. Rei		Ι		19b. MA 5118	Flint.	idge	and Number Drive	or Runal ! Hyat	tsville, M	wn. 2078	A ^{Code})			
20a. METHOD OF DISPOSITION 1 Burles 2 Cremation 3 Removal from State 20b. PLACE AND DATE 20c. LOCATION — City or Tow company, crematory or other place) A Donatton 5 Other (Specify) Date 20c. LOCATION — City or Tow company, crematory or other place) METHODOLITAN FUNCTION.													own, State		
	21. SIGNATURE OF PONETIAL		ICEN 22. NAME AND ADDRESS OF FACILITY										VA		
	II. side of the or	. some Li			,										
Rendon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706															
	23. PART I. Enter the di	seesee, or	complications the	t caused t	he deeth.	Do not ente	r the mo	de of dv	ing, suci	a cerdiec or was	olratory ar	rest.	Approxima	rfu.	
	ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure.	List only one ceu	ase on each	Eno	cas	Ceno	no of	Rel	ling	Interval Be Onset and	tween			
_	DUE TO (OR AS A CONSEQUENCE OF)														
ATION	Sequentially list conditi If any, leading to Immediates. Enter UNDERLY!	liete	b. DUE TO	(OR AS A C	ONSEQUEN	CE OF):				-1		/			
CERTIFICATION	CAUSE (Disease or Injuthat initiated eventa resulting in death) LAS	ry 🚹	o	(OR AS A C	ONSEQUEN	CE OF):						1-	\dashv		
S		•	4.										1	-	
	PART II. Other eignifice	nt condition	s contributing to	death but	not recul	ting in the u	nderlyln	g ceuse	given in	Part I. 24a. WAS A	N AUTOPSY	24b	WERE AUTOPSY FIT		
EDICAL										t _ YES	1/		COMPLETION OF C		
ᇤ											2 (3) 140		OF DEATH?	. 1	
2	DID TOBACCO U	SE CONT	PIRLITE TO CA	LISE OF	DEATH	VEC 🗆	NO E	LINIC	ERTAIN				1 TES 2 N	10	
A	25. WAS CASE REFERRED TO	-	KIBOTE TO CA					1 OIAC	EKIAI	1 [10 00		
SICIAN:	EXAMINER?	PMEDICAL	HOSPITAL:			OTHE		./	/						
S	1 TES 2 DO		1 Inputient 2	ER/Outpati	lent 3 🗆 D	OA 4 Nu	rsing Hom	10 5 🗖 Re	sidence	6 Other (Specify)					
РНУ	27. MANNER OF DEATH		28e. DATE OF (Month, D		280	. TIME OF	28c. (NJ			28d, DESCRIBE HOW	INJURY OC	CURED		\neg	
		Pending nvestigation	(Month, D	roy, rour)		INJURY M		YES 2	NO					- 1	
B	2 Carteta		28e. PLACE O	F /N.IURY	At home 1	erm, street, fec				201 LOCATION (Com-	and Atrophy		2	-	
ETED		Could not be letermined	building,	etc. (Specify)	,, 120	tory, orne			281. LOCATION (Street City or Town, State	end Numbe	r Or Pilurilli P	toute Number,		
۳۱	290. CERTIFIER	EVINO PHYSI	CIAN: To the best of	and beneated	don donth o							· · · · ·		$\overline{}$	
COMPL										to the cause(e) end m			and manner se at	sted.	
	29b. SIGNATURE AND TITLE	_		/	4/	/					/	1			
B	- TOTAL STORE AND THE	ang CENTIFIE	////		Ala.	de	V-0	29c. LICI	ENSE NUN	ILI A	29d. DAT	SIGNED	(Month, Day, Year)	7	
0	11	esero C	1//	10	wou	1/1)	1/	0/	7/1		M	24, 177	>	
	Thomas G	. Mal	oney, M	D, 4	814	71st	Ave	nue,	Ну	attsvill	e, /	iD 2	0784		
	31. DATE FILED (Month, Day,	1995	37 REGISTE	R'S SIGNAT	Kerle	4									



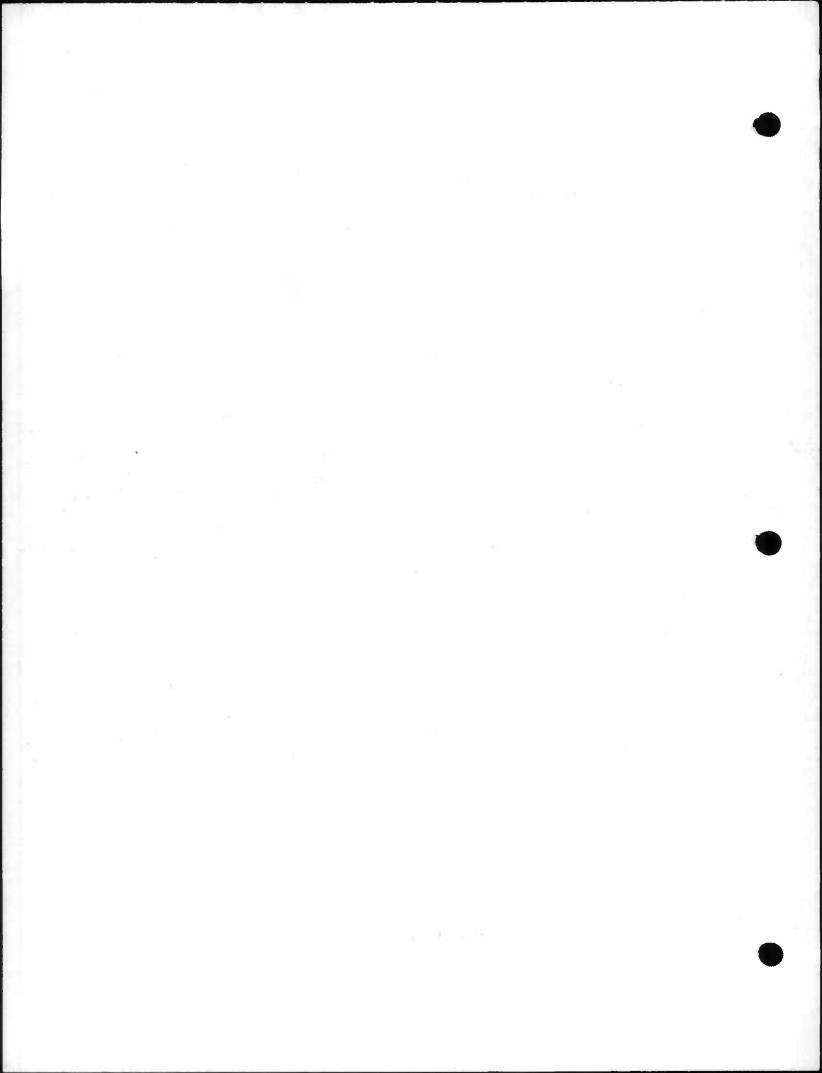
BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withs. Flours after death, Page 6 may be retained by the hospital or attending physician,	DIRECTOR: After this certificate has been signed by the attending physician and completely filled

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. If hours after death, Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	:F	RTIFICATE	0	F DEAT	H		DEC NO

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND C	DEPAR	TMEN ICAT	T OF H	EALTH AND	MENTA	L HYGIEN			Broops E &	
- 1	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF D	EATH
- 3	Benjamin Randall R	eading						Jul	y 21	, 19	95	5:15	а м
	4. SOCIAL SECURITY NUMBER 5.	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH								8. BIRTH	PLACE (State o		
1	216-44-3711	6-44-3711 1⊠ M 2 □ F 80 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) May 31, 1915							915	Country) Maryland			
	Se, FACILITY NAME (If not institution, give street	end number)			9b. CIT	Y, TOWN	R LOCATION OF			9c. COUN		-	
OR	3604 43rd Avenue				Co	lmar	Manor			Prin	ce (George'	s
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			100 000	70000	OR LOCAT	201						
DIRECTOR	Maryland Prince	George's			,	Man						10d. INSIDE C	
	10e. STREET AND NUMBER	George S		1 001	mar		. ZIP CODE		-	40- 01212		1 X YES 2	
R/	3604 43rd Avenue						20722					THAT COUNTRY	"
FUNERAL		WAS DECEDENT EVI	ER IN U.S. AI	RMED	13.			NIC ORIGI	N7 (Specify Ver	U.S		— American I	adlan
	1 Never Married 2 🔀 Married	ver Married 2 Married FORCES? 1 MYES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White							, White, etc.	noren,			
ВУ	3 🗌 Widowed 4 🗌 Divorced 19	934-1938;	1942	-1945			a qui ito opec	, y.			Speci	White	2
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-		16	ECEDENT'S Bive kind of w	rork done	during mo	ON st of working	168	b. KIND OF BU	SINESS/INDU	JSTRY		
Щ	Elementary/Secondary (0-12) Co	ollege (1-4 or 6+)	life	B. Do NOT us	e retired.)	daming mo	or or working						
₹		2	Ac	count	ant						erve	Board	
	17. FATHER'S NAME (First, Middle, Lest) John Young Reading						16. MOTHER'S N			,			
H	190. INFORMANT'S NAME (Type/Print)						Edith						
2	Mary E. Reading						nd Number or Rural						
	20a. METHOD OF DISPOSITION						nue, Col						2
	1 🔀 Buriet 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State	cemetery, cri	AND DATE O	F DISPO her place	SITION (Na	me of ery 7/2	DAT	E 20c. LO	CATION — C	ity or To	wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE	rort	Linco	In (Jemet NAME AN	ery //2	4/1199	35 Brei	twood	1, M	arylan	d
	Di O A				F ₁	ranci	ls Gasch	's Sc					
	W.P. Den	10.			4	739 I	Baltimor	e Ave	e.,Hya	tsvil	lle,	MD 20	781
	23. PART i. Enter the diseases, or companies, or heart failure. List	plications that cau Dnly one cause D	n aach line	aath. Do n a.	ot anta	r the mo	de of dying, au	ch as can	diac or reapi	retory arre	at,	Approx	Imata Between
	IMMEDIATE CAUSE (Final												ind Death
	disease or condition reaulting in death)	Advance				cer						Yea	ars
		DUE TO (OR A	AS A CONSE	OUENCE OF):								
S	Sequentially list conditions, b	DUE TO (OR)	0.4.00105										
AT	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	IS A CONSE	DUENCE DE):								
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSE	DUENCE OF):					<u>-</u> -		-	
CERTIFICATION	resulting in death) LAST											j	
	0.												
¥	PART ii. Other significant conditions co	intributing to deat	h but not	reaulting is	n the u	nderlying	cause given in	Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY AWAILABLE PRIN	
ă									1 TYES 2	NO		COMPLETION OF DEATH?	F CAUSE
Z												1 YES 2	NO D
ÿ	DID TOBACCO USE CONTRIB	JTE TO CAUSE					UNCERTAI	N					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	26. PLA	CE OF DEAT	OTHE								
ΥS		Inpetient 2 ER/0	_	_	4 🗆 Nu	raing Home	5 Reeldence	6 🗆 Othe	r (Specify)				
품	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Yea		28b. TIME		28c. INJI WO	RK?	26d. DE	SCRIBE HOW I	IJURY OCCU	JRED		
B	2 Accident Investigation				М		ES 2 NO						
요	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (Specify)	ome, farm, si	irset, fec	tory, office	•	28f. LOC City	or Town, Stete)	nd Number o	r Rural R	oute Number,	
COMPLETED	AND DESCRIPTION AS												
P P	(Check only one)												
ତ୍ରି 🏻	One) 2 MEDICAL EXAMINER: Or	the basis of examin	etion end/or	Investigation	, in my	opinion, de	eath occured at the	time, date	end placa, an	d due to the	Cause(e)	end menner e	e stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1. 11					29c. LICENSE NU	MBER				(Month, Day, Ye	
2	ms /	e //e.	27							▶ Ju	1y :	22, 199	95
- 1	30. NAME AND ADDRESS OF PERSON WHO CO						110						
	Luis Heffess, M.D.				et,	NE #	112, Was	shing	ton, D	C 200	17-2	2107	
	31. DATE FILED (Month, Day, Year)	Jahra Bang	HOCKEN	delle									
	JUL 26 1995	1											



in	A
Ö	shoe she
Œ	94
0	4
RECOF	- 5
ш	-
	and marines
_	Inna
ITAL	4
	-
>	1.4.8
4	910
0	25
7	0
5	INT
$\stackrel{\sim}{=}$	C SA
S	ATTENDAM
ž	8
0	00
	UNCONTA
	8
	3
	7

		1 - FOR STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAI CERTIF					WENT/	AL HYGIEN REG. NO	E		
		1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	AY	YEAR	3. TIME OF DEATH
		JOAN	ROSE				JULY 18, 1995			7:09A M				
		4. SOCIAL SECURITY NUMBER 181-26-6935	5. SEX	MONTHS DAYS HOURS MAN					LACE (State or Foreign Uniontown, Isylvania					
		9e. FACILITY NAME (If not institution, give s	street end number)			9b. CITY,	TOWN	OR LOCATIO	N OF DE	ATH		9c. COUR	TY OF DE	
	TOR	THE JOHNS HOL	KINS HOS	PITAL		BA	LT	IMORE	CIT	Ϋ́				
	DIRECTOR	Maryland Baltimore County Baltimore 10c. CITY, TOWN OR LOCATION Baltimore County Baltimore County Baltimore County							IOd. INSIDE CITY LIMITS?					
	FUNERAL	100. STREET AND NUMBER 7914 Stratman Roa	ad				- 1	21222				Unit	zen of wi	ates
	BY FUNI	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2 X NO If yes, specify Cuban, Mexican,				n, Puerto	IN? (Specify Yea Rican, etc.)		Black, Specify	— American Indian, White, atc.	
	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CAITION completed) College (1-4 or 5		e. DECEDENT'S (Give kind of life. Do NOT u	work done du	CUPATI uring m	ION lost of working	7	16	b. KIND OF BUS	SINESS/IND	Whit	e
ace.	JMMC	Court Reporter City of Baltimore,									e, Marylan			
34 0	E C	17. FATHER'S NAME (First, Middle, Leat) Joseph Susege Carolyn Andolsek												
fled	00	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
noti	5	James Rose 7914 Stratman Road, Baltimore, Maryland							21222					
nust be		20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PL	ACEANDDATE y, crematory or continuous	OF DISPOSIT	ION (N	leme of		7%	2.2	CATION —		n, State
ner r		21. SIGNATINE OF FUNERAL SERVICE LIC	CENSEE #MO	0690	it maci	22. N	AME A	NO ADDRES	S OF FAC	YTLIK				nnsylvania
or removal. medical examiner must be notified at once.		Noward &	1 Car	ser		72	211	Lee I	High	way	uneral , Falls	Chu	rch,	VA
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):												
burial, cren	z	- Hyproholeskovenia 20000								2) UHS				
prior to b	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bue to (or as a consequence of):							10400				
or other	CERTIFIC	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
Health and Mental	EDICAL C	PERFORMED?							VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?					
S 0	Σ	DID TOBACCO USE CONT	DIRLITE TO CA	LISE OF T	SEATU VI	SIN	0 [UNCE	EDTAIN				1 1	☐ YES 2 ☐ NO
State Dept.	AN	25. WAS CASE REFERRED TO MEDICAL	KIBOTE TO CA		PLACE OF OEA				KIAII	<u>' </u>				
State	SICI	EXAMINER? 1 EXES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	no Non	ne 5 🗆 Res	Idence	a 🗆 O#6	es (Specific)			
with the	PHY	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	26b. TIM		Bc. IN.	JURY AT	- I		SCRIBE NOW II	NJURY OCC	URED	
death with	BY	1 Accident 5 Pending Investigation	(MOM), D	oy. roery	1100	M		YES 2	NO					
after d	TED	3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE O building,	ofc. (Specify)	At home, farm,	atreet, factor	y, offic	Ce			CATION (Street e or Town, Stete)	and Number	or Rural Ro	ite Number,
within 72 hours	COMPLE	29e. CERTIFIER 1 CERTIFYING PNYSI 2 MEDICAL EXAMINE												and manner ee stated.
be filed within	O BE	29b. SUNATURE AND TITLE OF CERTIFIES	ishun					29c. LICEN	SE NUM	BER 3		29d. DATE		North, Day, Year)
	F	14 HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)		1	, L	_		4	J .	

600N wolfe St Balf MD



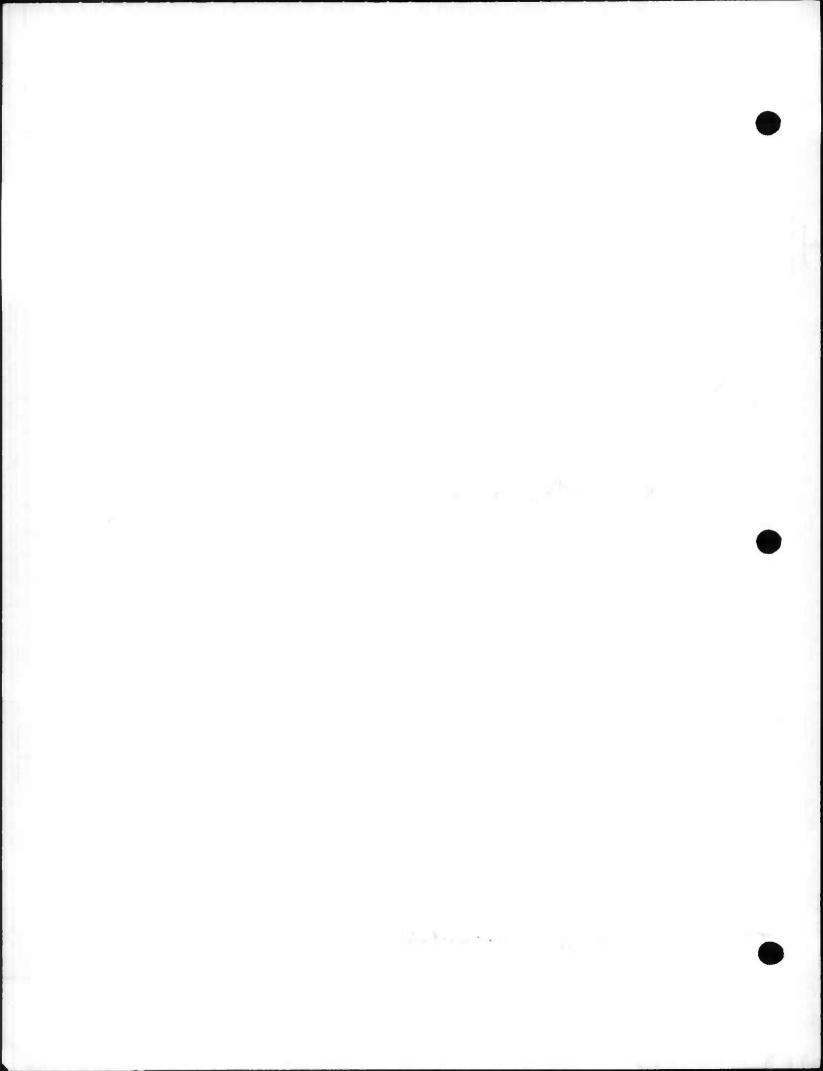
Laurence

31. DATE FILED (Month, Day, Year)

JUL **26** 1995

Gardner

7(25.7



68760	
BOX	
P.O.	
RECORDS	
OF VITAL	
DIVISION	

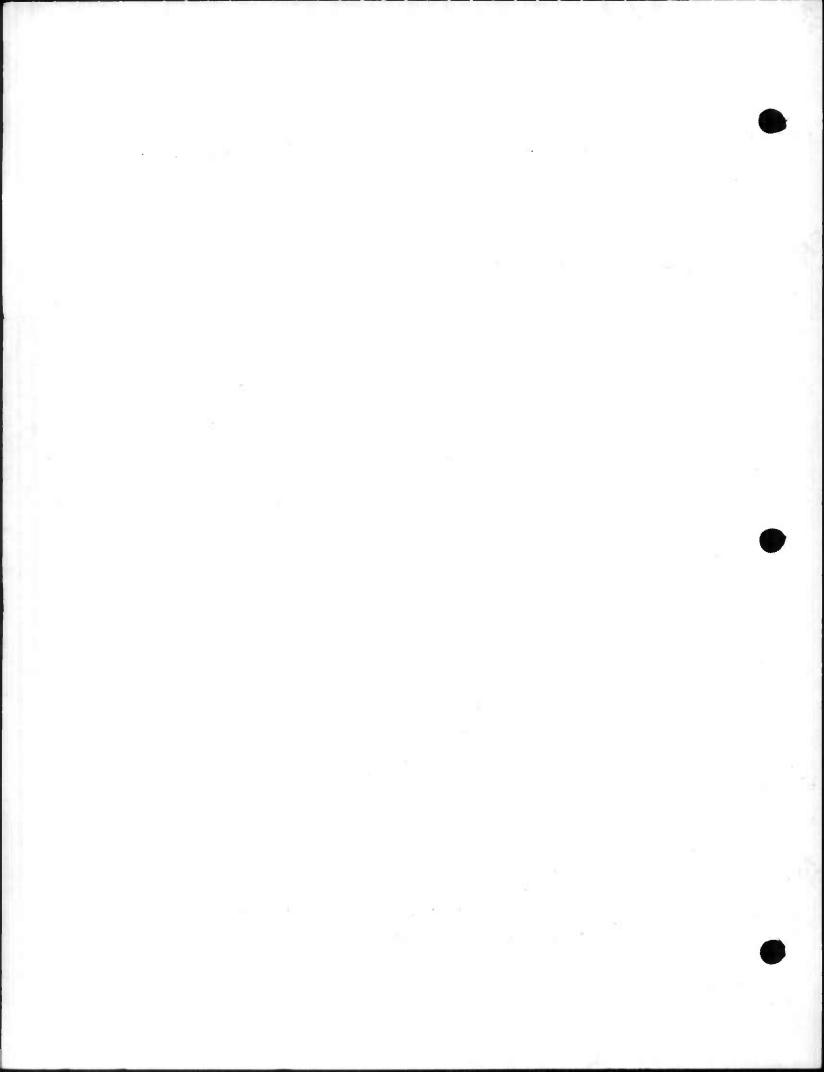
		1 - STATE REGISTRAR	STATE OF MARYL				DEATH AND	MENTAL HYGIEI REG. NO			
		1. DECEDENT'S NAME (First, Middle, Lest)	RYSSELL			RY	٤	2. DATE OF DEATH MONTH	50 10	3. TIME 0	F DEATH
		4. SOCIAL SECURITY NUMBER 216-22-0739		(in yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 7,	931	BIRTHPLACE (Ste Country) Maryla	
3 should	~	9s. FACILITY NAME (If not institution, give	,				OR LOCATION OF D			Y OF DEATH	
1, 2, 3	CTO	Shady Grove PRESIDENCE OF DECEDENT	Adventist H	losp	ital	Rock	ville		Mor	ntgomer	У
physician. burial-transit permit. Pages 1, 2,	DIRECTOR	Maryland Mc	ontgomery		-	Mascu				10d. INSID LIMIT 1 YES	\$?
it perm	FUNERAL	106. STREET AND NUMBER	Charack De	- 1		101	ZIP CODE			N OF WHAT COUN	TRY?
cian. I-transi	JNE	11630 Bethesda	12. WAS DECEDENT EVER I		MED.	13 WAS DEC	20872	NIC ORIGIN? (Specify Ye		J.S.A.	
the at	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 X N		If yes, sp		in, Puerto Rican, etc.)	N 07 NO	Black, White, etc Specify:	ite
or attending r use as the	밀	15. DECEDENT'S EDU (Specify only highest grade		./Gr	CEDENT'S USU ve kind of work Do NOT use rel	AL OCCUPATION	ON est of working	16b. KIND OF BU	JSINESS/INDUS	TRY	
-a ₽	COMPLETED	Elementary/Secondary (0-12) 11th	College (1-4 or 5+)		lechar			Auto	Body	Fender	Repai
ed de	COM	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Malde	Surname)		
2 2 E	BE	John Robert 19a. INFORMANT'S NAME (Type/Print)	Rye	- I				lian Sul			
5 5	임	Ruth H. Rye						noute Number, City or To			872 arvlan
ector, page must be		20a. METHOD OF DISPOSITION 1 Description 2 Commetted 3 Ren	noval from State	. PLACE A	ND DATE OF D	SPOSITION (Na	me of			y or Town, State	/
Page 6 al directo		4 Donation 5 Other (Specify)	S	t. J	fohn's	Ceme			lver	Spring	, Md.
death. e funera il.		Fourt L.	William	N		Olin		esworth, Rd.,Dam			
n by reme		23. PART I. Enter the diseeses, or shock, or heart fallure.	complications that cause con a	d the dec	nth. Do not	entar the mo	de of dying, auc	h as cardiac or reap	piratory arrea	t, App	roximate
fille on,		iMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A			MC	Nows	made ce	26		et and Death
B 2 2 8		files and a result.	OUE TO (OR AS A	CONSEQ	UENCE OF):			WNG	CANC	er	
execution and to bur to bur	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO (OR AS A	CONSEQ	UENCE OF):						
phy phy	FIE	CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR AS A	CONSEQ	UENCE OF):						
he death certi the attending Mental Hygie njury, or oth	CER	resulting in death) LAST	d								
a the	CAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO 24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
w requires that been signed pt. of Health and S shows am	: MED	DID TOBACCO USE CONT	PIRITE TO CAUSE O	E DEAT	TH YES	NO D	UNCERTAIL			1 TYES	2 🗌 NO
A: The law cate has b State Dept.	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEATH (C	_/	UNCERIAII	10			
SICIAN: The certificate h the State d, or Nem	HYSICI	1 TYES 2 NO	1 Inpatient 2 ER/Outp	atlent 3		HER: Nursing Home	e 5 🗆 Raaldenca	6 Other (Specify)			
로 등을 등	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	WO		28d. DESCRIBE HOW	INJURY OCCUP	ED	
L OR ATTENDING PORECTOR: After the hours after death item 28 is mark	ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, alc. (Spec	— At hon	ne, farm, atreet	, factory, office		261. LOCATION (Street City or Town, State	and Number or)	Rural Route Number	¢
Z Z Z	OMPLE		ER: On the beat of my knowlers.							euse(a) and manno	er ee stated.
五五百四	BE C	SIGNATURE AND TITLE OF CENTURE	W. Lu	ul	2.		29c. LICENSE NUI			IGNED (Month, Day,	
₽ ₽ 2 X	임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH //TEM	27) (Supp. Odg.		02	10 00	T. Ou	7 201	112

9707 MEDICAL CENTRE

ON WHO COMPLETED CAUSE OF DEALLY STORY OF THE NOR ICKS 9707 M

31. DATE FILED (Month, Day, Year)
AUG 0 2 1995

		1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPAR	TMENT OF H	IEALTH AND I	MENTAL HYGIEN		
		t. DECEDENT'S NAME (First, Middle, Lest) Arth	ur Royal		ERG, JR.		2. DATE OF DEATH JULY 27,		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 215–20–9214	5. SEX 6. AGE (In)	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 23	a Bigg	CHPLACE (State or Foreign Maryland
2, 3 should	CTOR	90. FACILITY NAME (If not institution, give stre Frederick Men		al	96. CITY, TOWN O	r, town or location of Death Frederick Frederick Frederic			DEATH 'rederick
permit, Pages 1,	DIRECT	Maryland F'	rederick	10c, CIT	Y, TOWN OR LOCAT	derick			10d. INSIDE CITY LIMITS? VES 2 NO
-55	AL	100. STREET AND NUMBER 104 Mount Olivet	Blvd.		101	21701			WHAT COUNTRY? U.S.A.
215-0020 attending physician. se as the burial-transit	BY FUNER	1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT EVER IN U FORCES? 1 😾 YES IF YES, GIVE WAR OR DATE VOrld War II	S. ARMED 2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. City: White
21215 ital or attend 1 for use as	LETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION 10 Impleted) College (1-4 or 5 +)	(Give kind of a life. Do NOT us		st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
YLAND 21: by the hospital or be detached for u	COMPL	17. FATHER'S NAME (First, Middle, Lest)			Optometr	16. MOTHER'S NA	ME (First, Middle, Maiden		
MAR retained b	TO BE	Dr. Arthur R. I 190. INFORMANT'S NAME (Types/Print) Colleen M. Remsber		19b. MAILING		nd Number or Rural F	y Culler Toute Number, City or Town d., Freder		21.701
BALTIMORE, after death. Page 6 may be yor the funeral director, page moval.	1902	20e. METHOD OF DISPOSITION 1-G Burlel 2 Cremation 3 Remov	al from State 20b. Pl	LACE AND DATE (of disposition (Na ther place) Cemeter	me of Ju	DATE 20c. LO	CATION City or 1	own, State
BALTIM nours after death. Page of in by the funeral dire or removal.		21. SIGNATURE OF FUNERAL SERVICE LICE	Gasford	M00021	Keene	Fact Chin	asford Fun	Freder	e ick. Md. 2170
within 24 hours pletely filled in Ecremation, or rel	2	23. PART i. Enter the diseases, or co abook, or heert fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	mplications that ceused to st only one ceuse on eecl DUE TO (OR AS A CO	he death. Do n h line. ONSEQUENCE OF	not enter the mo	de of dying, such	n as cardiac or reapi	ratory arrest,	Approximata interval Batween Onset and Death
P.O. BOX 68 th certificate be executed physician and a Hygiene prior to bur or other fraumatic	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
RDS at the d by the and Me		PART II. Other algnificent conditions	contributing to deeth but	not reauiting i	n the underlying	g cause given in	Part I. 24e. WAS AN. PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
> 0 4	AN: M	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL			S NO	UNCERTAIN			1 Tes 2 No
CIGAN: The lavertificate has the State Dep	YSIC	EXAMINER? 1 YES 2 NO	108PITAL:		OTHER:	e 5 🗆 Residence	8 Other (Specify)		
OF PHYSIC This ce with the	ВУ РН	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1 Y	RK? 'ES 2 NO	28d. DESCRIBE HOW IN		
DIVISION OR ATTENDING F DIRECTOR: After from 38 le man	LETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)				281. LOCATION (Street e City or Town, State)		Route Number,
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho	COMPLETED	(Check only	N: To the best of my knowledg			eath occured at the t	lime, date end place, end		e) end menner ee stated.
TO THE DE filed WAR	TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(I) EM 27) (Type,	Print)	DOS		DATE SIGNE	(Month Ogy, Year)
		Robert S. Hughes, 31. DATE FILED (Month, Day, Year)	M.D., 700 Mo	ntclair	e Ave.,	Frederic	ck, Md. 21	701	
		JUL 3 1 1995	32. REGISTRAR'S SIGNATU	or Randall	84				



_		
-		
	١	
	ı	
=		
_		
9		
-		
289		
~		
Ψ,		
-		
\sim		
_		
т		
_		
-:		
О.		
Ξ.		
n		
_		
n		
_		
_		
~		
=		
-		
ECC		
11		
=		
Ξ,		
AL		
đ		
_		
_		
_		
>		
4		
2		
J		
CN		
_		
~		
J		
-		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	١E
		C	ERTIFICATE	0	F DEAT	H		REG. NO).

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle,	Last)				2. DATE OF DEATN		3. TIME OF DEATH
- 1	Jongs	Rose				July 21 1	995	5:05 A. M
- 3	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A. BIRT	NPLACE (State or Foreign
	9a. FACILITY NAME (If not institution,		/4 YRS.	9b. CITY, TOWN C	R LOCATION OF DEAT	farch 6 19	21 Penr	nsylvania
11604 Wenting 11 - 2						Montgon		
Œ	10a. STATE 10b. CC		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
0	MD Mo	ontgomery	S	ilver S	pring			LIMITS?
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11604 Monticel	lo Avenue			20902		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 X YES			ENOENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, sk, White, etc.
ΒY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O			2 NO Specify:	r dario viicani, atc.,	Spec	nth.
	15. DECEDENT'S	S FOUCATION	16a. DECEOENT'S U	SUAL OCCUPATIO	ALI	16b. KIND OF BUS	TALESS (MICHOTON	white
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	rk done during mo:	st of working	100. KIND OF BUS	IMESS/INDUSTRY	
7	Elevitation (0-12)	4+	Pharmaci	st		Medici	ne	1
COMPLETED	17. FATNER'S NAME (First, Middle, Las	st)			18. MOTHER'S NAME	E (First, Middle, Maiden :	Surname)	
BE C	Nathan Rose				Esther L	eah Blat		
TO B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	ute Number, City or Town		
٦	Sylvia Rose		11604	Montice	llo Avenu	e Silver	Spring	MD 20902
	20a. METNOD OF DISPOSITION 1 ↑ Burlal 2 □ Cremation 3 □	Removal from State cer	D. PLACE AND DATE OF		me of	OATE 20c. LOC	CATION — City or T	own, Stata
	4 Donation 5 Other (Specify)	J	udean Mem	orial G	COLUMN TO SECURE A SECUR A SECURE A SECURE A SECUR A SECURE A SECURE A SECURE A SECURE A SECURE A SECURE A SECU		ey MD	
	21. SIGNATURE OF FUNESIAL SERVICE	T GCINGE			A Samel F	uneral Di	rection	
	" alleft	4				Pike Ro		MD 20852
	23. PART I. Enter the diseases, shock, or heart fell	, or complications thet cause lure. List only one cause on e	d the deeth. Do no	t enter the mo	de of dying, auch	as cardiac or respir	ratory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final				. 1			Onset and Death
ļ	disease or condition resulting in death)	· Congest	re cere	liony	opethy			6 months
		e. CONCEST OUE TO OR AS OUE TO (OR AS	CONSEQUENCE OF):	0				o
8	Sequentielly list conditione,	DUE TO (OR AS	CONSEQUENCE OF	ey d	sees			8 20
¥.	If any, leading to immediate cause. Enter UNDERLYING		,	(
핕	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d						
	PART il. Other significent cond	ditions contributing to deeth t	ut not resulting in	the underlying	cause given in Pr	ert I. 24s. WAS AN	AUTOREY	b. WERE AUTOPSY FINDINGS
CAL			at the fooding in	are arranging	cause given in Fe	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	ID NO	OF OEATH?
PHYSICIAN: MEDIC	DID TORACCO LISE CO	ONTRIBUTE TO CAUSE C	NE DEATH VEC		UNCERTAIN			1 TYES 2 TATO
AN	25. WAS CASE REFERRED TO MEDICA		28. PLACE OF OEATN		UNCERIAIN			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	entient 3 DOA 4	OTHER:	5 D Residence 6	Other (Specify)		
إ	27. MANNER OF OEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	JRY AT 2	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigat			M 1 TY				y.
ED	3 Sulcide 8 Could no		— At home, ferm, stri cify)	eet, factory, office	2	28f, LOCATION (Street as City or Town, State)	nd Number or Rural	Route Number,
		od .						
립		PHYSICIAN: To the best of my know						
COMPLET	2 MEDICAL EXA	AMINER: On the besis of axaminatio	n and/or investigation,	In my opinion, de	eath occured at the tin	me, data and place, and	d due to the cause(e) end manner as stated.
BE	296. SIGNATURE AND TO LE OF CERT	THER /)		29c. LICENSE NUMB	ER	29d. DATE SIGNED	(Month, Day, Year)
2	1 Mend /	ac my			D'2729	13	▶ 7/.	21/55
	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P	rint)	AN M	Can.	MD 2	0900
			ATURE	TOTIC	Ave Site	ver spring		0/02
	31. DATE FILED (Month, Day, Mor)	95 Julia d'avelso	Rardall					

24	,
\approx	
õ	
œ	
Θ	
-	
\sim	
BOX 68760	
m	
o.	
0	
۳.	
Q,	
S	
\simeq	
ш	
œ	
$\overline{}$	
\cup	
RECORDS,	
ũ	
-	
ш	
LAL	
7	
Q.	
⊢	
_	
>	
щ.	
\circ	
_	
7	
$\overline{}$	
\mathbf{C}	
S	
>	
_	

BE

9

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day.

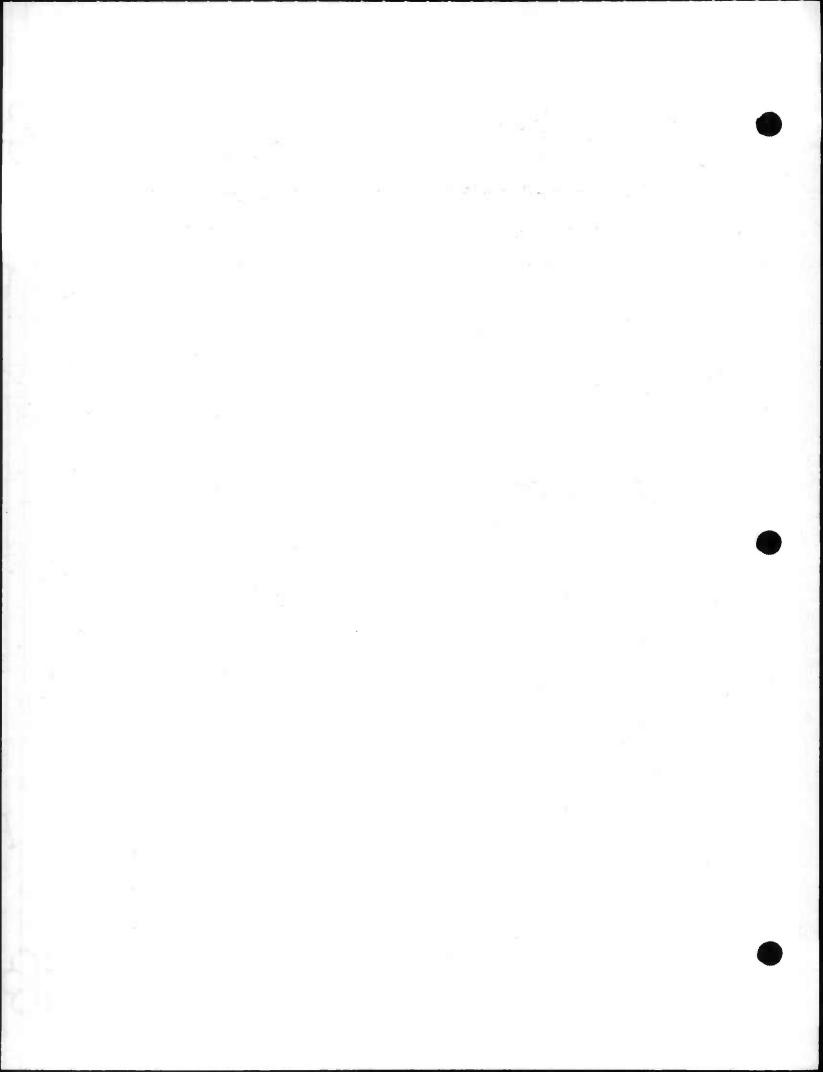
0

SUSTE TOLER RILEY 4. SOCIAL SECURITY NUMBER 5 SEY 1 - M 2 X F 177-20-0923A permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR Washington Adventist Hospital RESIDENCE OF DECEDENT 10b. COUNTY Maryland Prince George 10a. STREET AND NUMBER FUNERAL detached for use as the burial-transit 1836 Metzerott Road hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married ΒY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 12 once. 17. FATHER'S NAME (First, Middle, Last) William Henry Toler 2 notified at BE page 5 should 19a. INFORMANT'S NAME (Type/Print) 9 Lydia R. Timbers must be 20e METHOD OF DISPOSITION
1 A Burial 2 Cremetion 3 Removal from State funeral director, 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE been signed by the attending physician and completely filled in by the rt. of Health and Mental Hygiene prior to burial, cremation, or removal. IMMEDIATE CAUSE (Final the disease or condition Se resulting in death) traumatic event. death certificate be executed with CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated evants resulting in death) LAST inlun. the MEDICAL that shows any requires Dept PHYSICIAN: ME 23 has 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The Item THE HOSPITAL OR ATTENDING PHYSICIAN; The THE FUNERAL OIRECTOR: After this certificate I fled within 72 hours after death with the State HOSPITAL: 1 - YES 2 NO 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked. 1 Natural BY Investigation 2 Accident 3 Sulcide 99 COMPLETED 6 Could not be 4 Nomicide 28 determined tem 29a. CERTIFIER TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II

95 24139 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 JULY 21 21:50 8. AGE (In vrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 100 YRS March 1, 1895 Virginia 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY TAKOMA PARK, MARYLAND 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? #602 1836 Metzerott Rd. Adelphi, Md. 20783 1 TYES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? 20783 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Clerk U.S. Government 18. MOTHER'S NAME (First, Middle, Maiden Surname) Olivia Robinson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1836 Metzerott Rd. #602 Adelphi, Maryland 20783 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- Cify or Town, State Little Zion Cemetery 7/26 Nokesville, Virginia 22. NAME AND ADDRESS OF FACILITY Ames Funeral Home, Inc 8914 Quarry Rd. Manassas, Virginia 22110 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between Onset and Death hoch -6 hrn DUE TO (OR AS A CONSEQUENCE OF) 2day VU re DUE TO (OR AS A CONSEQUENCE OF Workens DUE TO (OR AS A CONSEQUENCE OF): WIL PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 T NO 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATN (Check only one) OTHER: 1 Vinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TIPLE OF CERT 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 334 2 0 195

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2070 01 32. REGISTRAR'S SIGNATURE



760	-
(68	
ô	
O.E	
<u>ر</u> ت	
3DS	
COF	
RE	
AL	
F VIT	
OF	
N O	
VISIO	
5	

4 Homicide

BE

2

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

95 26140 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Marie Ellen Regeimbal 27 July 6:40 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) HOURS 1 M 2 X F 218-34-6219 99 YRS June 24. 1896 Minnesota 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bedford Court Nursing Home Silver Spring Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery Silver Spring 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 3701 International Drive 20906 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married ВУ 3 Widowed 4 Divorced Specify White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) 5+ Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Malden Surname Michael O'Neill Mary McGillacutty BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Neil R. Regeimbal 13811 Marianna Drive, Rockville, MD 20a. METHOD OF DISPOSITION

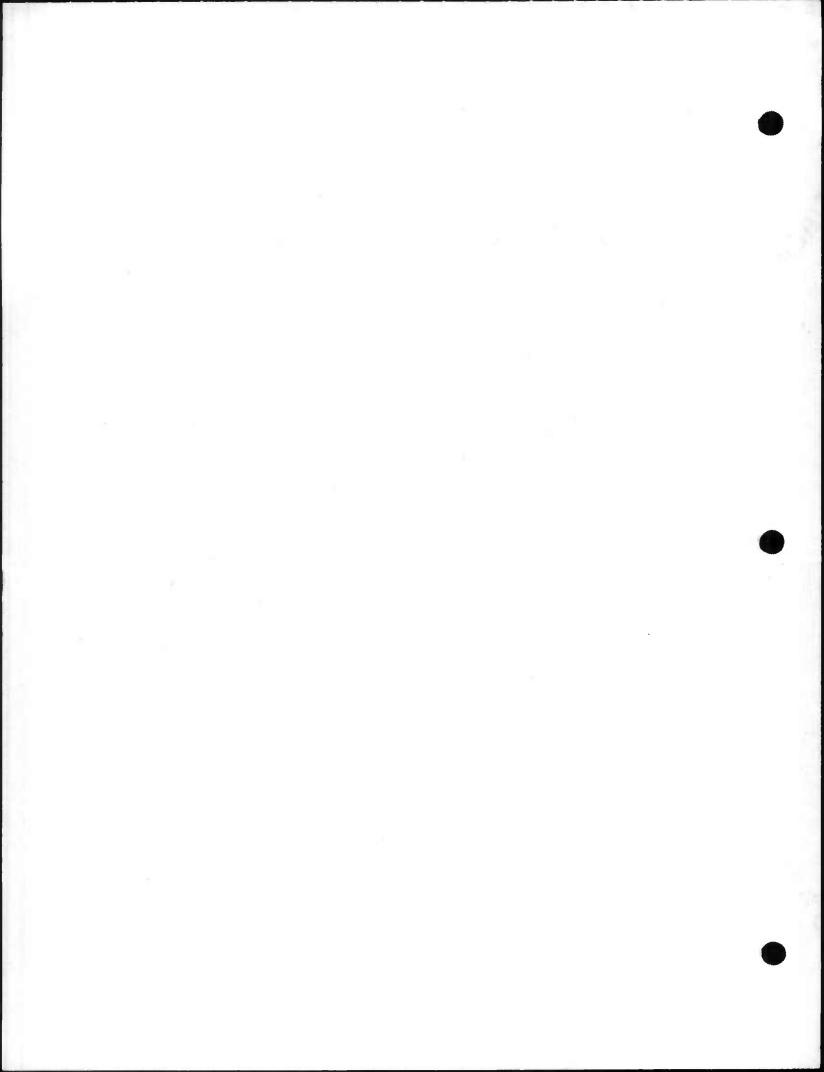
1 Souriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Gate of Heaven Cemetery 7/29/95 Silver Spring, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Francis J. Collins Funeral Home, Inc. 500 University Blvd.W. Sil.Spr.MD 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Čerebral Vascular Accident 3 Wks. DUE TO (OR AS A CONSEQUENCE OF): Atrial Fibrilation 1 1/2 Yrs CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, issding to immediate CAUSE. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? Aortic Stenosis 1 YES 27 NO OF DEATH? Hyperthyroidism 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 X NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 ☑ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED

29s. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year) Sawedia Martha D41173 July 27, 1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Martha Spencer Saavedra, M.D.

3701 International Drive, Silver Spring, MD20906 31. DATE FILED (Month, Day, Year)

JUL 28 1995

A REGISTRAN'S SIGNATURE



TO BE COMPLETED BY FUNERAL DIRECTOR

9
9289
00
68
-
0
BOX
_
P.0
0
10
37
α
$\overline{}$
\mathcal{L}
0
RECORDS
00
-
VITAL
4
\mathbf{E}
_
>
<u></u>
0
_
_
0
=
S
_
>
0

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.

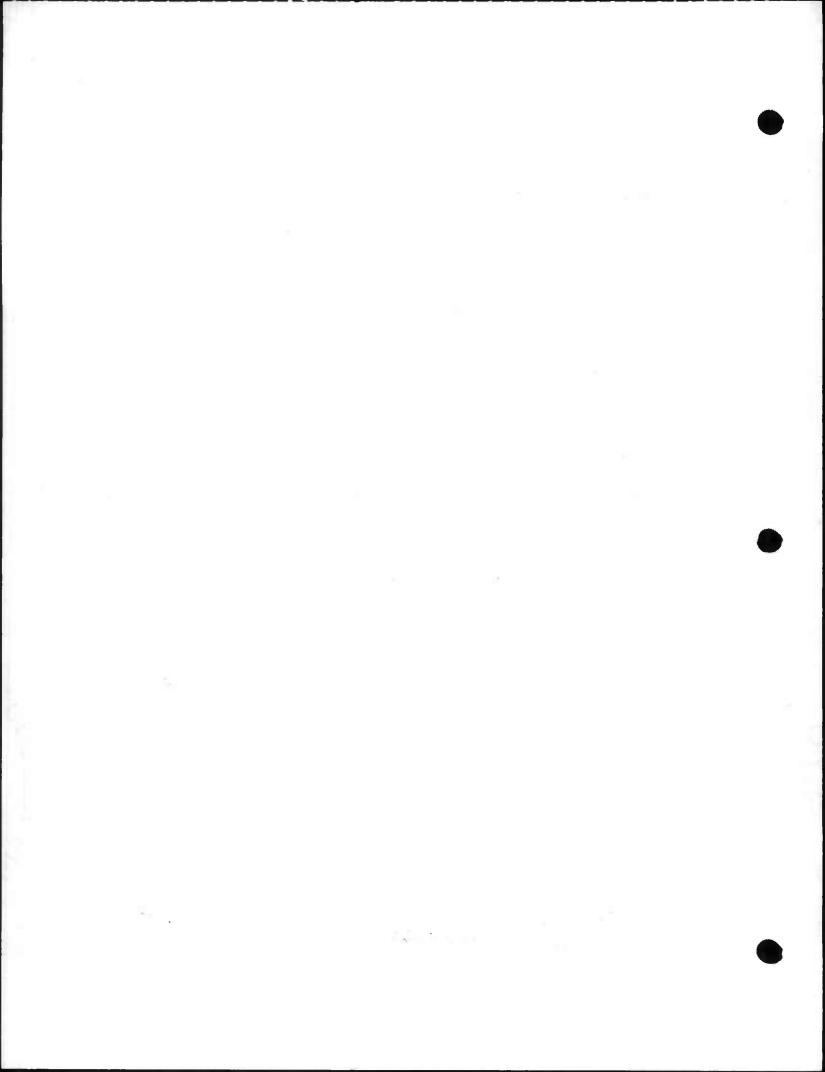
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR
1	_	STATE
8		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE C	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First	Middle, Last)							OF DEATH		W# 4 =	3. TIME OF DEATH		
	JOSHU	A PETER ST	CEDEHO	OUDER			JU	LY 19		YEAR	1:26 A		
4. SOCIAL SECURITY NUME	ER		8. AGE (In yr	s. lest birthday)	IF UNDER 1 YEAR		7 DATE	OF BIRTH (h, Day, Year)		8. BIRTI	HPLACE (State or Foreig		
577-01-7594		1 24 M 2 - F	80	6 YRS.	MONTHS DAY	B HOURS MIN.	Jan		909	III	inois		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOW	/N OR LOCATION OF E	DEATH		9c. COU	NTY OF D	DEATH		
NATTONAL RESIDENCE OF DEC	NAVAL.	MEDICAL C	ENTE	R	В	ETHESDA				MONT	TGOMERY		
RESIDENCE OF DEC	10b. COUNT	·			. TOWN OR LO					1011			
	1		1 _	2.1							10d, INSIDE CITY LIMITS?		
Maryland 100. STREET AND NUMBER	Prin	ce George	S	Uni	versit	y Park			r		1 X YES 2 NO		
4312 Woodby	www.C+	root				10f. ZIP CODE 20782					WHAT COUNTRY?		
11. MARITAL STATUS	ily St	12. WAS DECEDENT	EVED IN U.S	AMACO	40 1110				U.S.				
1 Never Married 2 🔀	Married	FORCES? 1	YES 2	□ NO	If yes	DECENDENT OF HISPA specify Cuben, Maxic	en, Puerto	N? (Specify Yea Rican, etc.)	or No-	14. RACI Blac	E — American Indian, ik, White, etc.		
3 Widowed 4 Divo	rced	IF YES, GIVE WA	n on dates 3 to		, .	YES 2 X NO Spec	etty:			Spec	White		
	EDENT'S EDU	CATION		DECEDENT'S	USUAL OCCUP	ATION	16	b. KIND OF BUS	SINESS/IND	HISTRY	WILLE		
(Specify only Elementary/Secondary (6	highest grade	College (1-4 or 5+)	-	(Give kind of w life. Do NOT use	ork done during retired.)	most of working				001111			
12	127	Conege (I-4 or 5+)	P	residen			l c	entral	Char	ge	Service		
17. FATHER'S NAME (First, M	iddie, Last)					18, MOTHER'S N	_			J			
John Peter	Stede	houder						mily B					
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (Stre	et and Number or Rural				Code)			
Audrey C. H	lacker					Street,					d 20853		
20a. METHOD OF DISPOSIT			20b. PL/	ACE AND DATEO	F DISPOSITION	I/Name of	DAT	E 20c. LO	CATION —	City or To	own, State		
1 🔀 Buriel 2 🗔 Cremetic 4 🗆 Donation 🕴 🗀 Other		oval from State	Ar1	y, crematory or oth	herplace) Nation	al Cem. 7	126/	95 Ar1	ingto	n. T	Virginia		
21. SIGNAPOTE OF FUNERA	L SERVICE LI	ENSEE) /	7		22. NAMI	AND ADDRESS OF F	ACILITY						
▶ □	V	Y D	/		Fran	icis Gasch	ı's S	ons Fu	neral	. Hor	me, P.A.		
Den		Jons			4739	<u>Baltimor</u>	ce Av	e.,Hya	ttsvi	.11e	, MD 2078		
23. PART I. Enter the d shock, or h	eart feilure.	List only one caus	caused the e on each	e deeth. Do n Ilne.	ot enter the	mode of dying, su	ch as cer	diac or respi	ratory arr	est,	Approximate Interval Betw		
IMMEDIATE CAUSE (Fir	iel										Onset and De		
resulting in death)	→	e	PNEUMONIA DUE TO (OR AS A CONSEQUENCE DF):										
		•									j j		
Sequentially list conditi				DBSTRUC		UNG DISEA	SE						
If any, leading to imme- cause. Enter UNDERLY!		232 .0 (0		NOLOGENCE OF	,.						İ		
CAUSE (Disease or injuthat initiated events	ry	c. DUE TO (C	R AS A COL	NSEQUENCE OF									
resulting in death) LAS	т 📗												
		<u> </u>											
PART II. Other algnifica	nt condition	a contributing to d	eath but n	ot reaulting In	n the underly	ying cause given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDI		
								1 - YES 2	ОМХ		COMPLETION OF CAUS OF DEATH?		
											1 TYES 2 NO		
DID TOBACCO U	SE CONT	RIBUTE TO CAU	SE OF D	EATH YES	S 🗆 NO	☐ UNCERTAI	IN 🗆						
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. F	PLACE OF DEATI		ne)							
t YES 2X NO		1 N Inpetient 2 1	ER/Outpetlan		OTHER: 4 Nursing h	iome 5 🗆 Raeldenca	8 🗆 Oth	er (Specify)					
27. MANNER OF DEATH		28a. DATE OF IN (Month, Day)		28b. TIME		INJURY AT WORK?	28d. DE	SCRIBE HOW II	NJURY OCCURED				
	Pending investigation		,			YES 2 NO							
3 Suicide 8	Could not be	28e. PLACE OF building, et	INJURY — A	t home, farm, st	reet, factory, o	ffice	28t. LOC	CATION (Street a or Town, State)	nd Number	or Rural I	Route Number,		
4 Homicide	datarmined		(-)				Ony	or rown, state)					
29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of m	y knowledge	, death occurred	d at the time, o	ista and place, and du-	e to the ca	use(s) and man	ner an state	ed,			
and and											e) and manner as state		
296. SIGNATURE AND TITLE						29c. LICENSE NU							
Edwar	1 1	4 ()	0	no M	h	230. LICENSE NO	MDEM		D I C	: SIUNED	(Month, Day, Year)		
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUSE	OF DEATH	(ITEM 27) (Type	Print)				- (1-11	all 2		
				C. m. m. J (1/Jpt)		NATIONA					TER-		
EDWARD M.		22 DECIGEDAD	USNR	3/7	<u> </u>	BETHESD	A MD	20889-	-5600				
1111 2		The de	اعهاس	Radall									
. 11 11 //. 1		1.07											



0000	obveician
0 21215-0020	r aftending
7	0
LAND	hospital
A.	9
7	3
MARYL	retained
-	2
RE	6 may b
0	8
₹	Page
BALTIMORE	death, f
8	after c

9876	ecuted wi	nd compl	rtic eve
NOX	ate be en	ysician a	r traum
P.O. I	th certific	ending ph Hygiene	or othe
SOS,	the deat	by the att	Injury,
ECOF	quires that	Health a	ows any
AL R	e law rec	has beer Dept. of	1 23 sh
<u> </u>	MAN: Th	rtificate he State	or item
DIVISION OF VITAL RECORDS, P.O. BOX 68760	VG PHYSIC	ter this ce ath with t	marked,
200	ATTENDI	CTOR: Af	28 is i
=			E
	IL OR	L DIRI	f ite
	HOSPITAL OR	FUNERAL DIRI	TANT: If Ite
DIVI (Ab THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic

	ECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	S		
	Page		
	ermit		
	ISIT D		
Class.	al-tran		
5	buria		
2	s the		
ALLE	use a		
5	for		
500	ached		8
200	e det		l on
20	d blu		e pe
DIG.	sho		otiffi
2	age 5		be n
2	tor, p		nust
280	direc		er m
ani.	uneral		amin
500	the fi	oval.	al ex
200	in by	rem	edic
-	Filled	n, or	E III
9	etely	matic	nt, th
5	удшо	al, cre	evel
	and o	Dung (natic
2	ician	ior to	raun
3	phys	one pi	her
	nding	H	or ot
3	e atte	ental	UN,
2	Dy th	and N	y in
	gned	afth	S an
-	sen s	ŭ Ö	show
	as b	Dept.	23
	cate !	State	Item
	certifi	the	10
The state of the s	this	is after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	After	death	s ma
	10R:	after	28 1
:	EC	92	=

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF					MENT	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					-			E OF OEATH			3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER S	SALINDERS						JUL			YEAR	12 50A M		
		s. SEX 6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Mor	OF BIRTH	2.	8. BIRTHPLACE (State or Foreign Country)			
	149-09-0423	□ M 2 💢 F 7	9 YRS.					NOV	.6, 19	15	WOOI	ÖSTOWN, NJ		
Œ	99. FACILITY NAME (If not institution, give street end number) 95. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S 96. COUNTY OF DEATH PRINCE GEORGE'S													
2	RESIDENCE OF DECEDENT											JEORGE 3		
DIRECTOR	10e. STATE 10b. COUNTY	2000000		ry, TOWN O								10d. INSIDE CITY LIMITS?		
L	MARYLAND PRINCE	GEORGE'S	U	PPER		LBORO						XX YES 2 NO		
FUNERAL	12804 WINONA D	RIVE			101	2077					ISA	VHAI COUNTRY?		
S		2. WAS DECEDENT EVER IN I		13. 1	MAS DEC	ENDENT O	F HISPAN	NIC ORIG	N? (Specify Yes	or No-	14. RACE	— American Indian,		
BY F	1 Never Married 2 Merried 3XXWidowed 4 Divorced	FORCES? 1 YES			YES YES	2XXXNO	n, Mexica Specify		Rican, etc.)		Speci	t, White, atc.		
	15, DECEDENT'S EDUCATION 186. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSH										HETEV	DIACK		
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give kind of life. Do NOT u	work done o	during mo:	at of workin	g	100	b. KIND OF BUS	SINC 35/ INDI	USTRT			
MPL	12th		HOMEM	AKER					PV	Т.		100		
	17. FATHER'S NAME (First, Middle, Last)								Middle, Maiden	Sumeme)				
BE	JOSEPH MYERS ROSE HOWARD													
5	196. INFORMANT'S NAME (Type/Print) JOAN HARGETT/ DAUGHTER 196. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 12804 WINONA DRIVE UPPER MARLBORO, MARYLAND20772													
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of													
	4 Donation 8 Other (Specify)	FV cemet	cemetery, cremetory or other place) EVERGREEN CEMETERY 7–2							7-29-95 SALEM, NEW JERSEY				
	21. SIGNATURE OF FUNERAL SERVICE LICENS													
	The Glava	Na a-1	DEWA	74	74 1	LANDO	VER	ROA	D LAND	OVER,	MAI	RYLAND20785		
	23. PART I. Enter the diseases, or complicatione that ceused the deeth. Do not enter tha mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. Approximate interval Batween													
	IMMEDIATE CAUSE (Finel													
	resulting in death)	Adult Re	spiral	oro	Dis	tras	5	Syni	Lione			7 days		
_	Sequentially list conditions, a. Adult Respiratory Distress Syndrome 7 days Due to (or as a consequence of): Sequentially list conditions, a. Adult Respiratory Distress Syndrome 7 days Due to (or as a consequence of): 2 days													
CERTIFICATION	If any leading to immediate													
ICA	CAUSE (Disease or Injury	Probable As	condin	2 CL	ral,	1291	+15	5 and Cholecystitus						
Ħ	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	f):										
CEI	d													
Ä	PART II. Other aignificent conditione c				derlying	ceuee g	lven in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
E	Ch	rosic 055	trucke	ve	fine	mos	6	_	1 - YES 2	TNO		OF DEATH?		
2	DID TOBACCO USE CONTRIB	DI SEARE	DEATH VI	:c П N	ЮП	LING	ERTAIN					1 TES 2 1 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	26	PLACE OF DEA			UNC	EKIAII	<u>ч</u> Ц						
Sic	EXAMINER?	OSPITAL: Inputient 2 - ER/Output	lent 3 🗆 DOA	OTHER		5 🗆 Res	sidence	8 🗆 Oth	et (Specify)					
E	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Yeer)	28b. TIM	- v	28c. INJU	JRY AT			SCRIBE HOW II	NJURY OCC	URED			
BY	Natural 5 Pending Investigation			M	1 🗌 Y	'ES 2 [NO							
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm,	stree1, facto	ory, office	1	- 1	28f. LOI City	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER													
MP	(Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled												
	29b. SIGNATURE AND TITLE OF CERTIFIER		- Investigation	ит, ит шу о _і	Jimon, de				end place, and					
B	Nous St	20 les				29c. LICE	NSE NUM 2 0 /					(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type	. Print)		VIC	01	J			7-2.	4-75		
	Louis SI	fe nberg												
	31. DATE FILEO (Month, Day, Year) JUL 25 1995	32 HEBISTRAN'S SIGNAT	URIO											
	00L W 0 1333	0												

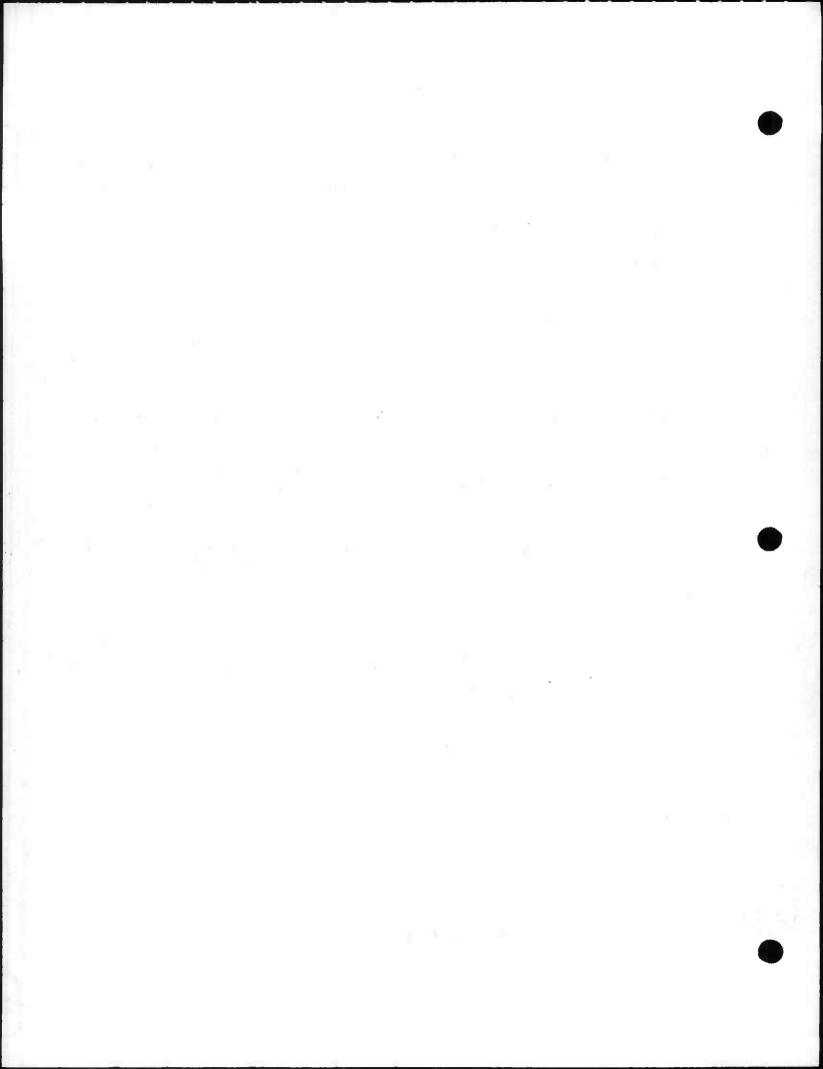
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

De hied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. I	10.						
1 8	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH				
i i	Henry William Spi					July 24.	1995	TEAN	1:40	a M			
į,	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year		6. BIRT	HPLACE (State or Foreig	gn			
1	579-44-3132	1 52 M 2 □ F 8	3 YAS.	WONTES DATE	HOURS MIN.	October			Germany				
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	INTY OF	DEATH				
O	6848 Nashville Ro	ad		Lanha	m		Pri	nce	George's				
ដ្ឋ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v	100 CIT	, TOWN OR LOC	ATION								
IHI		e George's	Lanh		ATION				10d. INSIDE CITY LIMITS?				
7	10a. STREET AND NUMBER	e dedige 3	Lam		104 710 0005				1 YES 2 NO	1			
BY FUNERAL DIRECTOR	6848 Nashville Ro	ad			20706			.S.A	WHAT COUNTRY?				
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER		T						_			
E	1 Never Married 2 Merried	FORCES? 1 X YE	S 2 NO	If yes,	specify Cuban, Mexic	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No-		E — American Indian, ek, White, atc.				
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗌 YI	S 2 NO Speci	fy:		Spec	White				
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF	RIISINESS/INI	1		_			
Ш	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give kind of w	rork done during i e retired.)	nost of working	1							
립		5	Profess	sor		Univer	sity						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	ME (First, Middle, Maid	len Sumama)			_			
	Issac Spiegel					a Fucd							
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street			lown State Zir	n Codel		_			
2	196. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cecile E. Spiegel 6848 Nashville Road Lanham, Maryland 20												
	20b. PLACE AND DATE OF DISPOSITION 1 Burlet 2 To Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of capitality, cremetory, or, other place) Cremetory 7/27/95 Alexandria, Virginia												
- 1													
	Francis Gasch's Funeral Home												
									lle, Md.	207			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Pan Use Can Let a its metastesis. Due To (or as a consequence of): b. Due To (or as a consequence of): to liver b. Due To (or as a consequence of): c. Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of): Due To (or as a consequence of):												
	DADT II Other election to a second												
EDICAL	PART II. Other significant condition	and a			ng cause givan in	Part I. 24a. WAS PERI	AN AUTOPSY ORMED?	246	. WERE AUTOPSY FINDS AMAILABLE PRIOR TO				
Ö			isease	post		1 🗆 YES	2 NO	OF DEATH?	Æ				
Ξ			1 - YES 2 NO										
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		9)								
YS!	1 TYES 2 NO	1 Inpatient 2 ER/Ou	rtpetient 3 DOA	OTHER: 4 Nursing Ho	me 5 Residence	6 Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DESCRIBE HO	V INJURY OC	CURED					
BY	1 Natural 5 Pending Investigation				YES 2 NO								
	3 Suittide 8 Could not be	26e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, st	treet, factory, off	ice	28f. LOCATION (Stre City or Town, Ste	et end Number	or Rural i	Route Number,				
H	4 Humicide determined					Only or lown, Sa	10)						
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of my kno	wiedge, death occurre	d at the time, da	le end place, and due	to the cause(s) and r	tannar as stat	ted	-				
N N		R: On the besis of exeminat							s) end menner es state	d.			
	29b. SIGNATURE AND TITLE OF CERTIFIER												
8					29c. LICENSE NUI	747 P7	29d. DAT	SIGNED	(Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	FATH (ITEM 27) /5	Orint)	N 20	1-1	1	/ 11	67140				
	7	T.Z. // A.			hal	nn c	1	_	, MD				
	31. DATE FILED (Month), Day, Year)	32 AGGISTRAR'S SIG	NATURE !	DUCK	14/han	on. S	Wes	12)	ring 205	0/			
	III 9 & 1005	32 AGGISTRAR'S 910	tor healett		1			/	1	1			



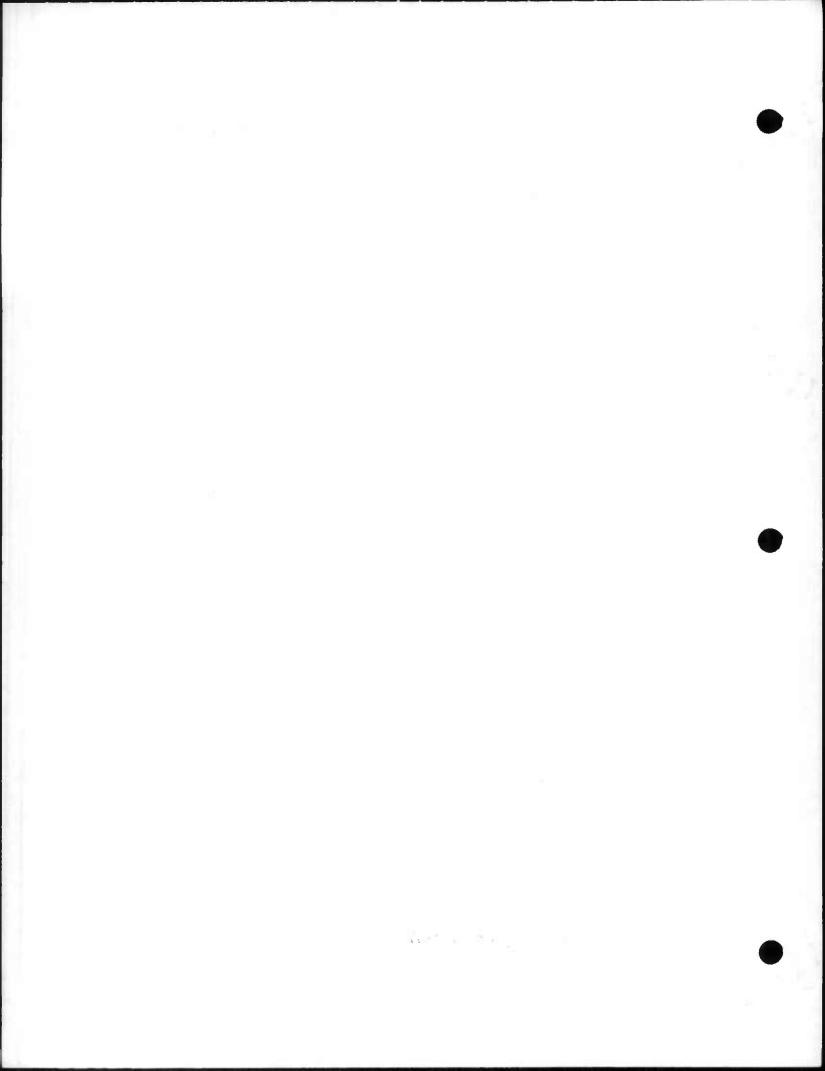
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

		1 - STATE REGISTRAR		OIAIL OI I	WALL L	CEI	RTIF	ICATE	OF	DEA	ANU M	ENIA	REG. NO.	E			
		1. DECEDENT'S NAME (First	t, Middle, Last)		-1	Vens							OF DEATH			TIME OF DEATH	
		1051		49				V	14/	WONTH 4 22, 1995 5			5-190	M			
0 0/10		4. SOCIAL SECURITY NUMI 246-56-7351	BER	5. SEX 1 M 2XXF	6. AGE (In yrs. last b	oirthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE (Monti	ог віятн 12, 18	96 R	SIRTHPL Country)	ACE (State or Foreig	, NC
phods		9a. FACILITY NAME (If not it						9b. CITY,	TOWN C	OR LOCATI	ON OF DEA			9c. COUNT			
2,3	OR	Prince Geor		spital Co	entei	r		Chev	er1	y				Prince	Geo	rges	
-	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	у			10c. CIT	Y. TOWN O	R LOCAT	ION					1 40	d. INSIDE CITY	
permit. Pages	DIR	Maryland	Prince	es George	es		Cap	itol	Hei	ghts						LIMITS?	
permi	AL	10e. STREET AND NUMBER				101	. ZIP CODI	E			10g. CITIZE		T COUNTRY?				
n. ansit	FUNERAL	6718 Esslog	Stree	t			20743								United States		
21215-0020 al or attending physician. for use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Merried 2 3 XXM/Idowed 4 Divo	FORCES? 1	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2000 IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2XCNO Specify:					or No.— 14. RACE — American Indian, Black, White, etc. Specify: Black				
r attend	ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										INESS/INDUS			_		
21 al or for u	COMPLETED	Elementary/Secondary (I	life. D	o NOT us	vork done d e retired.)	luring mo	st of workin	ng									
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	MP	DOMESTIC PRIVATE															
/LAN by the hos be detach at once.																	
	BE	ARCH STEVENS MARY ALICE DUPREE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											_				
MAR retained 5 should notified	2	SUSIE STEVEN														7/2	
May be or, page		200 METHOD OF DISPOSIT	20. ANTHOR OF DISPOSITION														
AOR e 6 ma rector, p		1 Burial 2 Crematic	Donation 5 Other (Specify) MORRIS FUNERAL HOME 7/28 AURENBURG, NC														
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIONATURE OF FUNERA	L SERVICE LIC	CENSEE				22. P	AME AN	D ADDRES	SS OF FACIL	LITY	Funera				
- 07 0		> alex	1 Vol	ch		M	85	7 26	17 1	Penns	svlva:	nia	Ave	S.E.	es wash	.,DC 200	120
O. BOX 68760. B. carrificate be executed within 24 hours after fing physician and completely filted in by the typiene prior to burial, cremation, or removal offler traumatic event, the medical	CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or condition resulting in death) Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):															
G # # P	ERT	resulting in death) LAST															
DS, P the death the attent d Mental H Injury, or														RE AUTOPSY FINDIN	los		
RECOR v requires that been signed by t. of Health an shows any	N: MEDICAL	PERFORMED? 1 YES 2 70 OPE										AILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO					
二年 章章 曹	CIA	25. WAS CASE REFERRED TO EXAMINARY	O MEDICAL	HOSPITAL:		26. PLACE	_		-								
CLAN: ertifica the Str	PHYSICIAN:	1 PYES 2 NO		1 Inpatient 2		etlent 3 🗆	DOA	OTHER		5 🗆 Re	aldence 6	☐ Other	(Specify)				
PHYS this can with	ву Рн		Pending Investigation	28e. DATE OF (Month, D	INJURY lay, Year)		MIT .d89		28c. INJU WOI 1 Y			8d. DEŞ	CRIBE HOW IN	IJURY OCCUP	RED		
ISIC ITTENDI ITOR: A after da	ETED (Could not be determined	28e. PLACE O building,	F INJURY etc. (Speci	— At home	, ferm, s	treet, facto	ry, office		2		ATION (Street e or Town, State)	nd Number or	Rural Route	Number,	
2 2 2 2	F			CIAN: To the best of													
HOSPITAL FUNERAL WITHIN 72 P	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the beele of e	xamination	end/or Invi	estigation	n, In my op	olnion, de	eth occur	ed at the tin	ne, date	end place, end	due to the c	ause(e) en	d manner ee stated	1.
TO THE HOSPITE TO THE FUNERA BE filed within 7 IMPORTANT: 1	BE	296. SIGNATURE AND TITLE	OF CERTIFIES	1	1000	10.1				29c. LICE	NSE NUMBI	ER		29d. DATE S	IGNED (Mo	onth, Day, Year)	
5 5 % X	0	30. NAME AND ADDRESS OF	1. /12	O COMPLETED CAUS	ZV	MJ				42	123	0		y wh	72	3,1995	
)		Augusto F	P. Roo	Wique 2	-/4//	D 5	(Type,	9 R	ayl	Sur	1Ct.	Cp.	Sav.	mo	20	748	
		31. DATE FILED (Month, Day,	Year)	32. PEGISTRA	S SIGNA	ATURE	A					1	11				

9	
387	
BOX 68760	
BO	
P.O.	
σ,	
DS	
OA	
RECORDS, F	
LB	
VITAL	
>	
OF	1
NO	
S	
DIVISIONO	The second of th
_	

	2 3 should		
	permit Pages 1 2 3		
	Dermit.		
cian.	director, page 5 should be detached for use as the burial-transit or		
g physic	e burial		
attendin	se as th		
pital or	nd for us		
ficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	detache		-
ned by I	ould be		And had
be retain	Je 5 sh		Same of
6 тау	ctor, pag		A post
. Page	ral direc		dans.
er death	the fune	val.	I avant
ours aft	d in by	or remo	modified
11 24 h	lely filler	nation.	the sha
nted with	an and complei	ial, crer	B OLLOW
pe exect	ian and	or to bu	Income.
tificate	g physic	ene pric	than to
eath cer	attending	Ital Hygi	0 00
at the d	by the	and Mer	o interes
nires tha	signed	Health a	190 991
law req	as been	lept, of	23 cho
N. The	ficate his	h the State Dept. of Health and N.	Hann .
HYSICIA	his certi	with the	had o
NDING F	DIRECTOR: After this co	filed within 72 hours after death with	DODTANT Wilson 29 is marked or lies 23 shows one intern or other tenumois according according according
R ATTE	RECTOR	urs after	90
PITAL 0	HE FUNERAL DI	n 72 ho	T. 16 16.
HE HOSPITA	HE FUNE	od within	DOTAL
Ė	亡	file	d

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH	AND ME	NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)	61	~111			DATE OF DEATH	Y YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	culer '	2+1+5		100	July 2	4,199	5 6.30 AM
	212-34-3748	1 □ M 2 🎇 F		UNDER 1 YEAR IF UNDER ITHS DAYS HOURS	MIN.	Ct. 12,		HRTHPLACE (State or Foreign Country) [aryland
DIRECTOR	9a. FACILITY NAME (If not institution, give s	street and number)	ta (CITY, TOWN OR LOCATION	ON OF DEATH		ANNE	OF DEATH
RE	10a. STATE 10b. COUNT	γ	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY
	Maryland Anne	Arundel Count	ty Glen	Burnie				1 - YES 2 TO NO
FUNERAL	109 Shelly Road			101. ZIP CODE 210				OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S, ARMED	13. WAS DECENDENT O		ORIGIN? (Specify Yes		d States
В	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES	2 X NO ATES	If yes, specify Cubs 1 ☐ YES 2 ☒ NO	n, Maxican, Pr			RACE — American Indian, Black, White, etc. Specify: White
딢	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S USU (Give kind of work	AL OCCUPATION done during most of working	na	16b. KIND OF BUS	INESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Minister	ired.)		D-14-4		
OMI	17. FATHER'S NAME (First, Middle, Last)		HIHISTEL	18. MOTE	IER'S NAME /	Kellgl (First, Middle, Meiden		ganization
BEC	Howard Dobbs					Euler	Surrieme)	1
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number	or Rural Route	e Number, City or Town	n, State, Zip Cod	9)
-	Kenneth C. Stitz			lly Road, (Glen B	Burnie, M	D 210	51
	20a. METHOD OF DISPOSITION 1	ioval from State 20b.	PLACE AND DATE OF DI etery, cremetory or other p	SPOSITION (Name of place)	7/0	DATE 20c. LO	CATION — City	or Town, State , Maryland
	21. SIGNATURE OF FUNERAL MANUFACTURE	CENSEE	ort Incol	22. NAME AND ADDRES	SS OF FACILIT	TY		
	1	6/1/2	24	Fort Linco	oln Fu ensbur	neral Horg	rentwoo	od, MD 20722
	23. PART i. Enter the diseases, or shock, or heart fallure.	complications that caused List only one ceuse on ea	the death. Do not e	nter the mode of dyl	ng, such as	cardiec or respi	ratory arrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Upper (Sastroint	estinal	blee	edinp.		Onset and Death
		UE TO (OR AS A	CONSEDUENCE OF):					
S	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF):					
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	с						
CERTIFICATION	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
빙		d						
NA.	PART II. Other significent condition	s contributing to death bu		- 1	iven in Pari	t I. 24s. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
PHYSICIAN: MEDIC	- Hyperterinon	, ischem	ic Cavai	omyopat	ny,	. 1 □ YES \$	Ø NO	OF DEATH?
Σ.	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		ERTAIN [-		1 - YES 2 NO
MAN	25. WAS CASE REFERRED TO MEDICAL	-	26. PLACE OF DEATH (C		EKIAIN L			
Sic	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inputient 2 - ER/Output		HER: Nursing Home 5 - Re	sidence 6 🗆	Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2		d. DESCRIBE HOW IN	IJURY OCCURE	D
red BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street	, factory, offica	281	t. LOCATION (Street a City or Town, State)	nd Number or Re	irel Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAH: To the best of my knowle	erice death occurred at	the time data and place	and due to th		ev conn	
COMPLET		ER: On the basis of exemination						use(a) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIES	O. MD		29c. LICE	NSE NUMBER	1	29d. DATE SIG	NED (Month, Day, 164) 4 24 1995
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA			C1 601		- 000	7 4 1113
	YUTTI CABALLE	no, 16 lts		nc/=#51	13 0	somwi	Phills	F1115 OM,
	JUL 2 5 1995	32 REGISTRAR'S SIGNA	The state of the s					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Francis Becker, M.D.,
31. OATE FILEO (Month, Day, Year)

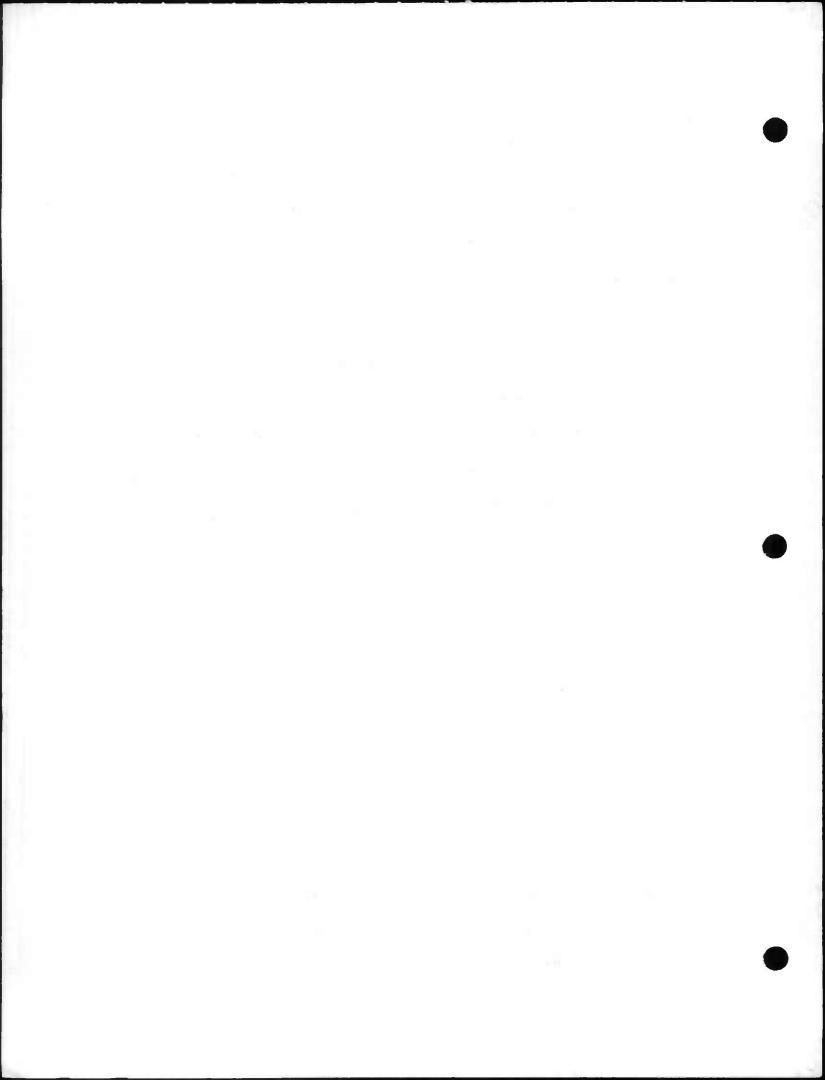
JUL 2 8 1995

32. Regins

nours after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shown or removal	medical examiner must be notified at once
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wirthin 2* nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deor, of Health and Mental Hydeline prior to burlat, cremation, or removal	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once

- []	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)		OLITTI	IOAILO	F DEATH	2. 0	REG. NO		3.1	IME OF DEATH
	George	Bernard	STULL					1995	YEAR 7:	45 P.
ı	4. SOCIAL SECURITY NUMBER	7	(In yrs. lest birthday	F UNDER 1 YEA		HRS. 7. DA	ATE OF BIRTH fonth, Day, Year)	1	Country)	E (State or Foreign
	214-10-5041 9e. FACILITY NAME (If not institution, give s.		86 YAS.			De	c. 12,	1908	M	aryland
R	Meridian Nursing			9b. CITY, TOW	N OR LOCATION	of OEATH erick		9c. COUNT	Y OF DEATH	Frederi
5	RESIDENCE OF DECEDENT			1		CIICA				rrederr
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Frederick	10c. C	TY, TOWN OR LO	Fre	ederi	ck			INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 202 West College	Terrace			10f. ZIP CODE	217	01	10g. CITIZI	U.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes,	specify Cuben, N	IISPANIC OR lexican, Pue Specify:	IIGIN? (Specify Year rto Rican, etc.)	or No- 1	Black, Wh	merican Indien, ite, atc. Thite
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION COMPONENTS	16a. OECEOENT	S USUAL OCCUPA work done during	ATION	Т	16b. KINO OF BU	SINESS/INOU		
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)						
COMPLET	11 17. FATHER'S NAME (First, Middle, Last)		Manage	r Trans	s. Compa	-			and I	'ranspor
E CC	George Thomas	Stull			18. MOTHER		B. Keel	7.0		
8	19e. INFORMANT'S NAME (Type/Print)	DOULL	19b. MAILIN	O AOORESS (Street	et and Number or i		lumber, City or Tow	-	ode)	
5	Bernard Eugene S	tull					n, Md.		,	
	20e. METHOD OF DISPOSITION		b. PLACE AND OAT		(Nama of		DATE 20c. LO	CATION — CI	ty or Town, S	itate
	21. SIGNATURE OF FUNERAL SERVICE LIC	MH	Olivet		_	- 1-				
- 1	///					$u1y \mid 2$	8, 1995	Fred	lerick	Md
	Y D D		1/2000	22. NAME	ANO ADDRESS	OF FACILITY				Md.
	Kubard C.C.	busfal	_M00021	Keei	ney and	Basf	ord Fund	eral H	Iome	
	23. PART i. Enter the diseases, or c shock, or heart failure.	. Basfal complications that cause	ed the deeth. Do	Keei	ney and	Basf	ord Fund	eral H	Iome	Approximata
	23. PART i. Enter the diseases, or c	Complications that cause List only one ceuse on	ed the deeth. Do	22. NAME Keel 106 not enter the r	ANO ADDRESS ON THE PROPERTY AND ADDRESS OF MINISTER OF MINISTRACTOR OF MINISTRACTOR OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDR	Basf	ord Fund	eral F	Iome ck, M	Id. 217(Approximata Interval Betw
NOI	23. PART i. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Complications that cause List only one ceuse on OUE TO (OR AS	ed the deeth. Do	22. NAME Keep 106 not enter the r	ANO ADDRESS ON THE PROPERTY AND ADDRESS OF MINISTER OF MINISTRACTOR OF MINISTRACTOR OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDR	Basf	ord Fund	eral F	Iome ck, M	Id. 217(Approximata Interval Betw
CATION	23. PART I. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	Complications that cause List only one ceuse on OUE TO (OR AS	ed the deeth. Do eech ilne.	22. NAME Keep 106 not enter the r	ANO ADDRESS ON THE PROPERTY AND ADDRESS OF MINISTER OF MINISTRACTOR OF MINISTRACTOR OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDR	Basf	ord Fund	eral F	Iome ck, M	Id. 217(Approximata Interval Betw
MIFICATION	23. PART i. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that cause clust only one ceuse on oue TO (OR AS OUE TO (OR AS C.	ed the deeth. Do eech ilne.	22. NAME Keel 106 not enter the s	ANO ADDRESS ON THE PROPERTY AND ADDRESS OF MINISTER OF MINISTRACTOR OF MINISTRACTOR OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDRESS OF AND ADDRESS OF AND ADDRESS OF ADDR	Basf	ord Fund	eral F	Iome ck, M	Id. 217(Approximata Interval Betw
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	complications that cause List only one ceuse on OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUEN	22. NAME Keel 106 not enter the r DF):	ney and Fast Cl mode of dying.	Basf burch such as o	ord Fund	eral F	Iome ck, M	Id. 217(Approximata Interval Betw
0	23. PART i. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that cause List only one ceuse on OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUEN	22. NAME Keel 106 not enter the r DF):	ney and Fast Cl mode of dying.	Basf burch such as o	ord Fundation or reapi	eral Frederi	Jome Ck, N	Approximate Interval Betwoonset and D
0	23. PART i. Enter the diseases, or shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	complications that cause List only one ceuse on OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUEN	22. NAME Keel 106 not enter the r DF):	ney and Fast Cl mode of dying.	Basf burch such as o	ord Fund	AUTOPSY	Iome ck, Martin III and III an	Approximate Interval Betwo Onset and D
MEDICAL C	23. PART i. Enter the diseases, or shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	complications that cause List only one ceuse on OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUEN	22. NAME Keel 106 not enter the r DF):	ney and Fast Cl mode of dying.	Basf burch such as o	ord Fund St F. cerdiac or reapi	AUTOPSY	Z4b. WER AMAIL COM	Approximate Interval Betw Onset and D
MEDICAL C	23. PART i. Enter the diseases, or cachock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if amy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Cause Amy Cause Condition	complications that cause List only one ceuse on OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of A CONSEQUENCE OF A CONSEQUEN	22. NAME Keel 106 not enter the s DED:	ney and Fast Cl mode of dying,	Basf	erdiac or reapi	AUTOPSY	Z4b. WER AMAIL COM	Approximate Interval Betw Onset and D
MEDICAL C	23. PART i. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significent condition CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF A CONS	22. NAME Keel 106 not enter the r DF): DF): in the underly 26. OTHER:	PLACE OF DEAT	Basfiburch such as c	ord Fundation or reapiles 24a. WAS AN PERFORM 1 YES 2	AUTOPSY	Z4b. WER AMAIL COM	Approximate Interval Betw Onset and D
SICIAN: MEDICAL C	23. PART I. Enter the diseases, or canock, or heart failure. I immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. It is a significant condition of the condition of the cause. It is a significant condition of the cause. It is a significant condition of the cause of	DOME TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF A CONS	22. NAME Keel 106 not enter the s DF): OF): OTHER: 4 OTHER: 4 OTHER: 4 OTHER: 4 OTHER: 4 OTHER:	PLACE OF OEATI	Basfourch such as common in Part in the Check only once 6 0 0	ord Fundation or reapiles 24a. WAS AN PERFORM 1 YES 2	AUTOPSY IMEO?	24b. WER MARI	Approximate Interval Betw Onset and D
PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF A CONS	22. NAME Keel 106 not enter the s DF): OF): OF): OTHER: 4 Unusing H ME OF 28c. I JURY	PLACE OF DEAT	Basfing Bash such as common in Part in the Check on the common forms of the common for	ord Fundation or reapiles of the state of th	AUTOPSY IMEO?	24b. WER MARI	Approximate Interval Betw Onset and D
ED BY PHYSICIAN: MEDICAL C	23. PART i. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition	DOME TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF A CONS	22. NAME Keel 106 not enter the s DF): DF): OF): OF): OTHER: 4 Unusing H ME OF JURY M 1	PLACE OF OEATI OFF S Reside INJURY AT WORKY	Basfing Basing B	ord Fundation or reapiles of the state of th	AUTOPSY IMEO? NJURY OCCU	Z4b, WER AMAIL COM OF C	Approximate Interval Betwo Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ED BY PHYSICIAN: MEDICAL C	23. PART i. Enter the diseases, or shock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART ii. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE OF A CONS	22. NAME Keel 106 not enter the s DF): DF): OF): 26. OTHER: 4 OTHER: 4 OTHER: 5 OTHER: 5 OTHER: 5 OTHER: 5 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 7 OTHER: 8 OTHER: 8 OTHER: 9 OTHER: 1	PLACE OF DEATH	m in Part i	Ord Fund St F Perdiac or reapi Len	AUTOPSY THEO?	24b. WER AMAI COM OF C	Approximate Interval Betwo Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
ED BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, or cache shock, or heart failure. I immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions are cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions are cause. It is a significant conditions are caused to b	DUE TO (OR AS OUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of the consequence of the c	22. NAME Keel 106 not enter the s DF): DF): 26. OTHER: 4 OTHER: 4 OTHER: 5 OTHER: 5 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 7 OTHER: 8 OTHER: 8 OTHER: 9 OTHER: 9 OTHER: 1 OTHER: 1 OTHER: 9 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 2 OTHER: 2 OTHER: 3 OTHER: 4 OTHER: 4 OTHER: 4 OTHER: 5 OTHER: 5 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 7 OTHER: 8 OTHER: 9 OTHER:	PLACE OF OEATI OTHER S NO PL	Basfiburch such as c In in Part i In in Part i 28d. 28d.	Ord Fund St F Perdiac or reapi Len	AUTOPSY NAUTOPSY NO NAUTOPSY NO NAUTOPSY NA NAUTOPSY NA NA NA NA NA NA NA NA NA NA NA NA NA	24b. WER AMAI COM OF C	Approximate Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo Onset and D Interval Betwo
D BY PHYSICIAN: MEDICAL C	23. PART I. Enter the diseases, or cache shock, or heart failure. I immediate cause. Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions are cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions are cause. It is a significant conditions are caused to b	DOUBTO (OR AS DUE TO (OR AS	ad the deeth. Do eech ilne. A CONSEQUENCE of the consequence of the c	22. NAME Keel 106 not enter the s DF): DF): 26. OTHER: 4 OTHER: 4 OTHER: 5 OTHER: 5 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 7 OTHER: 8 OTHER: 8 OTHER: 9 OTHER: 9 OTHER: 1 OTHER: 1 OTHER: 9 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 2 OTHER: 2 OTHER: 3 OTHER: 4 OTHER: 4 OTHER: 4 OTHER: 5 OTHER: 5 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 6 OTHER: 7 OTHER: 8 OTHER: 9 OTHER:	PLACE OF OEATI OTHER S NO PL	Basfinance and the such as a control of the su	Ord Fund St F Perdiac or reapi Len	AUTOPSY IMEO? AUTOPSY IMEO? AUTOPSY IMEO? AUTOPSY IMEO? AUTOPSY IMEO? AUTOPSY IMEO?	24b. WER AMAI COM OF C	Approximate Interval Betwoonset and D Conset

1.D., 300 West Ninth Street, Frederick, Md. 21701
32. REMISTRARY SIGNATURE
July division Perfects



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or Item 23 shows any Injury or other traumatic event the medical examinar must be notified as notes
--	---	---

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 DAY July Ralph SMITH Lee 24. 2400 hrs 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH Apr 22,1929 DAYS HOURS 1 X M 2 | F 66 Tennessee 218-24-3460 VAS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Northampton Manor Nursing Center Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 100. CITIZEN OF WHAT COUNTRY 190 Key Parkway 21702 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—It yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Mexican, Puerto Ri 1 TES 2 NO Specify: 1 Never Married 2 N Married 4/27/1948-8/24/1966 В 3 Widowed 4 Divorced Specify: White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Coflege (1-4 or 5+) 12 Sales Associate Truck Dealership 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John W. SMITH TRENT Leona BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Anna Smith 190 Key Parkway, Frederick, Maryland 21702 20a. METHOD OF DISPOSITION
1)X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Resthaven Mem Gar July 28,1995 4 Donation 5 Other (Specify) Frederick, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home Koberson MO0706 ett ynen/ 106 East Church St, Frederick, Maryland2170 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Netrotate DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 100 t 🗆 Inpetient 2 🗆 ER/Outpettent 3 🗆 DOA me 5 - Residence 8 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO ВУ 28s. PLACE OF INJURY — At home, term, street, factory, office 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, deta and placa, and due to the cause(e) and manner as stated.

EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and placa, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D18191

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29b. SIGNATURE NO TITLE OF CERTIFIER

who

BE

2

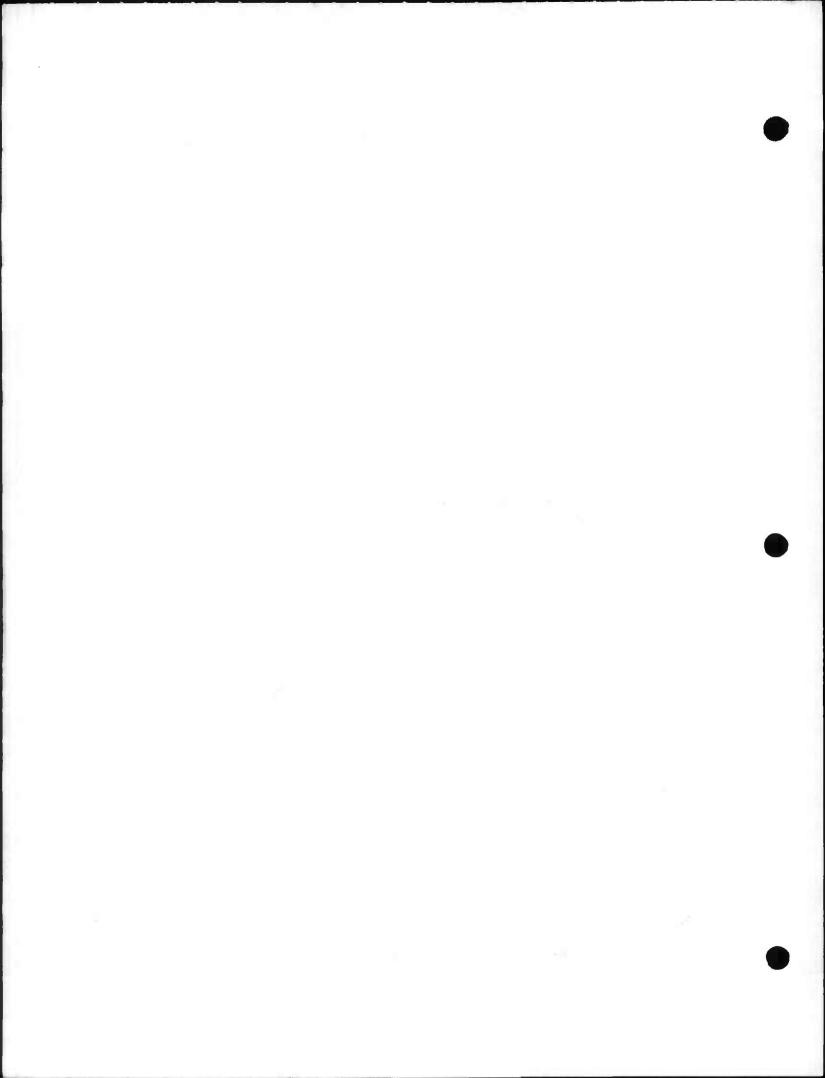
223

Arthur G. Manalo, M.D., 187 Thomas Johnson Drive, Frederick, Maryland 21702 31. DATE FILED (Month, Day, Year)

32. REGISTRANS SIGNATURE JUL 2 6 1995

Z, Marsh

July 25, 1995

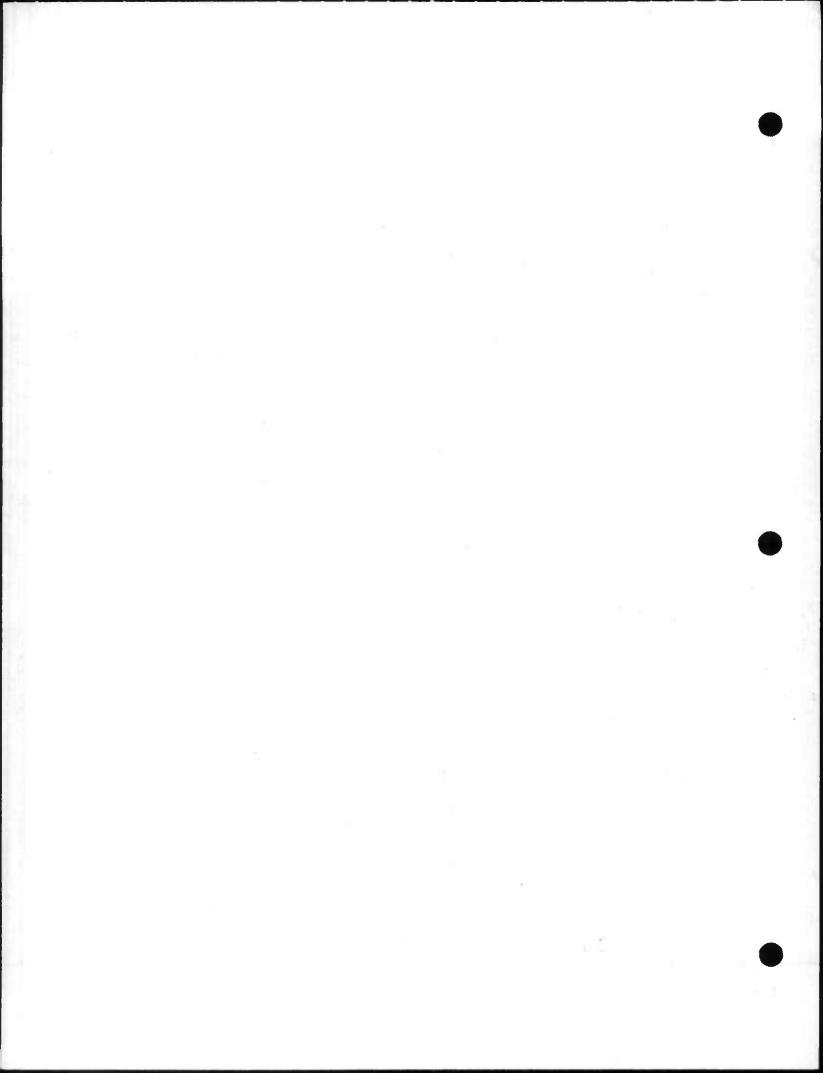


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De	IMPORTANT: If item 28 is marked, or item 2	

1, 2, 3 should

								9	24148		
1 - STATE REGISTRAI	R	STATE OF MA				HEALTH AND	MENTAL HYGIEN				
1. DECEDENT'S N	AME (First, Middle, Las	t)					2. DATE OF DEATH		3. TIME OF DEATH		
Arde	11 Eloi	smith					July 20.	MY YE	7.25 P M		
4. SOCIAL SECUR	ITY NUMBER	5. SEX 6	. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Foreign		
216-22	2-9475 IE (If not institution, giv	1 M 2 F	73	YRS.	ONTHS DAYE	OR LOCATION OF D	Feb. 19,1	922 M	anyland		
	rick Mem	orial Hos	pital		_	edenick	EATH	Fred	of DEATH enick		
RESIDENCE	OF DECEDENT	ity									
Md.		derick			own or Loc				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND Box 62 11. MARITAL STATE 1 Never Marrie		ille Rd.	-			01. ZIP CODE 21758		7.	OF WHAT COUNTRY?		
11. MARITAL STAT		12. WAS DECEDENT 8	VER IN U.S. AR	MED	13 444 0		NIC ORIGIN? (Specify Ye		S.A.		
1 Never Marrie		FORCES? 1 THE IF YES, GIVE WAR	YES XXN	10	II yea,	pecify Cuban, Maxic S 2 NO Speci	an, Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EI	DUCATION	16a DE	CEDENT'S US	I OCCUPA	TON	16b. KIND OF BU				
Elementary/Sec	Specify only highest gre	College (1-4 or 5+)	(Gi life.	ive kind of work Do NOT use re	done during i stired.)	nost of working			HY		
10				Waitn	ess		Resta				
Anthu		niel	Simon	1			ME (First, Middle, Meiden		dwell		
19a. INFORMANT'S Arthu	n C. Sim	ons	198	6. MAILING AD	DRESS (Stree	and Number or Rural	Route Number, City or Tow Knoxvil	n. State. Zip Coo	(e)		
20a. METHOD OF	DISPOSITION			ANDDATEOF				CATION - City			
1 Donation 6	Cremation 3 Re	moval from State	cemetery, crei	matory or other	placa)	varne or	7/2///	CATION — City	or lown, State		
	FUNERAL SERVICE	LICENSEE	nage	KA COW	22. NAME	AND ADDRESS OF F	1/2/11ag	erstou	on, Md. 21740		
1/21	1/20	0111	/ .		John	T. Will	iams Fun	enal t	ome wick, Md217		
Jou	W Cuci	H. WU	ung	2-	100	Petersv	ille Rd.	Bruns	wick, Md217.		
sho IMMEDIATE CAI disease or con- resulting in dea	USE (Final dition	r complications that co. List only one ceuse	on each line	Henry	Fa	luce	en as estolac of reap	iratory srrest,	Approximate Interval Between Onset and Death		
Sequentially lie if any, leading to cause. Enter Ut	to immediate	b. Red	APVIS A CONSEC	1 /	140	-phoma					
CAUSE (Disease that initiated ex- resulting in dea	/enta	DUE TO (OI	R AS A CONSEC	DUENCE OF):							
PART II. Other	els hell	Ty, (P	eth but not n		he underlyl	ng ceuse given in	Part I. 24e. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
DID TOBAC	CCO USE CON	TRIBUTE TO CAUS	SE OF DEA	TH YES		UNCERTAL	1 YES 2 NO				
25. WAS CASE REF	ERRED TO MEDICAL		26. PLAC	E OF DEATH	Check only on)					
1 TES 2	₹ NO	HOSPITAL:	R/Outpetlant 3		THER:	me 5 Residence	6 Other (Specify)				
27. MANNER OF DE	EATH	28a. DATE OF IN		28b. TIME O	F 28c. 11	JURY AT	28d. DESCRIBE HOW	NJURY OCCURE	iD .		
Netural 2 Accident	5 Pending	(Month, Day,	100/	INJURY		YES 2 NO					
3 Suicide	8 Could not b	28s. PLACE OF II	NJURY — At hor . (Specify)	me, farm, atre	et, factory, of	ca	28f. LOCATION (Street City or Town, State)	and Number or R	ural Route Number,		
29a. CERTIFIER	CERTIFYING PHY	SICIAN: To the best of my	knowledge de-	ath occurred -	t the time of	a and place and a	to the entire to the				
									use(a) and manner as stated.		
29b. SIGNATURE A	NO TITUE OF CERTIF	IER ACL-C				29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)		
30. NAME AND ADI	DNESS OF PERSON V	THO COMPLETED CAUSE	OF DEATH STEN	M 27) (Type, Pri	nt)	D311	8	/-	11-95		
610	1th,	Avenue	Br	ans	wic	to m	0-217	16			
31. DATE FILED (Mc	anth Day Mart	32. REDISTRANS	O CONTRACT	-							



Amende L *7, 7/26/95, L.H. Fred. Co.

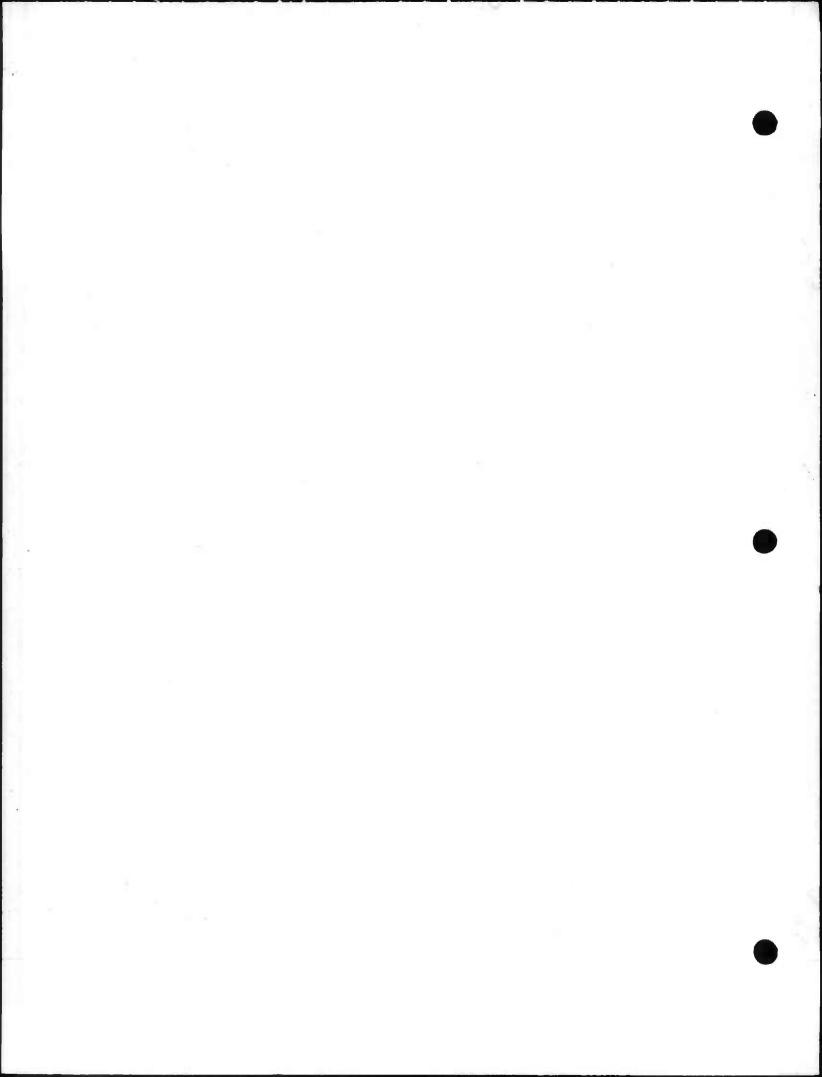
FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

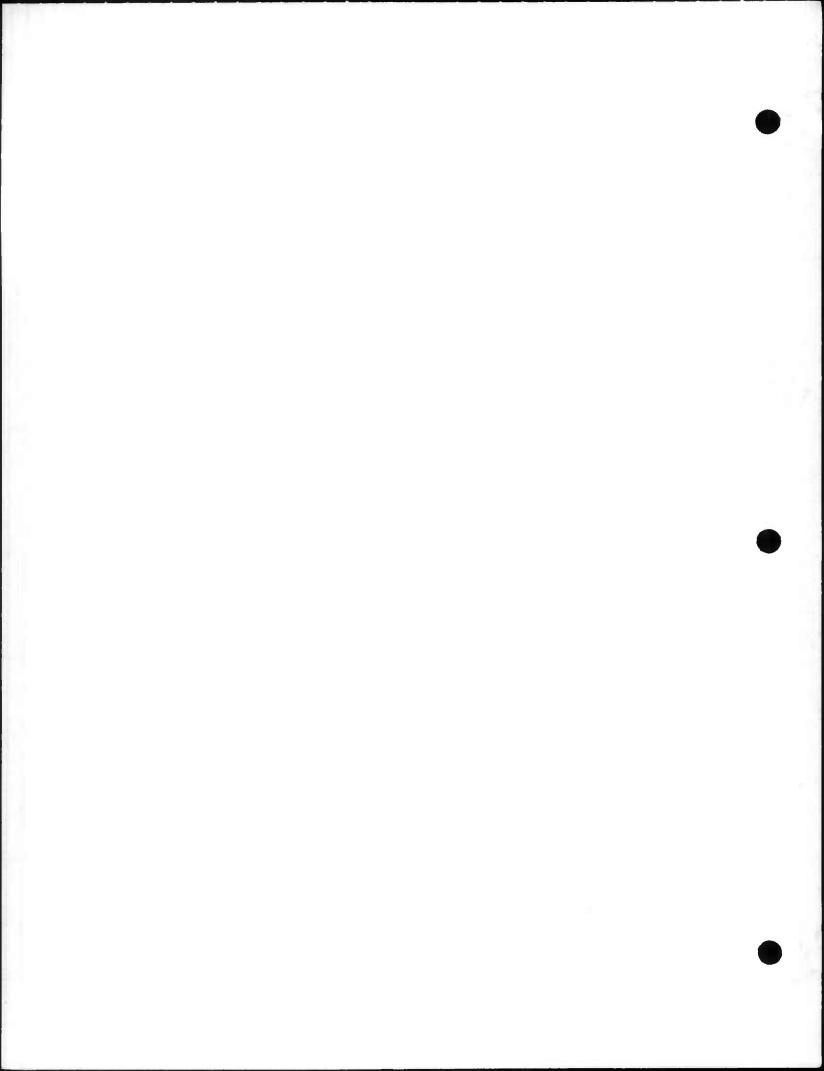
7/26/95, L.H. Fred. Co.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Cal				2. DATE OF	DEATH	Y YE	3. TIME OF DEATH
1 8	James F	Sigi			,	July			95 0500
8	214-34-0538	OXM 2 □ F	58 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.		BIRTH Soy, Year 130	1936 #	BIRTHPLACE (State or Foreign Country) Emphill WV
TOR	9a. FACILITY NAME (II not institution, give stree 5 Terrace Avenue RESIDENCE OF DECEDENT			Bruns	wick	EATH		Free	of DEATH derick
DIRECTOR	10a. STATE 10b. COUNTY Manyland Fred	enick		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1-XC YES 2 NO
FUNERAL	100. STREET AND NUMBER 5 Terrace Avenue				21716			10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1: 1 Never Merried 2 Merried 3 Widowed 4 (X) Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, ap	CENDENT OF HISPAI ecity Cuben, Mexica 2 2 NO Specifi	in, Puerto Rici			RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	TON rnpleted) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during me	ON ost of working	16b. KI	NO OF BUS	INESS/INDUST	RY
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Carman		16, MOTHER'S NA			zilro	ad
BE C	Julius V. Sigle.	r			Lottie	Mae	Luce	24	···
2	Randy M. Sigler		3655	Peter		Road,	Kn.	oxvil.	Le MD 2175
	20e. METHOD OF DISPOSITION DE Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State	PLACE AND DATE OF the story of other concepts of the concepts	er place) netery	, Lovet	tavi.	20c. LOC	CATION — CITY VA	or Town, State
	Parbara A. W.	BEX 1. 1. 1/1.	Swher	John	ND ADDRESS OF FA	Liam	2 Fui	renal	Home nswick MD
	23. PART I. Enter the disease, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	Meta Sta	ach iina.					atory arreat	Approximata interval Batwe Onset and Dec
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST		CONSEQUENCE OF):						
MEDICAL C	PART II. Other eignificant conditions of	contributing to death b	ut not reaulting in	tha undarlyin	g causa givan in		PERFORI	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF 0EATH? 1 YES 2 NO
SICIAN:		IOSPITAL:		OTHER:	LACE OF DEATH (Ch			_	
PHY	27. MANNER OF DEATH	□ Inpetient 2 □ ER/Outp 26s. OATE OF INJURY	26b. TIME	OF 28c. IN.	IURY AT			JURY OCCUR	EO
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 26e. PLACE OF INJURY	At home form ste	M 1 🗆	YES 2 NO	204 1 0047	ON Character		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Spec	iffy)	eet, rectory, orne		City or 1	lown, State)	nd Number or F	lural Route Number,
COMPL	one	N: To the best of my knowl On the besis of examination							use(s) end manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE SI	GNED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type F	Print)	D32	073		> 7/	14/95
	Kathleen W S.	tern, MO.	6101	Ninth.	Ave Br	unsw	ick,	Md. 2	1716
	JUL 2 6 1995	32. REGISTRARIE SIGN	LOT ROBLE		,		7		



	٠
	۹
20	-
9/	3
00	1
68	i
×	
0	4
BOX 687	1
_	1
റ്	3
S, P.O.	
1	1
Ś	1
27	
	4
	1
ECOR	4
C	1
Ш	1
r	1
_	1
¥	
_	É
_	d
>	4
L	Š
D	20
	č
Ę	9
	ē
7	i
_	t
ZIVISI	9
5	è
	-
	OCTA
	-

		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTA	AL HYGIEN REG. NO.	E			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF OEATH	IA.	YEAR 3.	TIME OF DEATH	_
		Imogene Smith					Ju.	ly 21,	1995		7:05 A	М
Pin		213-58-7834 9a. FACILITY NAME (If not institution, give str	1 🗆 M 2 💢 F	In yrs. lest birthday) 59 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Ju.	of Birth th, Day, Year) Ly 15,1	936	Jama:		n
1, 2, 3 should	стон	Holy Cross Hospit				on Location of D	PEATH			tgome		
Pages	DIREC	D. C. 10b. COUNTY	A		y, TOWN OR LOCA						d. INSIDE CITY LIMITS?	
permit.	RAL	10. STREET AND NUMBER				f. ZIP CODE			10g. CITIZI		T COUNTRY?	_
an. Transit	ш	1428 Clifton Stre				20009				aica		
5-0020 nding physician. is the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, ap	CENDENT OF HISPA healty Cuben, Mexic 2 (2) NO Speci	an, Puerto		or No — 1	4. RACE — Black, W Specify:	American Indian, mita, atc. Black	
Se affe 21	8	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)		USUAL OCCUPATI		16	b. KIND OF BUS	INESS/INDU	STRY		_
7 m 5	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ne retired.)	ost or working		**				
AND the hospit detached once.	JMP.	17. FATHER'S NAME (First, Middle, Last)		Housek	eeping			Hospit				
# 8 E	U U	James Spencer				18. MOTHER'S NA			Sumame)			
MAR retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	and Number or Rural			n, State, Zip C	ode)		
5 5 5	F	Daisy James		1428	Clifton	St. N.W.	, Wa	shingt	on, D	.C. 2	20009	
Page 6 may be a director, page ner must be 1		20e. METHOD OF DISPOSITION 1		PLACE AND OATE (etery, crematory or o	OF DISPOSITION (N		July 1995	28 Mon	tego	Bay Ja	State imaica	
funera funera xamil		21. SIGNATURE OF FUNERAL SERVICE LICE	mc Inc In	ise	McGui	nd Address of FA re Funer Georgia	al S	ervice	. Inc.			
be executed writhin 24 hours that and completely filled in to to burial, cremation, or reaumatic event, the med	CATION	23. PART i. Enter the diseases, or conshock, or haert feilure. L. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Cardiopulm DUE TO (OR AS A Diabetes	CONSEQUENCE OF	rrest	da of dying, suc	ch aa car	diac or reapi	ratory arres	et,	Approximate Interval Betw Onset and De	
ath certifical tending phy al Hygiene p	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF		se						
requires that the sen signed by the of Health and M thous any Injury	MEDICAL	PART II. Other significent conditions DID TOBACCO USE CONTR						24a. WAS AN PERFORI	MED?	CO OF	RE AUTOPSY FINDINGLE AUTOPSY FINDINGLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
De la S	IAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEAT		UNCERTAI	ΝЦ					_
SICIAN: The certificate to the State to r Item	SICI	EXAMINER?	HOSPITAL: ¥ 1 ☐ Inpetient 2 H ER/Outpe	ntlent 3 DOA	OTHER:	e 5 🗆 Residence	6 Oth	er (Specify)				
를 축 를 들	ву рну	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ			SCRIBE HOW IN	JURY OCCU	RED	-	
DIRECTOR: After hours after death		3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, a	treet, factory, offic	•	281. LOC City	ATION (Street as or Town, State)	nd Number or	Rural Route	Number,	
TO THE HOSPITAL DR A TO THE FUNERAL DIRECT DE fied within 72 hours IMPORTANT: If Item	COMPLET		IAN: To the best of my knowle : On the bests of exemination								d manner as atated	1.
HE HO HE FU ed wit	шШ	296. SIGNATURE AND TITLE OF CERTIFIER	111	14.0		29c. LICENSE NUI		T	29d. DATE S	IGNED (Mo	onth, Day, Year)	
5 5 3 M	TO B	An 10	nun			0205	18		▶ Ju	ly 2	4, 1995	
10	-	Joel R. Schulman,	M.D., 9410	Old Geor		Road, Be	thes	ia, Mar				
		31. DATE FILED (Month, Day, Year) JUL 25 1995	32. REGISTRAR'S SIGNA	irdall								



-
0
10
_
687
8
10
w
-
\sim
0
ВОХ
00
127
~
P.0
0
-
(1)
47
RECORDS
C
=
0
\sim
()
ш
and .
L.
_
-
/ITAL
-
-
_
-
LL.
=
\Box
_
-
_
-
0
_
10
VI
>
_
_
_

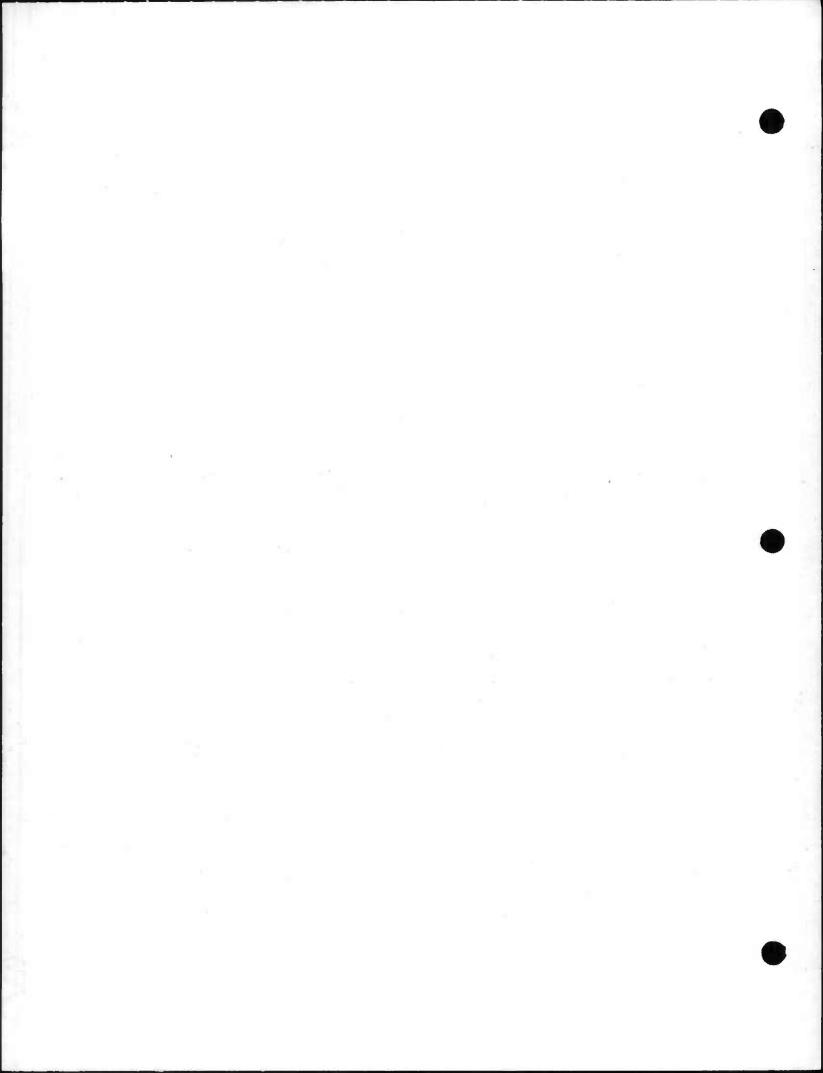
juires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hyglene prior to burial, cremation, or removal. once. 7 notified must be examiner the medical requires that the death certificate be executed within 24 traumatic event, other 6 Injury, shows any been 0 the State Dept. AR! 23 THE HOSPITAL DR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has filed within 72 hours after death with the State Dept Item 6 marked, TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m

											9	5	24	51	
FOR STATE REGISTRAR		STATE OF I	MARYLAND / CE	DEPART	MENT CATE	OF I	HEALTH	AND TH		HYGIEN REG. NO					
SOPHIE S	t, Middle, Last) HAKOW								2. DATE OF MONTH JULY	D	1995	YEAR	3. TIME OF 6:3	DEATH P	м
0. SOCIAL SECURITY NUMBER 5. SEX 1 \square M 2 \square 6. AGE (in y73. lest birthde) 92 YRS.					IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	(Month, D	7. DATE OF BIRTH (Month, Day, Year) JAN. 14, 1903 8. BIRTHPLACE (State Country) NEW YORK				or Foreign	
4001 DRESD	EN STRE				9ь. CITY, KENS		TON	ON OF DI	EATH			NTY OF D			
OR. STATE MARYLAND	MONTGO				TOWN OR				·				10d. INSIDE LIMITS?		
00. STREET AND NUMBER 4001 DRESD		EET		_			1. ZIP CODI	E		_	10g. CIT		WHAT COUNTE	177	
1. MARITAL STATUS Never Married 2 Married Never Married 2 Married Never Married 2 Married Never Married 2 Married Never Married 2 Married Never Married 2 Married Never Married 3 Married Never Married 4 Divorced				IED)	if	yes, sp	CENDENT O	n, Mexica	NIC ORIGIN? (I in, Puerto Rici y:	Specify Yea in, etc.)		14. RACI Black	E — American k, White, etc.		

FUNERAL DIRECTOR BY WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER **EDUCATION** 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, MOSES HARAP JUDITH HARAP BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ALEXANDER SHAKOW (SON) 6608 32ND PLACE NW, WASHINGTON, DC 20015 20a. METHOD OF DISPOSITION 1 □ Buriel 2 ☑ Crymation 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State GEO. WASH. UNIV. MED SCHOOL 7-23 WASHINGTON, DC 4 Sponstion 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS INC. are 1170 ROCKVILLE PIKE ROCKVILLE, MD 20852 23. PART . Enter the disess ahock, or heart es, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, Approximate allure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 2 mo DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 🗷 UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES X Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, ber) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29a. CERTIFIER DERTIFYING PHYSICIAN (Check only one) time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF GERTIFIER BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month 0 9 2 TED CAUSE OF DEATH (ITEM 27) (Type, Print) 104000 20893

RWW 31. DATE FILED (Month, Day, forth, Day, Year)
25 1995

32. REGISTAAR'S SIGNATURE



2. DATE OF DEATH

1995

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 TYES 2 K NO

Interval Batwear

Onset and Death

8. BIRTHPLACE (State or Foreign

POLAND

10g. CITIZEN OF WHAT COUNTRY?

UNITED STATES

Specify WHITE

9c. COUNTY OF DEATH

MONTGOMERY

AM

2

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SALZMAN JÜLY 23, A SOCIAL SECURITY NUMBER S SEY 8. AGE (In vrs. last birthday 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. MAY 25, HOURS 135-01-4214 1 M 2 X F 76 YRS. permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 6625 BRAEBURN PARKWAY **BETHESDA** RESIDENCE OF DECEDENT IOa. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION MARYLAND MONTGOMERY BETHESDA FUNERAL 10e. STREET AND NUMBER 6625 BRAEBURN PARKWAY detached for use as the burial-transit 20817 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 TYES 2 X NO BY Specify: 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) COMPL 5+ SOCIAL WORKER PRIVATE INDUSTRY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maider Surname Ħ WILLIAM BEILIN T.EAH GLOUBERMAN BE page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 DR. CAROL SALZMAN (DAUGHTER) 7104 OAKNEY PKWY., BETHESDA, MD 2 å 20e. METHOD OF DISPOSITION
1 Burlel 2 A Cremation 3 Removal from State hours after death. Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must funeral director, MT. COMFORT CREMATORY 4 Donation 5 Other (Specify) 7/25 ALEXANDRIA, VIRGINIA examiner 21. BIGNATURE OF PUBLICAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS INC. tion, or removal. 1170 ROCKVILLE PIKE ROCKVILLE, MD 20852 medicai 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart fallure. List only one cause on each line. to burial, cremation, or IMMEDIATE CAUSE (Final the disease or condition_ Ymphoma DUE TO (OR AS A CONSEQUENCE OF): completery resulting in death) traumatic event, requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 Diabetes and Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician Hygiene prior cause. Enter UNDERLYING CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atte Health and Mental injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 TES 2 NO been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO PHYSICIAN: UNCERTAIN has be 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem certificate t HOSPITAL OTHER 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 - Hursing Home 5 Residence 6 - Other (Specify) marked, or the 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED this c 1 X Netural 5 Pending 1 YES 2 NO BY After 1 Investigation Accident 25e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) THE HOSPITAL OR ATTENDIN THE FUNERAL DIRECTOR: At filed within 72 hours after de 28 is 3 Suicide ED 6 Could not be 4 Homicide determined COMPLET Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(a) and menner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
DE filed within 72 h
IMPORTANT: If IN (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. MNO TITLE OF CERTIFIER 29c. LICENSE NUMBER BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5530

32 REGISTRAR'S CHATURE

Carol Salzman

1995

31. OATE FILED (Month, Day, Year)

25

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) JULY 23, 1995 DHMH-16 Rev 1/89

D35028

WISCORSIN AUE

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

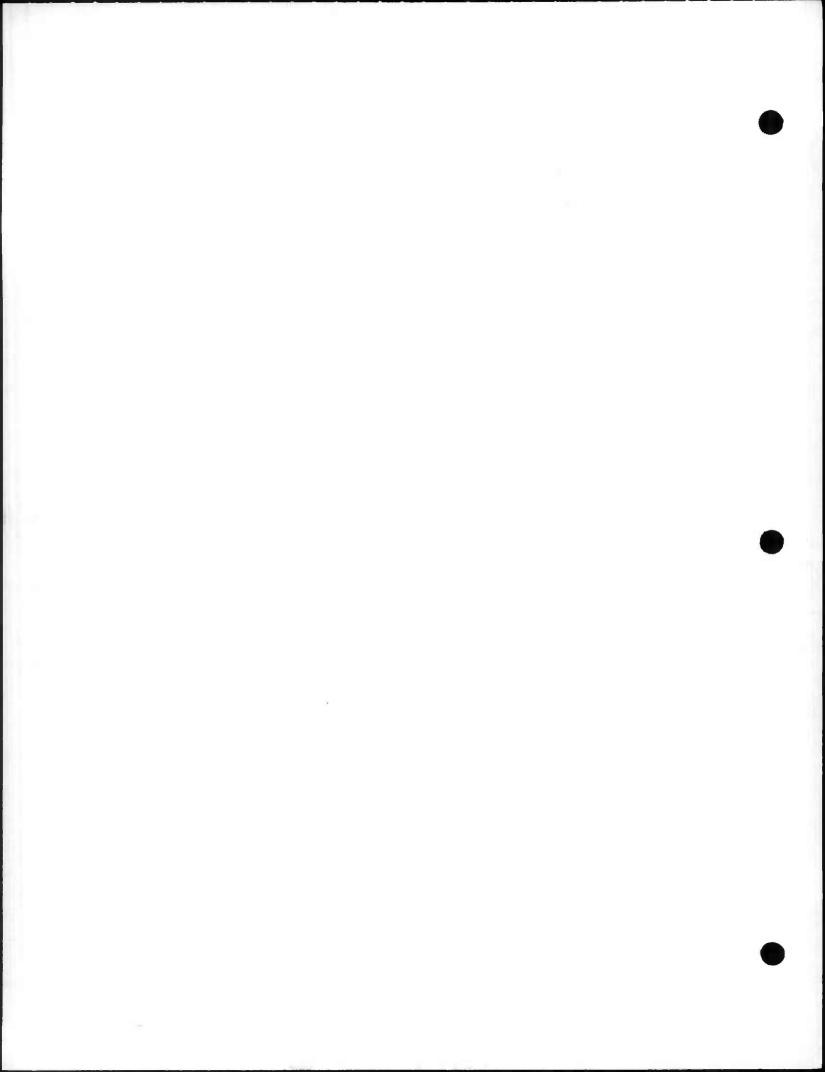
OF DEATH? 1 | YES 2 | NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	it permit		
nospital or attending physician.	rystician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p		
Mending	e as the		
al or a	for us		
he hospit	detached		
2	be		
De executed within 24 hours after death. Page 6 may be retained by the ho	should i		
ay be	page 6		
age b m	director,		
Deam.	funeral		
arter	by the	ITHONA!	
HOURS	led in	, or re	
47) III	Įį,	
WILLIAM	npleter	сгета	
Meculeo	and col	prior to burial, cremation, or removal	
ale ne	ysician	prior to	

Pages 1, 2, 3 should

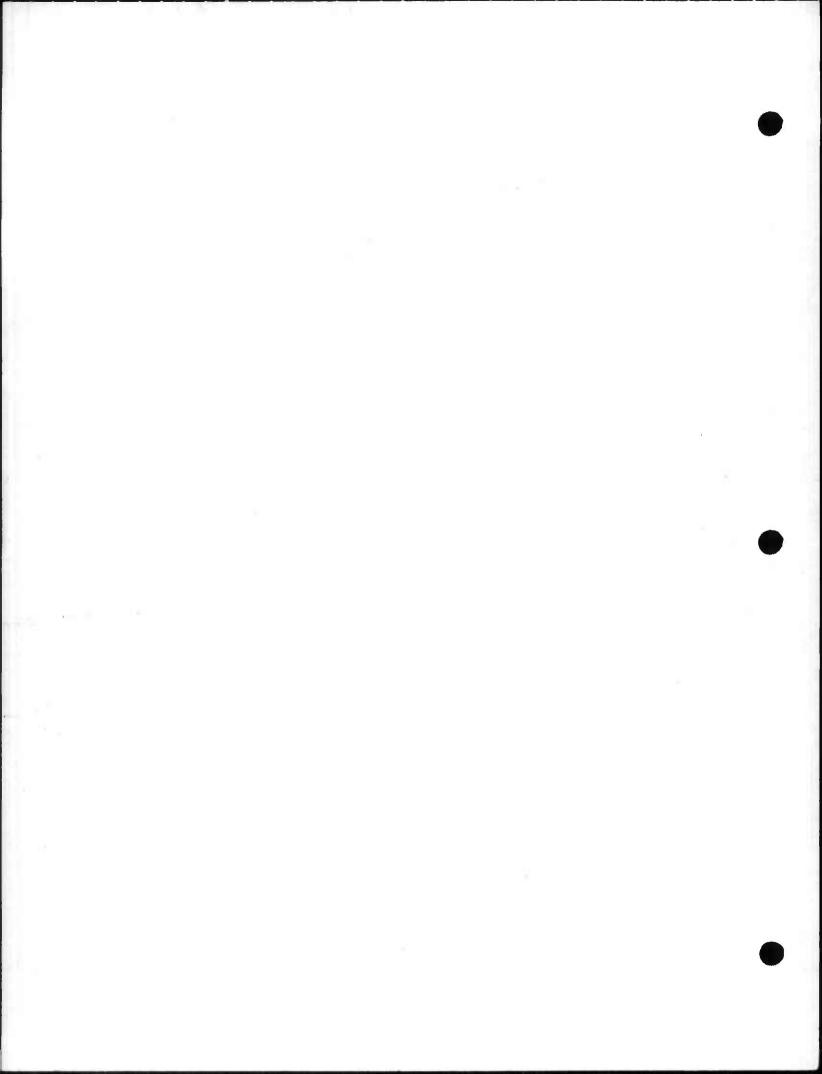
	1 . S	OR TATE EGISTRAR		STATE OF N				F HEALTH AN OF DEATH	D ME	ENTAL HYGIEN				
	1. DEC	EDENT'S NAME (First, A	Middle, Last)						2	. DATE OF DEATH			3. TIME OF	DEATH
			ert	John	Sicil	iano				July 26	, 19	95	1:30	А. м
	4. SOC	CAL SECURITY NUMBE	P	5. SEX	6. AGE (In yrs. Id	est birthday)	IF UNDER 1 Y	AR IF UNDER 24 HI		(Month, Day, Year)		6. BIRTH Countr	PLACE (State	or Foreign
		0-01-6566		1 🔀 M 2 🗌 F	84	YRS.			M	larch 29,	1911		nsylva	ania
000	- 10	CILITY NAME (If not inst						WN OR LOCATION O		Н	9c. COUR	NTY OF O	EATH	
6	PESI	115 Welber	CK Tel	race			Ga	ithersbu	rg		Mo	ntgo	omery	
DIRECTOR	10a. ST	TATE	10b. COUNTY			10c, CIT	Y, TOWN OR L	OCATION					10d. INSIDE	
L 0		yland	Mon	tgomery		G	aither	sburg					1 TYES 2	
HA H		TREET AND NUMBER	1					101. ZIP CODE			,		WHAT COUNTE	
FUNERA		115 We1bec	ck ler	12. WAS DECEDEN	T EVER IN U.S. A	RMED	12 WEG	20879	_	OBIOINS (Secold, Mar			State	
	The state of the s										Indian,			
	in 3 K Widowed 4 Divorced								Whi	te				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)													
Elementary/Secondary (0-12) College (1-4 or 5 +) College (1-4 or 5 +) Architect/Engineer Self Employed														
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 Architect/Engineer To FATHER'S NAME (First, Middle, Last) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Architect/Engineer 18e. NECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Architect/Engineer 18e. NECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18e. NECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18e. KIND OF BUSINESS/INDUSTRY														
ed at BE C		Gius	seppe	A. Sic	iliano					Camilla	Fer	raro)	
TO B		FORMANT'S NAME (Typ			. 19	Db. MAILINO	ADDRESS (St	set and Number or R	ural Flour	te Number, City or Tow				
E E		erry Sicil							e,	Gaithers				9
181	1 🗆 Bu	ETHOD OF DISPOSITIO urlal 2 IX Cremation onation 5 I Other (S	3 🗆 Ramo	val from State	cemetery, cr	ematory or of	of DISPOSITIO				CATION —			
9		MATURE OF FUNERAL		ENGEE	Metro	polit		ematory	F FACILI	7/26 Ale				nia
examiner must be notified at once.		M. I	. C	NC.	0.0.					DeVo1				
	23. PA	ART i. Enter the disc	eases, or c	omplications that	caused the d	asth. Do n	110 E	.Deer Pa	rk	Dr., Gait	hers	burg		
medical		snock, or hea	art fallure. I	iat only ona cau	se on each iin	e.	ot antai tria	mode or dying,	such a	a cardiac or respi	ratory sm	est,		i Between
=	disess	DIATE CAUSE (Final se or condition ing in death)		Cardion	vopathy	7 – Ts	schemi	C.					i	end Desth
event	I readiti	my m daam)		. Cardion	OR AS A CONSE	OUENCE OF	7):						23	lears
or other traumatic event, the ERTIFICATION	Sequa	antially list condition	ns.	Atheros										
RTIFICATION	if sny,	iasding to immedia. Entar UNDERLYIN	ata	DOE 10	OR AS A CONSE	QUENCE OF	7):							
FI		E (Disesse or Injury nitiated events		DUE TO	OR AS A CONSE	OUENCE OF):						<u> </u>	
Or O	resulti	ing in death) LAST												
Injury, o	PART	il. Othar significant	conditions	s contributing to	death but not	rasulting i	n the under	vina cause alver	in Par	rt I. 24s. WAS AN	ALITTOREY	245	WERE AUTOPS	V FINISH OR
								ying caded given	1111 6	PERFOR	MED?		AVAILABLE PR	IOR TO
shows any : MEDIC										_ 1 YES 2	⊠ NO		OF DEATH?	
# H	DID	TOBACCO US	E CONTR	IBUTE TO CAL	USE OF DEA	ATH YE	S D NO	₩ UNCERT	AIN	<u>- </u>			1 TYES 2	□ NO
red, or Item 23 shows any PHYSICIAN: MEDIC	25. WAS	CASE REFERRED TO I		HOSPITAL:			H (Check only							
YSI IS	1 🔀	YES 2 NO		1 🗆 Inpetient 2 🗆		3 🗆 DOA	OTHER: 4 Nursing	Home 5 K Residen	ce 6	Other (Specify)				
marked, or BY PHYS	1 🔯	Natural 5 Pe	ending vestigation	28a. OATE OF (Month, Da		28b. TIME INJ	URY	INJURY AT WORK?		d. OESCRIBE HOW II	URY OCC	URED		
	3 🗌	Suicida 8 Co	ould not be	28e. PLACE OF building, o	INJURY — At he etc. (Specify)	ome, farm, s	treet, factory,	office	28	If. LOCATION (Street a City or Town, State)	nd Number	or Rural R	loute Number,	
	29a. CE	RTIFIER 1 X CERTIF	YING PHYSIC	CIAN: To the best of	my knowledge d	anth accurre	ed et the time	data and alass and	4 1 1 2	the cause(a) and men	- 1200			
MPURTANT: If Item 28 IS D BE COMPLETED	(Chi one,									e, deta and place, an) and manner	na stated.
BE	29b. SIG	GNATURE AND TITLE O	F CERTIFIER	1	7016	MO		29c. LICENSE	353,000				(Month, Day, Y	
0	30 MAN	E ANO AOORESS OF P	EBSON WILL	YVIOVO	E OF CENT	7	0	P	13	40	Ju	1y 2	26, 19	95
ľ		mond A. Ba		//				Theaton	Max	0. kaelw	906			
		E FILED (Month, Day, Yes	er)	32. BEGISTRAF			. IVE,	viica coii,	nai	yrand 20	200			
		JUL 2	7 1995	Julia de	S SIGNATURE	rdall								
				0										H.18 Bey 1/80



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospi

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First	, Middle, Last)									OF DEATH	A.W.		. TIME OF DEATH
1	Helen		Strand	= 14						July 22, 1995 6:				:35 A M
- 8	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH h, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	084-07-254	1	1 🗌 M 2 📈 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	. 10,	1911	Irela	and
_	Se. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						тн		
BY FUNERAL DIRECTOR	Kensington	Garder	ns Nursi	ng Home	Kensington Mon						Mont	gomer	у	
H	10a. STATE	10b. COUNTY			10c. CIT							10	0d. INSIDE CITY LIMITS?	
ā	Maryland		tgomery		Silver Spring									YES 2 NO
₽.	10e. STREET AND NUMBER				10f. ZIP CODE						10g. CITIZEN OF WHA			and the state of t
R	2013 Glenha	ven Pla		IT EVER IN U.S. AR				2090					U.S.A	
5	1 Never Married 2	Married	FORCES? 1	YES 25 1	NO MED	170	If yes, sp	ecify Cuba	n, Maxica	n, Puerto I	f? (Specify Yes Rican, etc.)	or No-	Black, \	- American Indian, White, atc.
	3 Wildowed 4 Divo	MAR OH DATES			1 YES	2 NO	Specify	<i>/</i> :			Specity: Whi	te		
COMPLETED	15. OEC (Specify onl	EDENT'S EOUC	ATION completed)		CEDENT'S				ng.	16b	KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (6	+) IIIo.	Do NOT us	se retired.)			-9							
₹	8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle, Mairing Surgeonal)									2				
입	WILLIAM Hunter Mary Jordan 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
BE														
2									and 20002					
	2015 GIEITHAVEIT FLACE STEVEL SPITING, FLAT YEAR 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION / Name of 200. LOCATION — City of Town State									Cinto				
	4 Donation 6 Other		oval from State	Gate	of He	ther place)	ı Cei	neter	ry 7,	/25/9	95 Sil	ver S	pring	,Maryland
	21. SIGNATURE OF FUNERA	SERVICE LIC	ENSEE	0		22.	NAME AN	D ADDRE	SS OF FA	CILITY	Funer			
	> (Inc	(10u)	4.6	le										
	23. PART I. Enter the diseases, or complections that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List phly one cause on each line.													
	IMMEDIATE CAUSE (Fins)											Interval Between Onset and Death		
	disease or condition resulting in death) Respiratory Failure											6 Hrs.		
ŀ	DUE TO (OR AS A CONSEQUENCE OF):													
8											Months			
AT	If any, leeding to immediate										Years			
E	CAUSE (Disesse or Injuthat Initiated eventa	iry 🥻 "		(OR AS A CONSEC		F):								lears
CERTIFICATION	reaulting in death) LAS	T (ı,											
	PART II. Other significe	nt condition	s contributing to	deeth but not r	eeulting	In the ur	derlylne	COUSO (alven in	Part I	24s. WAS AN	AUTOREV	245 W	ERE AUTOPSY FINDINGS
MEDICAL	PEG for Swa							, 00000			PERFOR	RMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
9	Diabetes Me			, 5010							1 TYES 2	NO NO	0	F DEATH?
	DID TOBACCO U			USE OF DEA	TH YE	S 🗆 I	NO F	UNC	FRTAIN	<u></u>			Ι,	YES 2 NO
NA I	25. WAS CASE REFERRED TO EXAMINER?				E OF DEAT		_							
S	1 TES 2 TO NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 X Nun		5 🗆 Re	sidence	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	100000	28a. DATE OF (Month, D		28b. TIM	E OF	28c. INJ WO	URY AT		28d. OES	CRIBE HOW I	NJURY OCC	CURED	
BY		Pending Investigation				М	1 🗆 1	ES 2 [NO					
8		Could not be determined	28a. PLACE O building,	F INJURY — A1 ho etc. (Specify)	me, farm, s	street, fact	ory, office	i		28f. LOC. City	ATION (Street a or Town, State)	and Number	or Rural Rou	te Number,
COMPLETI														
MP	(Check only		CIAN: To the beat of											
8	-	-		xamination and/or l	riveatigatio	on, In my o	pinion, d	ath occur	ed at the	time, data	and place, an	d dva to the	e Cause(a) a	nd manner as stated.
BE	29b. SIGNATURE AND TITLE	OF CENTINES	ment	boa.	10			29c. LICE	NSE NUM	IBER		29d. DATE	E SIGNED (M	lonth, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH (ITE				D 02	2338			Ju	ly 22	1995
	Richard P.						enu	e #10)9	Silve	er Snr	ing.M	m 20	902
	31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE				,, _(- opr	6 317	20	
	JUL 2	5 1995	Julia d	wales Re	Latt									
		11.	U			_			_					OHMH-16 Rev 1/89



1 -

Ö	
4.00	
w	
Do-	
100	
200	
w	
10	
9	
-	
_	
BOX 68	
\sim	
-	
m	
0	
\mathbf{U}	
_	
- "	
ο.	
VITAL RECORDS,	
S	
~	
_	
~	
-	
-	
$^{\circ}$	
\sim	
00	
_	
911	
Name of Street	
-	
ш.	
_	
_	
-	
100	
-	
_	
-	
_	
-	
4.4	
ш.	
_	
\sim	
\sim	
OF V	
\subseteq	
7	
Z	
N	
NC	
ONO	
ONO	
NOIS	
SION	
SION	
ISION	
VISION	
VISION	
IVISION	
NOISINI	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlat, cremation, or removal.

IMPORTANT: It litem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1120.011.01				OLITTI	IUAI	L OF	DEM	П		REG. NO.			
	1. DECEDENT'S NAME (First)		ys C. Smi	ith						2. DATE OF MONTH July	DA		YEAR	3. TIME OF OEATH 12:02 A M
	4. SOCIAL SECURITY NUME		5. SEX		s. last birthday)	IE IMPE	R 1 YEAR	IF UNDER	24 1400	7. DATE OF		223	L a miner	
	217-36-6267		1 M 2 F	80		MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Ybar)	000	Counti	
	9a. FACILITY NAME (# not in		treet and number)	- 0,	0	9b CIT	V TOWAL	OR LOCATE	ON OF DE		20,1		NTY OF D	sylvania
E .	14315 Maria	_	,			90, CI		ckvi		AIR		-		omery
5	RESIDENCE OF DEC													-
#	10e. STATE	10b. COUNTY	1		10c. Cl	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
<u>a</u>	Maryland	Mo	ontgomery	7			Ro	ckvi	lle					1 X YES 2 ND
AL	10e. STREET AND NUMBER						10	f. ZIP CDDI	E			10g. CI1	IZEN OF Y	WHAT COUNTRY?
FUNERAL DIRECTOR	14315 Marian	n Drive	9					2085	0			Uni	ted	States
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	E — American Indian, k, Whita, etc.
ΒY	1 Never Married 2 Married FORCES? 1 YES 2 X ND If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, W 3 Wildowed 4 Divorced If YES, GIVE WAR OR OATES If yes, specify: Sp									lly:				
									White					
2														
COMPLETED	17, FATHER'S NAME (First, M.	iddle Lest)	3+		Tea	cher		40 1407		ME (First, Middl			OIS	
			r Carstat	er				18. MOT		a Bell			1 omos	1.7
BE	19a. INFORMANT'S NAME (7		- Juliout	101	10h MAII IN	ADORES	C (Ctmot o	and Museuban		loute Number, (W
2	Clara S. Ret									ockvil			20850	n
	20a. METHOD OF DISPOSITI	ON		20h Pl A									City or To	
1	1 X Buriel 2 Crematio		eval from State	cemetery	ceand date cremetory or c klawn	ther place)	Jul	y 29	, 199	95 OATE				Maryland
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	- + u.r.	LIGWII					HLITY Pob	ort	y D	imph	rey Funeral
	Michel	9.	Kulla		100348	H R	ome/ ockv	Rock ille	ville , Ma:	e, Inc ryland	20	00 W 850-	. Moi 2805	ntgomery Ave
	23. PART I. Enter the di	seases, or c	omplidations that List only one cau	ceused the	deeth. Do	not enter	the mo	de of dyl	ng, such	aa cardiac	or reapid	ratory ar	rest,	Approximata
	IMMEDIATE CAUSE (Fin		sist only one cau	de on each	III III									Onset and Deeth
	disease or condition resulting in death)	→	Aspira	tion P	Pneumonia							2 days		
	Comment of the second		DUE TO (OR AS A CONSEDUENCE OF):									1		
z I	Sequentially list conditi		_Stroke											years
CERTIFICATION	If any, leading to immed	liste	OUE TO	(DR AS A CON	ISEDUENCE O	F):								
<u>S</u>	cause, Enter UNDERLYI CAUSE (Disease or inju		Hypert											years
	that initiated eventa		OUE 10	(OR AS A CON	ISEDUENCE O	F):								
5			d											
	PART II. Other significs	nt condition	s contributing to	desth but no	ot resulting	In the ur	nderlylng	csuse g	lven in F	Part I. 24s	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	Hypothyroi	dism,	Arthriti	s, Con	gestiv	e He	art	Fail	ure	1.0	PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
										''	YES 2	X) NO		OF DEATH?
2	DID TOBACCO U	SE CONTR	ZIBUTE TO CA	USE OF D	FΔTH YI	S	NO IX	LINC	FPTAIN					1 YES 2 X ND
Ž I	25. WAS CASE REFERRED TO			-2	LACE OF DEA			0110	LICIAII	, LJ		_		
S I	EXAMINER?		HOSPITAL:	ER/Outpetien	3 🗆 DOA	OTHEI	R:	. s X a.	aldence f	5 Other (Sp	ecifu)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT	arounce (28d. DESCRIE		JURY OC	CURED	
- 10		Pending nvestigation	(Month, Da	ty, Year)	- IN	URY M		PIK?	NO					
BY	2 Suleble	Could not be	28e. PLACE DI	F INJURY - A	t home, ferm,	straet, faci	tory, offici	1		26t. LOCATIO	N (Street a	nd Number	r or Rural P	loute Number,
Ĕ		letarmined	bullding,	etc. (Specify)							wn, State)			
ון ע	29a. CERTIFIER 1 N CERT	FYING PHYSIC	CIAN: To the beet of	my knowledge	death occur	ad at the t	les deta	and stars			enta:		The state of	
COMPLETED) and manner as stated.
	29b. SIGNATURE AND TITLE										pinoo, and			
H H	Den	, C	177	- 1					NSE NUM					(Month, Day, Year) 27,1995
ဍ ြ	30. NAME AND ADDRESS OF	PERSON WIN	CDMPLETED CALLS	E DE CEATH	TEM 27 G	Print ¹		D	2730	T			- ~ - Y	21,1233
													_	
-	Douglas R. 31. DATE FILEO (Month, Day,)	onuma.	ACI, M.D.	615	W. MC	ntgo	mery	Ave	nue,	Rockv	ille	, Ma	ryla	nd 20850
	JUL 28 19	95 4	32. DEGISTRA	x-harda	Ц									ì
	0 10	(1												

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTMEN CERTIFICAT	IT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Lest) C . JUNE	SCHUBERT			2. DATE OF DEATH	, 1995	3. TIME OF DEATH 8:30 A M
ű		5. SEX 6. AGE (In yrs	YRS. MONTH		7. DATE OF BIRTH (Month, Day, War) JULY 22, 3	L916 8. BIRTH	PLACE (State or Foreign)) NNESOTA
TOR	1836 METZEROTT F		96. CI	ADELPHI	DEATH	PRINCE	GEORGES
DIRECTOR	MD. PRINC	E GEORGES	10c. CITY, TOWN	OR LOCATION DELPHI		10d. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1836 METZEROI	T RD. #901		10f. ZIP CODE 20783		CHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 27 IF YES, DIVE WAR OR DATES	ARMED 1:	I WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)		— American Indian, , White, etc. y: WHITE
PLETED	15. DECEDENT'S EDUCA' (Specify only highest grade no Elementary/Secondary (0-12)	FION 16a. mpleted) College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired HOMEMAK	during most of working	16b. KIND OF BUS		
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)	ORSAN	HAMMAN	18. MOTHER'S N.	AME (First, Middle, Maiden S	Numame) LARRIS	
TO B	19a. INFORMANT'S NAME (Type/Print) GLEN OTIS SCH	UBERT	196. MAILIND AODRE SAME A	SS (Street and Number or Rural S ITEM #10		, State, Zip Code)	
	20e. METHOD OF DISPOSITION 1	al from State cemetery	CEAND DATE OF DISPO COMMENTS OF AMBERS CR	EMATORY	7/27 RI	VERDALE,	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	aller Ale		W. W. CHAMBE		ERDALE.	MD. 20737
	IMMEDIATE CAUSE (Flori	mplications that caused the st only one cause on each if	ine.				Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CON	SEDUENCE OF):				
MEDICAL CI	PART II. Other algnificent conditions of	contributing to death but no	ot resulting in the u	inderlying ceuse given in	Part I. 24e. WAS AN / PERFORI	NO NO	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: 1	DID TOBACCO USE CONTRIE 25. WAS CASE REFERRED TO MEDICAL EXAMINED?		EATH YES LACE OF DEATH (Chec	k only one)	NI		
	27. MANNER OF DEATH 1 A Netural 5 Pending	Inpetient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 ND	e Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE DF INJURY — At building, etc. (Specify)	home, farm, street, fa		201. LOCATION (Street ar City or Town, State)	nd Number or Rural Ro	rute Number,
COMPLETED		N: To the best of my knowledge, On the basis of examination and/					and menner as stated.
TO BE C	296. BIGNATURE AND TITLE OF CENTHURS. M. NAME AND ADDRESS OF PERSON WHO CO. AUGUSTO P. F.	CONDITIONS OF DEATH IS	MD TEM 27) (Typa. Print)	2 217	-30	puly 27	1995
	31. DATE FILED (MONT), Dep. Mont) JUL 28 1995	Ja RECHSTRARS SIGNATURE Julia Dandson Ra		YBURN CT., C	AMP SPRINGS	B, MD. 20	748

. - 6

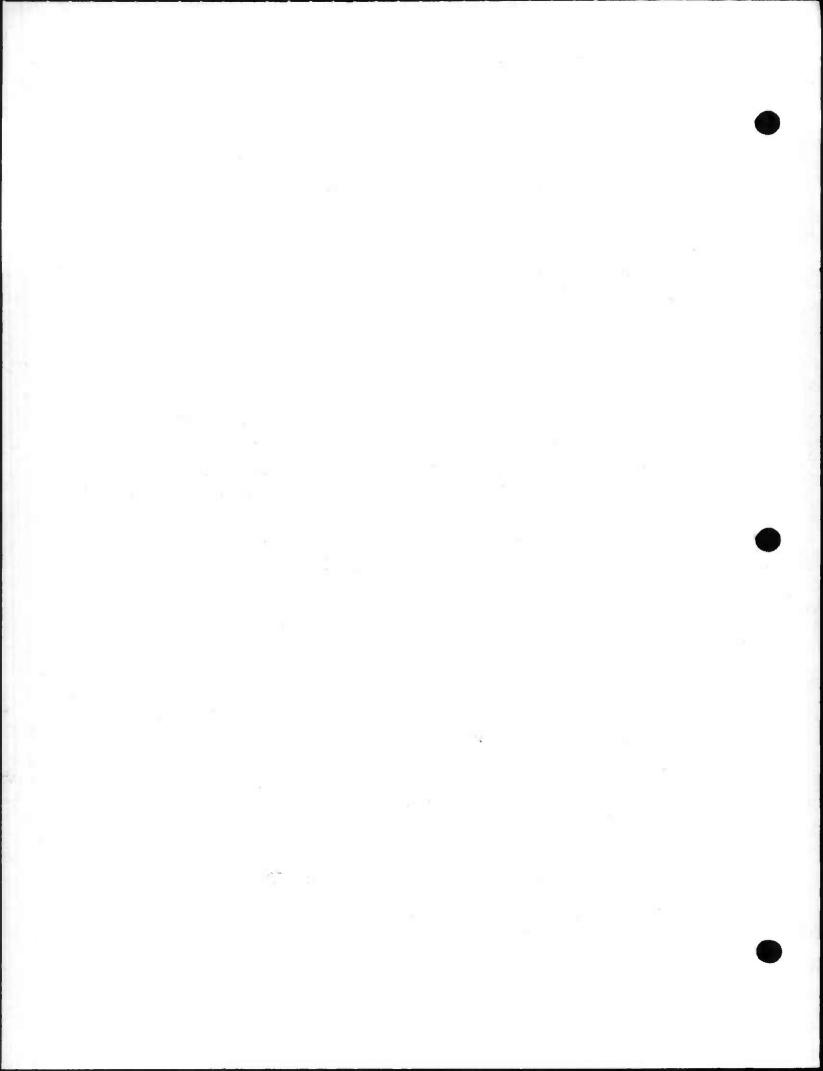
10

A	mended# 11, FOR 1 - STATE BEGISTRAR	# 20	00	_8/	14/95		MK	RT M	100	Ja 2	415 Ch
	1 - STATE REGISTRAR	STATE OF MA	RYLAND / CE	DEPAR	ITMENT OF	HEALTH A	AND M H	ENTAL HYGIEN	E	0	1 0
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			TIME OF DEATH
10	Anna Shamis							July 22		95	8:50 P M
	The state of the s		AGE (In yrs. lest		IF UNDER 1 YEAR	1	HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	190-20-0901	□ M 2 💢 F	82	YRS.				July 4, 1	913		sylvania
œ	9a. FACILITY NAME (If not institution, give street				9b. CITY, TOW		OF DEA	тн		NTY OF DEA	
DIRECTOR	Suburban Hospital				Beth	resda			N	lontgo	mery
REC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10	Od. INSIDE CITY
		ylkil1			Pottsvi	lle				1	X YES 2 NO
FUNERAL	100. STREET AND NUMBER								10g, CIT	ZEN OF WH	AT COUNTRY?
Ä	206 West Railro					1790				ited	States
5	11. MARITAL STATUS 1 Never Married 2-1 Married 12	2. WAS DECEDENT E FORCES? 1	YES 2 X N		13. WAS D If yee,	ECENDENT OF specify Cuban,	HISPANIC Mexican,	ORIGIN? (Specify Year Puerto Rican, atc.)	or No-	14. RACE Black, V	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	OR DATES		1 🗆 YI	ES 2 X NO	Specify:			Specify:	White	
									DUSTRY	WILLCE	
COMPLETED		npleted) College (1-4 or 5+)	(Giv.	ne kind of v Do NOT us	work done during i se retired.)	most of working		2000			
MPI	8			Labo	rer			Box B	acto	ry	
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAM	E (First, Middle, Maiden	Sumame)		
BE	Joseph Lorenz							nica Walku			
9	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Town			
	Eleanor Sabados 200. METHOD OF DISPOSITION							y, Rockvil			
	14) Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	cometery, crem	natory or o	of DISPOSITION (Name of 26,	199	DATE SOLLO	CATION	City or Town	sum ennsylvania
	21. SIGNATURE OF PUNERAL SERVICE LICENS	SEE	TIMACU	0831	Concer	AND ADDRESS	OF FACE	cery Pott	SVII	Le, Pe	nnsylvania
	Darban Jo M	12 Mulle	7 aw	herk	Rober Bethe Avenu	t A. P sda-Ch le, Bet	umpl evy hesc	rey Funer Chase, Ir da, Maryla	ral H ic. 7 ind 2	ome/ 557 W 0814-	isconsin 3501
	23. PART I. Entar the diseases, or com ahock, or heart failure. List	pilicetiona that co	eused the dec	th. Do r	ot enter the n	node of dylng	g, auch	ea cerdiec or raspi	ratory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	11	1		. 11		1.1				Onset and Death
	resulting in death)	Hyper DUE TO (OF	tensiv	e	Car die	MYOF	pa th	N			
			IES EIVE	11	7: 1	F 11		/			
ATION	Sequentially list conditions, b		AS A CONSECU		291 C	19116	०१४				-
	If any, leading to immediate cause. Enter UNDERLYING				•						İ
CERTIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OF	AS A CONSEC	UENCE OF	F):						
E	resulting in death) LAST	-									
	PART II. Other algnificent conditions of	ontributing to de	eth but not re	sulting	n the underly	ng cause giv	ven in P	art I, 24a. WAS AN	AUTOPEV	24h W	ERE AUTOPSY FINDINGS
MEDICAL					,			PERFOR	MED7	A	MILABLE PRIOR TO OMPLETION OF CAUSE
밆							_	1 YES 2	ANO	O	F DEATH?
≥ ::	DID TOBACCO USE CONTRIB	UTE TO CAUS	SE OF DEAT	'H YE	S I NO	UNCE	RTAIN			1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				H (Check only on		10174114			1	
SIC	EXAMINER? 1 VES 2 NO 1	OSPITAL: EF	R/Outpatient 3 (□ DOA	OTHER: 4 Nursing Ho	me 5 🗆 Resid	dence 8	Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIM	E OF 28c. II	NJURY AT YORK?		28d. DESCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	MIA		NP		YES 2	NO	NIA			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, atc.	. (Specify)		street, factory, of	ice	:	281. LOCATION (Street a City or Town, State)	ind Number	or Rural Rou	te Number,
ETE			N.	/A							
COMPLET	29a. CERTIFIER (Check only one)										
ő	2 MEOICAL EXAMINER: 0	In the basis of exam	ination and/or in	rveatigatio	n, in my opinion,	death occured	st the ti	me, date and place, an	d due to th	ne ceuse(a) a	nd manner as stated.
H	296. SIGNATURE AND TITLE OF PERTIFIER	MD				29c. LICEN	SE NUMB	ER	29d. DAT	E SIGNED (M	onth, Day, Year)
0	1 Horse AND CORDERS OF STREET	111.0		1/2		103	75	32	> '	1/23	195

Pierces Sunta M.P.	29c. LICENSE NUMBER 03753a	29d. DATE SIGNED (Month, Day, Year) 7/23/95

ATE EU EO (Month		 	 					
		50 W		Dr #202	Rockville	MJ.	2085	50

JUL 27 1995



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. A hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH			3. TIME OF I	DEATH
	М	larv Jar	ne Tra:	inor				J111v	26,	1995	YEAR	3:05	AM M
			GE (In yrs. last		IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	- , , , ,	8. BIRTI	IPLACE (State	
		□ M 2 □ F	60	YRS.	MONTHS	DAYS	HOURS MIN.	Mar.	Day, Year)	935	Count	hingto	
R	9a. FACILITY NAME (If not institution, give street				96. CITY,		OR LOCATION OF DI	EATH			NTY OF D	Georg	010
DIRECTOR	Laurel Regional H RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	USPICAL		10c, CIT	Y, TOWN OF					11	Ince	10d. INSIDE	
		George's			wie							LIMITS?	
FUNERAL	100. STREET AND NUMBER 4411 Oakview Lane					101	20715					States	
	11. MARITAL STATUS 12. 1 Never Married 2 Married	WAS DECEDENT EVE FORCES? 1 Y	ES 2 WN	IED	If.	yes, sp	ENDENT OF HISPAN	in, Puerto Rk	(Specify Yes			E — American k, White, stc.	
) BY	3 Widowed 4 □ Divorced	IF YES, GIVE WAR O	R DATES	No	- 1	☐ YES	2 TNO Specifi	y: No)		Spec	Whit	:e
	15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON pleted)	(Gh	e kind of v	USUAL OCK	CUPATIO	ON st of working	16b. F	IND OF BU	SINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)		emak	e retired.)				Own I	Home			
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mic					
BE C	Bernard Scheppa	ich					Helen	Voge1					
10 B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number or Rural			n, State, Zij	p Code)		
F	Karen A. Mc Keel		4	411	0akvi	Lew	Lane Bo	wie M	larv1a	and	207	15	
- 1	20a. METHOD OF DISPOSITION TX□ Burlal 2 □ Cremation 3 □ Removal	from State	20h PLACEAL	DDATE	DE DISPOSIT	TION /No	ma of	DATE	200 10	CATION	City or To	own, Stata	
	4 Donation 5 Other (Specify)		Gate	of H	eaven	ı Ce	metery 7	7-28-9	5 Sil	lver	Spri	ng Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE			22. N Ro	ber	t E. Eva	outy ns Fu	neral	Hom	e. P	.A.	
	noveu C. C	- vans	1, Tr	res	'. l 16	000	Annapol	is Rd	. Bow	ie M	d. 2	0715	
	23. PART I. Enter the disease, or compahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one ceuse of	n each ilne.	th, Dor	ot enter t	the mo	de of dying, auc	h ea cerdie	ic or reapi	iratory er	reat,	Approx	cimata il Batween and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR A Chronic DUE TO (OR A OSteory DUE TO (OR A	S A CONSEOU	JENCE OI	F):				0	fea	e		
DICAL	PART II. Other algorificent conditions co	intributing to deet	h but not re	eulting	n the und	lerlying	ceuse given in		4a. WAS AN PERFOR	MED?	24b	WERE AUTOPS AVAILABLE PR COMPLETION OF DEATH?	IOR TO
ME										•		1 TYES 2	□ NO
Ä	DID TOBACCO USE CONTRIBU	JIE TO CAUSE					UNCERTAIL	1 2					
ᅙ		OSPITAL:		4	H (Check or OTHER:								
PHYSICIAN:	1 X YES 2 NO 1 C	Inpetient 2 ER/C			4 - Nurali	ng Hom	e 5 🗆 Residence						
BY Pt	1 Natural 5 Pending	(Month, Day, Yea		28b. TIM INJ	E OF 2 URY M	28c. INJI WO 1 \[\] \	URY AT RK? 'ES 2 \Begin{array} NO	28d. DEŞC	RIBE HOW I	NJURY OC	CURED		
- 10	3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE OF INJU building, etc. (S	JRY — At hom Specify)	e, term, s	treet, factor	ry, office			ION (Street a Town, State)		or Rural F	Poute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: On											s) and menner	ns stated.
	295. SIGNATURE AND TITLE OF CENTIFIER	2 .					29c. LICENSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Ye	ear)
H	Vous X	lenber		M	0		DIZO	15		.	7-2	6-95	-
2		MPLETED CAUSE OF				lo.	er Rd		mla	vez		/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S				NO D	ra		- F - W- F		7		
	JUL 2 8 1995	July 10 m		447									



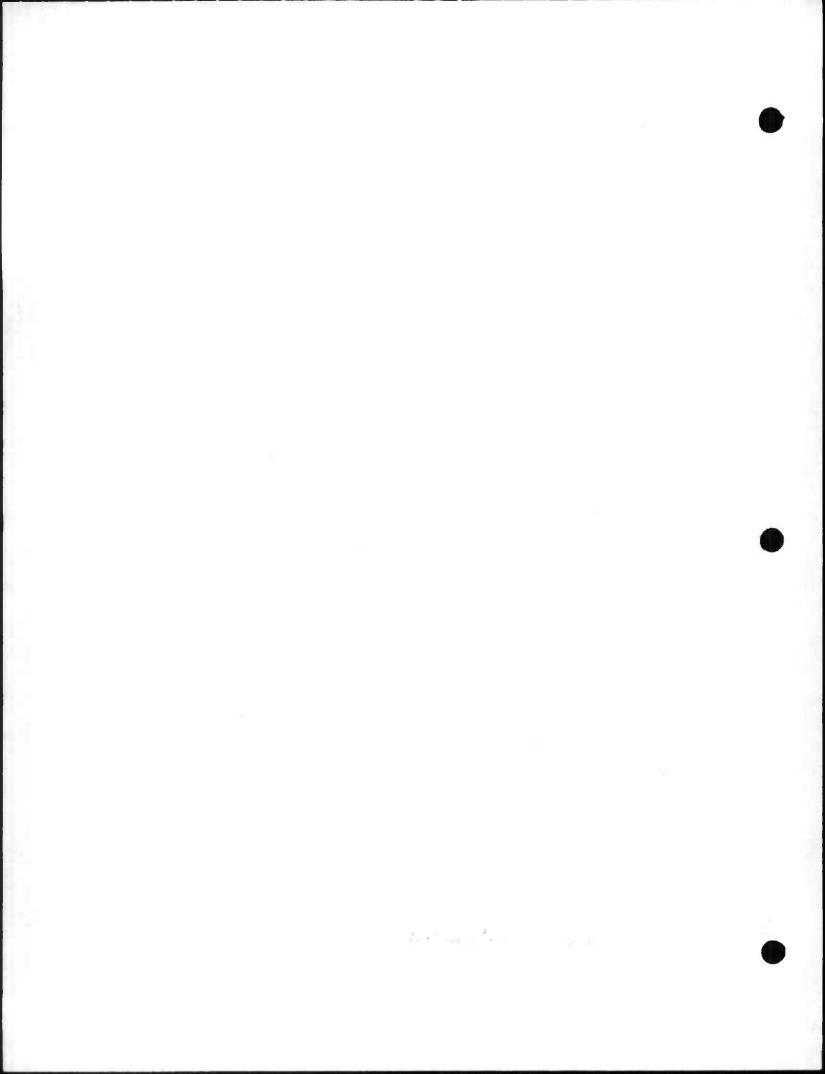
AND THE RESERVE STATES

_	
0	
0020	
\simeq	
ب	
D 21215-0	:
LD.	
7	
N	
1.	
S	
-	-
7	
RYLAN	
6	
7	-
-	
MARYL/	
0	
u.	
S	
_	,
>	
_	
44	7
00	
-	1
\mathbf{c}	4
=	
>	
=	i
_	•
BALTIMORE	4
-	- 1
d	4
_	
\Box	- 1
	4
	1
-	ì
	Married April 4
	ď
	and debate
-	7
09	100
(0)	:
~	-

DIVISION OF VITAL RECORDS, P.O. BOX 6876

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

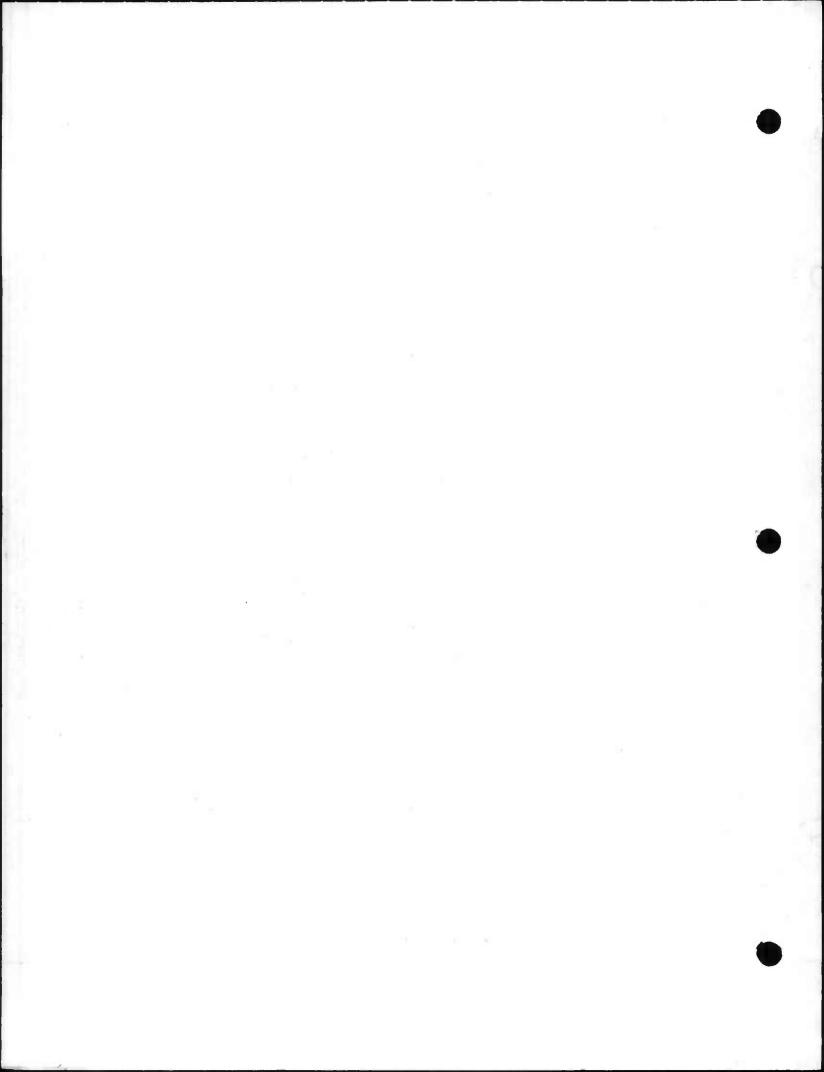
	HEGISTHAN		CERTI	FICALE	: OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OE	ATH		3. TIME OF DEATH
	WILTON	1 1.	10	DD)		JULY :	20th 15	YEAR	7.50 PH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	AGE (In yrs. lest birthday) IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		-	HPLACE (State or Foreign
	577-03-0969	1 💹 M 2 🗍 F	84 YRS.	MONTHS	DAYS	HOURS MIN.	April 1		Coun	(ry)
	9a. FACILITY NAME (If not institution, give st	reet and number)		9h CITY	TOWN O	R LOCATION OF D			UNTY OF	ginia
œ	Washington Advent		1				EAIH			
6	RESIDENCE OF DECEDENT	ist nospita	aı	Tak	oma .	Park		Mon	ntgom	nery
DIRECTOR	10s. STATE 10b. COUNTY		10c. C	TY, TOWN O	R LOCATI	ION				104 INSIDE CITY
뜻 I	Maryland Prince	e George's	Re-	rwyn I	Heiol	hte				10d. INSIDE CITY LIMITS?
١	10e. STREET AND NUMBER	000180 0				ZIP CODE		1		1 YES 2 NO
FUNERAL	5701 Pontiac Stre	o +				0740-272	0.1			WHAT COUNTRY?
ᄬ	11. MARITAL STATUS					0.10 2.12			5.A.	
교	1 Never Married 2 X Married	12. WAS DECEDENT EVE FORCES? 1 X 1		13. \	MAS DECE 1 yes, spe	ENDENT OF HISPA	NIC ORIGIN? (Spei	cify Yea or No-	14. RAC Biac	E — American Indien, ik, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR O		1 1	YES	2 NO Specif		,	Spec	offy:
	15. DECEDENT'S EDUC		WII						1	White
COMPLETED	(Specify only highest grade		16a. DECEDENT' (Give kind o	work done o	during mos	N it of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	1000
ا ت	Elementery/Secondary (0-12)	College (1-4 or 5 +)						_		
Σ			Steam :	titte	r			ate Ind		У
8	17. FATHER'S NAME (First, Middle, Last)				- 1		ME (First, Middle,	A STATE OF THE STATE OF		
H	Thomas Todd					Henriet		lcGrevey	/	
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural				
- 1	Dorothy E. Todd		5/01	Pont:	iac	Street,	Berwyn	Heights	s, MI	20740
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramo	val from State	20b. PLACE AND DATE cemetery, crematory or	OF DISPOSI	ITION (Nan	me of	DATE 2	POC. LOCATION -	- City or To	own, State
	4 Donation 5 Other (Specify)		Fort Line	oln Ce	emet	ery 7/2	25/95	Brentwo	ood.	Maryland
	21. SIGHATURE OF FUNERAL SERVICE LIC	NSEE /	0	22. I	NAME AND	s Gasch	CILITY	E	1 17	D 4
	▶ 1/2 X	. Y /	/	/ T	anci	s Gascn	S SOIIS	runera	T HOI	ne, P.A.
-	23. PART I. Enfer the diseases, pro	Jarl		47	39 B	altimore	e Ave.,	iyattsv.	ılle,	MD 20781
	shock, or heart failure. L	list Dnly Dne cause D	on each line.	not enter	the mod	le of dying, suc	h es cardiec Dr	respiratory e	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	C	0	11						Onset and Death
	disease or condition reaulting in death)	LERE	BRAL	HE	M	LORRHE	TGE -	- LEF	7	4'Weeks
1		DUE TO (OR	AS A CONSEQUENCE	OF):						
Z	Sequentially list conditions,	*								
ĔI	if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or Injury	·								
<u> </u>	that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):						
H	describing in death) CAST	>								
	PART II. Other aignificant conditions	contributing to deat	th but not requiting	in the un	decluino	naves alves la	Dort I no u	AS AN AUTOPSY		
DICAL	(1) Preymons E		wes Co	ndre		Forders	Р	ERFORMED?	246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
		110.5.5	0/0.10	1 1	L	200	1 🗆 '	YES 2 NO		OF DEATH?
Σ	@ PYLENEP	HICLICS (3) runn			nshin				1 TYES 2 NO
Ż I	DID TOBACCO USE CONTR	IBUTE TO CAUSE		ES 🔲 N		UNCERTAIL	NB			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DE	_						
S	1 TES 2 NO	1 Inpetient 2 ER/	Outpatient 3 DOA	4 Nurs		5 🗆 Residence	8 Other (Specia	†y)		
Ī	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye.		ME OF	28c. INJU WOR		28d. DESCRIBE	HOW INJURY OF	CURED	
<u> </u>	1 Netural 5 Pending Investigation	1,000,000	,	М		ES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At home, ferm,	street, lacto	ery, office		281. LOCATION (Street and Number	or or Rural I	Route Number,
ETED	4 Homicide datermined	building, etc. (эрвину)			_	City or Town	, State)		
	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my a	Outsides death secur	and at the ti-						
COMPL	(Check only one) 2 MEDICAL EXAMINER									CONTRACTOR DESCRIPTION
ဗ ူ		m		on, in my of	annon, de	atti occored at the	time, date and pa	sce, and qua to t	ne cause(end menner ee stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	ANGA	N			29c. LICENSE NUM		29d. DA	TE SIGNED	(Month, Day, Year)
2		19003	$\overline{}$			0229	70	7	1/20	0/95
		DRI. AS			00-	BERW	YN How	NSE RO	, c	olly PARK
	JUL 26 1995	32 ANGUSTRAR'S S				,			-	1600



BALLIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VILAL RECORDS, F.O. BOX 68/60	THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE PLINERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the fire and mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAN				CENTIF	ICALE	: Ur	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First,	, Middle, Last)								ATE OF DEATH			3. TIME OF DEATH
	Frederick	E	arl 1	ATE					J''	ily 1	6	1995	7:45 A m
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. D/	ATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	579-07-5463		1 🛛 M 2 🗌 F	Ω	4 YRS.	MONTHS	DAYS	HOURS MIN.	(A	fonth, Day, Year)	011	Count	ny)
	9a. FACILITY NAME (If not in		treat and number)	0	- OSTE	Oh AITU	TOWA	OR LOCATION OF		1 , دے بد			ington, DC
œ				. 0					DEATH			NTY OF D	
DIRECTOR	Poctors Con	nmunu	y Hospita	<u>u</u>		La	ınha	um			Pri	nce	George
S I	10a. STATE	10b. COUNTY	/		the CIT	Y. TOWN O	91004	TION					
<u> </u>	Maryland	Drine	e George	1									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	FIIII	e George	S	Lar	idove	rн	1118	_				1 X YES 2 NO
₹							10	H. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	4225 71st A	venue						20784			U.S	5.A.	
בָּ	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					CENDENT OF HISP			or No-	14. RACI	E American Indian, k, White, etc.
	1 Never Married 2 🗵		IF YES, GIVE W					S 2 X NO Spec		rto Ricen, etc.)		Speci	
è l	3 Widowed 4 Divo	rced											White
ш		EDENT'S EDU		16:	. DECEDENT'S	USUAL OC	CUPATI	ON ost of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
w	Elementary/Secondary (0		College (1-4 or 5 d	,	life. Do NOT us	e retired.)	iunny m	ost or working					
릴	6				Engrav	er]]	Printing	and	Gra	phic Arts
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						16. MOTHER'S N		st, Middle, Malden			
	Norman T	ate						Netti			ou. Halliey		
H	19a. INFORMANT'S NAME (7				405 4448 010	1000000	(0)						
임	Walter E. T	144 (274)						and Number or Rura					1007
								ane, Edg					1037
	20a. METHOD OF DISPOSITION 1 D Burlal 2 D Cremation	n 3 🗆 Reme	oval from State	cometee	ACE AND DATE (y, crematory or o	ther place!			1			City or To	
	4 Donation 5 Other			Met	ropoli	tan (andr	ia,	Virginia
1	21. SIGNATURE OF FUNERAL	L SERVICE LIC	EHSEE		25	22. N	NAME A	ND ADDRESS OF	FACILITY	0 - 1		**	-
	1/2/00	Pan I	= 1201	00 1				is Gasch					
	23. PART I. Enter the di	seeses or o	omplications the	-	a death Da s	147.	39 1	Baltimor	e A	ve.,Hyat	tsvi	lle,	MD 20781
	ehock, or he	eart failure.	List Dnly Dne cau	se on each	line.	77	1	de or dying, su	on as c	ardiac or respir	story an	rest,	Approximate Interval Between
Н	IMMEDIATE CAUSE (Fin	ai		//	2 x	10	11	/ /		1/			Onset and Death
	disease or condition	→		11	CAR	10a	W	- (se	ci	Xasis			1 wear
Ì			DUE TO	OH AS A CO	HISEQUENCE OF	1)		7/	-				- b
z I	Sequentially list conditi			re	wax	\rightarrow	ns	ullia	Ras	sh .			- week
	if any, leading to immed	diate	Dyle 79	OR AS A CO	NSEQUENCE OF	100	2,	1.87/		1			· - A1
<u>5</u> ∥	cause. Enter UNDERLYi CAUSE (Disease or Inju		. / \	esse	iluc	. (U	venos	10.	1	0		1- MONES
	that initiated events		DUE TO	OR AS W CO	NEEDWENCE OF	4/	1	17	-8	15.	1.		1.
CERTIFICATION	resulting in death) LAS			Val	1/61	X0i	N	/ Var	1	+ MI	UN	2	1 THRUCK
	DART II. Other steeliles	=4 con distant		200	7 000		1/	1000	1	1 000			1777
₹	PART II. Other significa	nt condition	e contributing to	death but n	not resulting i	n the unc	derlyih	g cause given in	n Part I	24a. WAS AN A		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
DICAL										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ													1 YES 2 NO
<u>.</u>	DID TOBACCO U	SE CONTR	RIBUTE TO CA	USE OF D	EATH YE	S 🗆 N	10 F	UNCERTA	IN Ø				3 3
HISICIAN	25. WAS CASE REFERRED TO				PLACE OF DEAT								
3	EXAMINER?		HOSPITAL:	EB/Outpetler	w 2 □ DO4	OTHER		- 0 - 10		95 65 77			
	27. MANNER OF DEATH		28a. DATE OF		28b. TIM			te 5 🗆 Residence	-	ther (Specify) DESCRIBE HOW IN	LILIDY OC	CUBED	
7	1 Natural 5	Pending	(Month, Di			URY	WC	YES 2 NO	290.	DESCRIBE HOW IN	JUHY OC	COMED	
	a	nvestigation	20- 81 405 01	10.1 10.1000.4	<u> </u>								
3		Could not be	building,	etc. (Specify)	At home, farm, s	itreet, facto	ry, offic		281. L	OCATION (Street as Sity or Town, State)	nd Number	r or Rural F	loute Number,
- 1													
MPLE	29a. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best	knowledge	e, death occurre	d at the tin	ne, data	end place, and du	se to the	cause(a) and man	ner as sta	ted.	
٤	one) 2 MEDI	CAL EXAMINE	R: On the battle of ea	amination and	d/or Investigatio	n, In my op	olnion, d	leath occured at th	ne time, d	late and place, and	due to th	he cause(s) and manner se stated.
3	29b. SIGNATURE AND TITLE	_									-	/	1
H I	1/1/2/		1/6	/A us	~ //	10		29c. LICENSE NU	UMBER	201	39d. DAT	B SIGNED	Month, Day, Year)
5	1 Centre	10	MIX	Ju	100			101	7	17	-	XU	16,1995
- 1	30. NAME AND ADDRESS OF	Port and the state of the state of			(1		,
	Dr. Thomas	G. Mal	oney, M.	D. 48	14 71st	Ave	nue	, Hyatts	svil	le, Mary	land	d 20	784
	31. DATE FILED (Monthy Day,	Year)	32. REGISTRA										
	JUL 20	6 1995	Java do	Maria.	THE PARTY OF								
		~											



BALTIMORE, MARYLAND 21215-0020	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or hours after death. Page 6 may be retained by the hospital or attending physicis
	ner hours after
DIVISION OF VITAL RECORDS, P.O. BOX 68760	w requires that the death certificate be executed with
IVISION OF VITAL	IR ATTENDING PHYSICIAN: The law

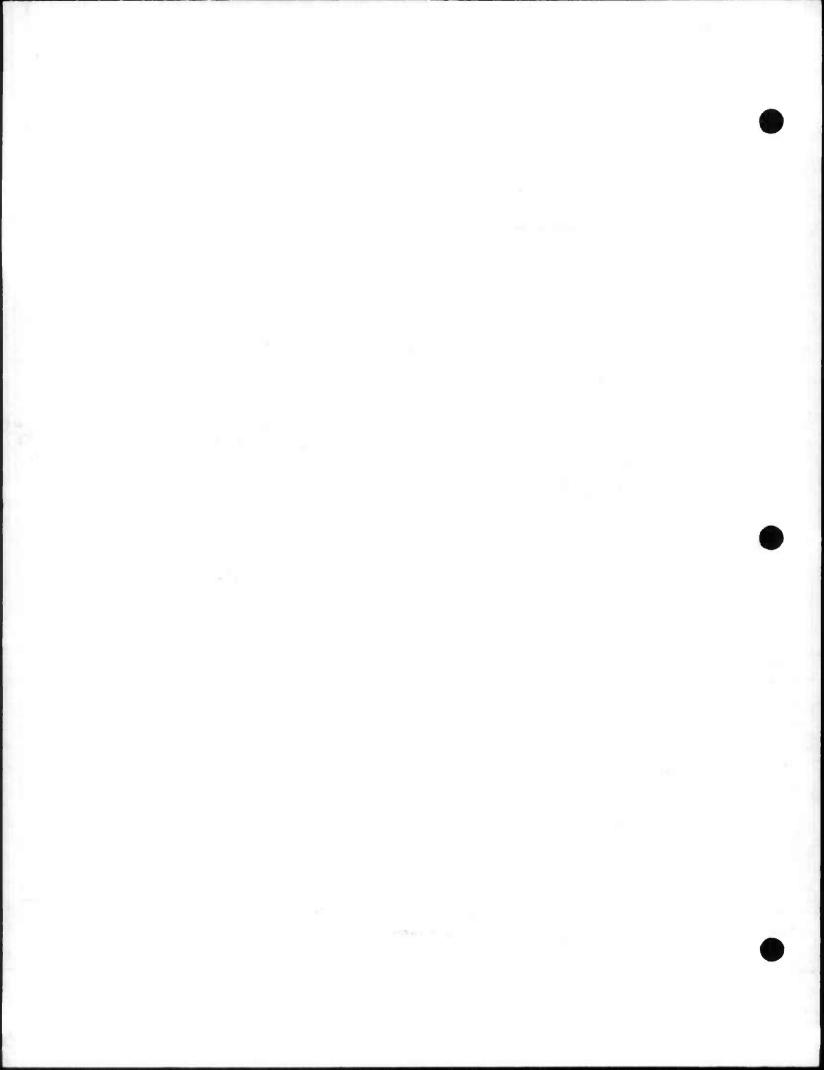
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) JEARLINE	В	-	TURNE	R	July 23,	Ĭ995 "	3. TIME OF DEATH 10:45 P. Man
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
1 1	578-30-7082	1 M 2 X F 7	2 YRS.	ONTHS DAYS	HOURS MIN.	JULY 15.1		ASHINGTON, DC
1 3	9s. FACILITY NAME (If not institution, give st			b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY	
E .	Springbrook Advent	iet Nena &					Montgo	
I K	RESIDENCE OF DECEDENT	Tot Hong a	Renab oct	DIIVCI	phing,	Haryrand	Honego	Jille Ly
DIRECTOR	10e. STATE 10b. COUNTY	ON TGOMERY	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	MARYLAND MONG	COMERY	SIL	ER SPR	ING			XXLIMITS?
4	10a. STREET AND NUMBER			101	ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
FUNERAL	1648 WINDING WAY	E LANE			20902		-	S. A.
I Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13 WAS DEC	EMDENT OF HISBAN	HC ORIGIN? (Specify Yes		RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2-NO	If yes, spe	ecify Cuban, Mexics	n, Puerto Rican, atc.)	14.	Black, White, atc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAR OR	DATES	1 TES	2 NO Specify	r:		Specify: BLACK
	15, DECEDENT'S EDUC	ATION	18a. DECEDENT'S US			16b. KIND OF BUS	SINESS/INDUST	TRY
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of wor	k done during mo retired.)	st of working	177		
<u>P</u>	12th	Salage (1-4 di 5 4)	CASHI	ER (GIA	NT FOOD)	PRI	VATE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
EC	GEORGE BUTLER					BUTLER	our name,	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	Route Number, City or Tow	n State 7in Cov	401
5	THOMAS R. TURNER	(HUSBAND)						G, MD. 20902
	20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF			DATE 20c. LO	CATION - City	or Town, State
	1 Remo	- I	metery crematory or other INCOLN ME	ORIAL	CEMERERY	7/27/95		ND, MD.
	21. SIGNATURE OF PUNEIRAL SERVICE LIO	O C LO CO			D ADDRESS OF FA		n & Tet	nkins Inc.
	• STENDER	REEMAN				treet, N.	W., D.	C. 20011
	23. PART L Enter the diseases, or e shock, or heart fallure. I	in polications that cause	ed the death. Do not	enter the mo	de of dying, sucl	h aa cerdiac or respi	ratory arreat,	
1 1	IMMEDIATE CAUSE (Final		e-cri inte.					Interval Between Onset and Death
	disease or condition resulting in death)	Phe	monic	1				
	resulting in destriy	DUE TO (OR AS	A CONSEQUENCE OF	-				
z		Seve	A CONSEQUENCE OF):	1050ns	Dise	44		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):		4 1 5			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	Seve	re Coror	Tary y	4ctery	Disease		
	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
H	resulting in death) LAST	ı,						
	PART II. Other algorificant conditions	contributing to death	but not resulting in	the underlying	Cause chies to	Part I. 24a, WAS AN	Allmoney	ALL WERE ALTERNATION
8		continuously to double	out not resulting in	the underlying	cause given in	PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL						1 YES 2	NO	OF DEATH?
Σ						_		1 TES 2 NO
z l	DID TOBACCO USE CONTR	IBUTE TO CAUSE (UNCERTAIN	1 🗆		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH					
1S	1 TES 2 XHO	1 Inpatient 2 ER/Ou		THER: Nursing Home	5 Residence	8 Other (Specify)		
표	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d. DEŞCRIBE HOW II	NJURY OCCURE	ED
BY	Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, atre	et, factory, office		28f. LOCATION (Street a City or Town, State)	nd Number or R	lural Route Number,
	4 Homicide determined					Oly or lown, State)		
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wledge, death occurred	at the time, date	and place, and due	to the cause(s) and man	ner as stated	
M								use(s) and manner as stated.
	29b. SIGNATURE AND JUNE OF CONTINER	1			29c. LICENSE NUM			
BE	Minterfol	Exa-	>		D379	75	DATE SIC	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type Pr	int)	0011	, -	- Jaco	10000
	D/-	10 0110	D OG	201 (Borne	n Alp.	311/00	Comment
	IN INDIAG	HAIL IVI						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE 44		20191	A MIC,	DITTE	SPRING, MID
	31. DATE FILED (Month, Day, Year) 31. 2. 7 1995	32. REGISTRAR'S SIG	NATURB CALL)UI C	20191	A MIC, C	DITTO	SPRING, MID



DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

31. DATE FILED (Month, Day, Year)

27 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr 2,4 50

1891

REGISTRAR'S SIGNATURE

alia d'avaluar Rardall

mendo

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after detain with the State Dept. of Health and Mental Hygines prior to burial, corention, or enhoal. MADRIANT If them 28 is marked in them 28 shows any linity or other trainmatte event the marked available most be passed.

3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH Shalini Vasudeo TELANG July 25 1995 4:10P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) June 24, 1922 IF UNDER 1 YEAR JE UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 353-84-2670 HOURS 1 M 2 X F 73 India YRS Se. FACILITY NAME (If not institution, give atmet and number 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Doctors Hospital Lanham P.G. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY India None Bombay 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 377 V.P. RD. 400004 India 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 MONO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married 1 TES 2 TO NO Specify: BY Specify 3 Widowed 4 Divorced Asian Indian 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (So) (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) lege (1-4 or 5+) Homemaker At Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) B.M. Borkar BE Sushila Wagle 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vasudeo Telang Rd. Bombay. India 400004 20a. METHOD OF DISPOSITION
1 ☐ Burlat 2 ☒ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State comptery, cremetory or other place)
Chambers Crematory 4 Donation 6 Other (Specify) Riverdale, MD. 21. SIGNATURE OF FUNERAL RESINCE LICENSES 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc. 5801 Cleveland Ave. Riverdale, MD. 20737 23 PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each ilne. interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death locardial infanction disease or condition resulting in death) day DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN [X] 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 Kinpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 3 Suicide 26e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER /Chack only.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the ation end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

024283

F. 180 F 6 . . .

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

9 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Deat, or Health and Mental Hydiene prior to bunial, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOS	TO THE FUN be filed withi	IMPORTAN	

										(25	24163	
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				HEALTH AND	MENT	AL HYGIEN	E		24100	
	1. DECEDENT'S NAME (First, Middle, Last)	A.		1/	nce		DEATH	MON				3. TIME OF DEATH	
OR	4. SOCIAL SECURITY NUMBER 212-43-0072	5. SEX	6. AGE (in yrs. les	t birthday) YRS.	MONTHS 11	DAYS	IF UNDER 24 HRS HOURS MIN.		FOF BIRTH	•	8. BIRTNI Country Dela		
	• FACILITY NAME (If not institution, give a Doctors' Communi		tal			nham	OR LOCATION OF			9c. COL	INTY OF DE	The second secon	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD Prince	e George:	3	10c. cm Lan	y, town o	R LOCA	TION				T	10d. INSIDE CITY LIMITS? 1X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6509 Westview Lan	e				-	1. ZIP CODE 20706				10g. CITIZEN OF WHAT COUNTRY? USA		
B⊀	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE	IT EVER IN U.S. AR YES 2-A WAR OR DATES	T EVER IN U.S. ARMED YES 2 NO AR OR DATES 13. WAS DECEMDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:				or No—	14. RACE — American Indian, Black, White, etc. Specific Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (Gi	Do NOT u	USUAL OC work done d se retired.)	luring mo	ON ost of working	16	Sb. KIND OF BU	SINESS/IN	DUSTRY		
	17. FATHER'S NAME (First, Middle, Last) Tira Powell						18. MOTHER'S		, Middle, Maiden	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)						and Number or Run	il Route Nur	mber, City or Tow				
		Adriane Vance 6509 Westview Lane, Lanham . MD 20706 20b. PLACE AND DATE OF DISPOSITION PORTE 20c. LOCATION — City of Town, Blate											
	20p. METNOD OF DISPOSITION 1- Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	cemetery, cres	metory or o	of bisposi In Ce	emet	ery	7/29		ocation — city or Town, Blata ntwood, MD			
8	21. SIGNATURE OF FUNERAL SERVICE LIC	lali			Ma	rsh	Suitland		1 Home	, Inc	c.	20746	
	23. PMT I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Chron	ise on aach line									Approximata Interval Between Onset and Death	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF BEATH?												
₹ WE	DID TOBACCO USE CONTI	RIBUTE TO CA	USF OF DEA	TH YE	S \square N	10 F	UNCERTA	IN D				1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			TH (Check o	nly one)	OTTOLKIA						
IXSI	1 YES 2 NO 27. MANNEB OF DEATH		ER/Outpatient 3			ing Nom	e 5 🗆 Residenc	-					
BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, E		26b, TIM INJ	JURY M		PES 2 NO	28d. DE	ESCRIBE HOW I	NJURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	F INJURY — At houste. (Specify)	me, ferm,	street, facto	ery, offic	0	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE											and manner as stated.	
BE C	250. SPANATURE AND TITLE OF CERTIFIER						LICENSE N					Month, Day, Year)	
0	Mugust F. Co	duque;	-140			_	4212	30		Juk	25,	1995	

BALTIMORE MARYLAND 21215-0020

	7) Į	ig.	#
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zo	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, th
7	8	E	-	8
α	5	o p	uria	lic
20	96	a	0 0	T a
<u> </u>	e	jan	1 10	56
m	356	Š	P	4
-	iffici	5	эпе	9
Ö.	Cert	fing	ğ	0
7	5	enc	王	0
ń	dea	att	enta	5
ŝ	8	the	ž	를
Ÿ	at t	à	and	, ×
0	=	ped	#	an
5	ires	Sigr	lea	8
Ħ.	200	Па	10	ho
Ξ.	*	pe	7	S
7	60	has	Dec	2
~	Ĕ	ile ile	ate	E
=	3	Ę,	ŝ	=
	3	ert	the	0
5	3	S	£	ed,
	ď.	5	*	를
ξ	NG	fter	eath	E
2	9	A	f d	60
0	E	5	afte	200
>	A	35	LS	Ε
5	Ö	ā	Ď	9
_	M	A	2	=
	SP	VER	Ę	블
	유	5	Will	Σ
	포	포	8	8
	I	TO	Œ.	륯
		F	ŏ	=

		1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPAR	TMENT OF	HEALTH AND F DEATH	MENTA	AL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)					52, 111		E OF DEATH		3	. TIME OF DEATH
		Preston Valien						Ju	Ïy 16,	1995	EAR	5:00 P
ъ		4. SOCIAL SECURITY NUMBER 414-50-1667	1 XM 2 - F	(In yrs. las	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	-	(Mor	e OF BIRTH off, Day, Year) 19,		BIRTHPL Country) Texa	ACE (State or Foreign
physician. burial-transit permit. Pages 1, 2, 3 should	OR	9a. FACILITY NAME (If not institution, give st Carriage Hill Nu		ty			Spring			9c. COUNT	Y OF DEA	тн
	ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I soc CITY	, TOWN OR LOC				110116		
mit. Page	- DIRECTOR				1	hington	, D.C.					Od. INSIDE CITY LIMITS? YES 2 NO
ait per	FUNERAL	100. STREET AND NUMBER 8020 West BEach	Desire			1	Of. ZIP CODE					AT COUNTRY?
cian. I-trans	NS.	11. MARITAL STATUS		N U.S. AR	MED	13 WAS D	20012	NIC OBIO	IN2 (Casally Va			tates
	Β¥	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 XYES IF YES, GIVE WAR OR D		1 TYES 2 X NO Specify:					Black, V Specify: Black	- American Indian, Vhita, atc.	
attending use as the	윤	15. DECEDENT'S EDUC (Specify only highest grade		18a. DE	CEDENT'S	USUAL OCCUPATION done during in	TION	16	b. KIND OF BU	SINESS/INDUS	TRY	
the hospital or attending detached for use as the once.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	Ass	ocia	te Comm ation	issioner	Į	J.S. Go	vernm	ent	
	Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
od by	BE	Ferdinand Valien					Odelia					
retained 5 should notified	5	Bonita Valien					and Number or Aural					00010
ay be		20a. METHOD OF DISPOSITION	200	PLACE	AND DATE C	F DISPOSITION /	Vame of	_DA	XE. 200 10	CATION — CIT	_	20012
e 6 may ector, par must b		1 Donation 5 Other (Specify)	oval from Stata cen	rom State Cemetery, Crematory or other place) 7719 Baltimore Washington Crematory Laurel, Mar								
ter death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FURIERAL SERVICE LIC	ENSEE AND AN	200	•	McGu	and address of Faire Fune:	cal S	Service	, Inc.		20012
C 3 4 3		23. FART I. Enter the disease, or c	omplications that caused	d the de	ath. Do n	ot entar tha m	Georgia	Ave.	N.W.,	Wash:	ingto	Approximata
BOGB		shock, or heert fellure. I IMMEDIATE CAUSE (Final	List only one cause on e	ech iine					·	•	•	Interval Between
mat nat		disease or condition reaulting in death)	Multi-inf									years
a 5 5 6	z					,						
e be execut sician and c prior to buri traumatic	ERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	DUENCE OF):						
5 5 L	2	CAUSE (Disease or injury	DUE TO (OR AS A	CONCE	DIJENCE OF	\.		_				
ding lygie	Ē	that initiated events resulting in deeth) LAST	. OCE TO (OR AS A	CONSEC	JUENCE OF):						
death atte ental	O											
a do m	DICAL	PART II. Other algnificent conditions	s contributing to death b	ut not r	esuiting i	n the underlyl	ng ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	AM CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE DEATH?
w requires the been signed pt. of Health a	MED	DID TOD 1000 HGT COLUT					-				11	□ YES 2X NO
2 De 2	AN:	DID TOBACCO USE CONTR				S NO		ИП	12			
e ate H	PHYSICI	EXAMINER?	HOSPITAL:		T	QTHER:						
Sicia certif	H	27. MANNER OF DEATH	28e. DATE OF INJURY	ation 3	28b. TIME	OF 26c. IP	me 5 Residence		SCRIBE HOW II	NJURY OCCUP	RED	
NG PHYS fter this c eath with marked	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU		YES 2 NO					
TTENDI TOR: A after d	a	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At ho	me, farm, a	treef, factory, off	ice	28f. LOI City	CATION (Street a or Town, State)	and Number or	Rural Rout	e Number,
	J.E	29a. CERTIFIER (Check only	CIAN: To the best of my know	ledge, de	ath occurre	d at the time, da	e and place, and due	to the co	use(s) and mer	ner se stated		
로 국 전 ==	COMPLET		R: On the besie of examination								euse(e) en	nd manner ea stated.
THE HOSPI THE FUNER filed within	BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU					onth, Day, Yeer)
TO THE De filed	0 8	Mret di v	~				D44882			▶7-		
- 1	P 1	20 NAME AND ADDRESS OF DEDSON WHO	COMPLETED CALIFE OF DE									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

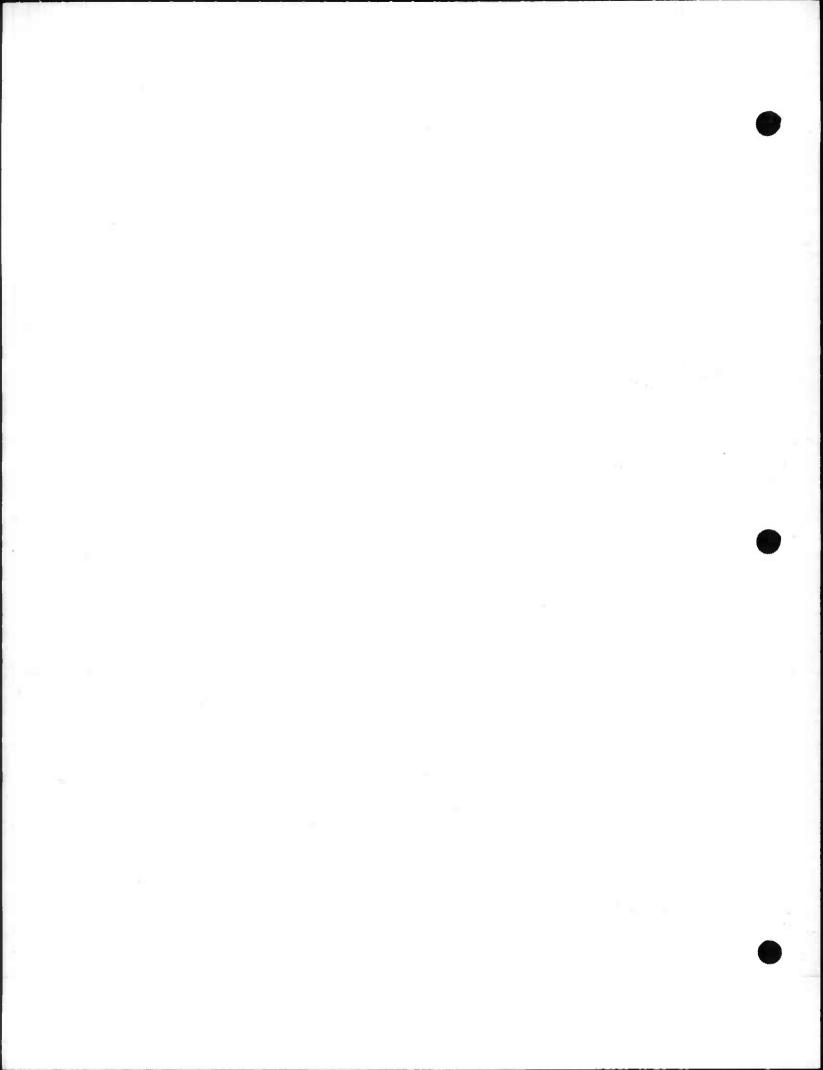
32. REGISTRAR'S SIGNATURE

JUL 25 1995

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

Nicholas G. Polis, M.D., 4501 Connecticut Ave.N.W., #306, Washington, D.C. 20008



BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

for use as the burial-transit

DIVISION OF VITAL RECORDS, P.O. BOX 68760

the	det	5
6	2	76
20	pluc	Pe
etai	S	i i
8	Je 5	-
lay.	pa	Þ
9	ctor	ä
age	dire	-
J.	eral	듵
dear	Į,	exa
fler	the the	100
23	in by	9
2	P 2	E
E	y fill	=
4	emel	H,
*	dwo	8
cute	D P	tic
8	Ta at	E
8	icia	25
icat	phys o	-
ert.	Die	5
th C	lend H	6
dea	e att	7
中	A P	Ē
that	4 6	Ě
Se	ign	12
nba	en s	ě
AM	s be	65
9	e ha	E
Š	Stat	=
25	the	0
F.	this with	Ked
Ĝ.	atte	- BE
ON I	T Af	95
TE	OT affe	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-ref hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained from the State Dent, of Health and Mental Hollege prior build command or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
10	707	=
PIT	ERA in 7	1
HOS	S.F	AN
뽀	出面	PO
5	5 5	N.
-	- 1	_

95 24 165 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 TORONTO WADE JULY 10:01 A H 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 XM 2 F 32 579-86-4042 July 9,1963 Wash. D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGE'S PRINCE GEORGES COUNTY HOSPITAL Cheverly RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Prince Georges District Heights 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6120 Alpine Street 20747 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced Specify: Black COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) 12 Hairstylist Jack & Company Hairstylists once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) Charles W. Wade, BE Hazel L. Morgan notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel L. Wade 6120 Alpine St., District Heights, MD 20747 2 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must cemptory, cremetory or other place) Metropolitan Crematory 4 ☐ Donation 5 ☐ Other (Specify) _ 7/29 Alexandria, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Marshall's Funeral Home, Inc. lars 4308 Suitland Rd., Suitland, MD 20746 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, Approximete shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Deeth the disesse or condition CACHEXIA marked, or item 23 shows any injury, or other traumatic event, resulting in deeth) weeks DUE TO (OR AS A CONSEQUENCE OF) Acquered Immune Defectedly Syndrome 2-3412 CERTIFICATION Sequentially list conditions, If env. leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\overline{\rm D}'\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 If inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO Ing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicida datarmined 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 K MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

29b. SIGNATURE AND TITLE OF CERTIFIER

Bengu

BE

29d. DATE SIGNED (Month, Day, Year)

_
68760
_
(0
-
Proc
1 -
~
~
100
ш.
_
~
-
_
()
ВОХ
-
m
-
_
\sim
\sim
P.0
ER.
\rightarrow
10
RECORDS
200
ш.
_
\sim
C.J.
_
0 %
E 3
~
0 - 0
LLI
_
000
Mar.
_
-
- 1
607
TAL
R.
_
_
-
-
-
LL.
P.
C 1
\sim
_
1
_
-
7 1
\sim
rn -
V)
_
-
-
_
$\overline{}$
$\overline{}$

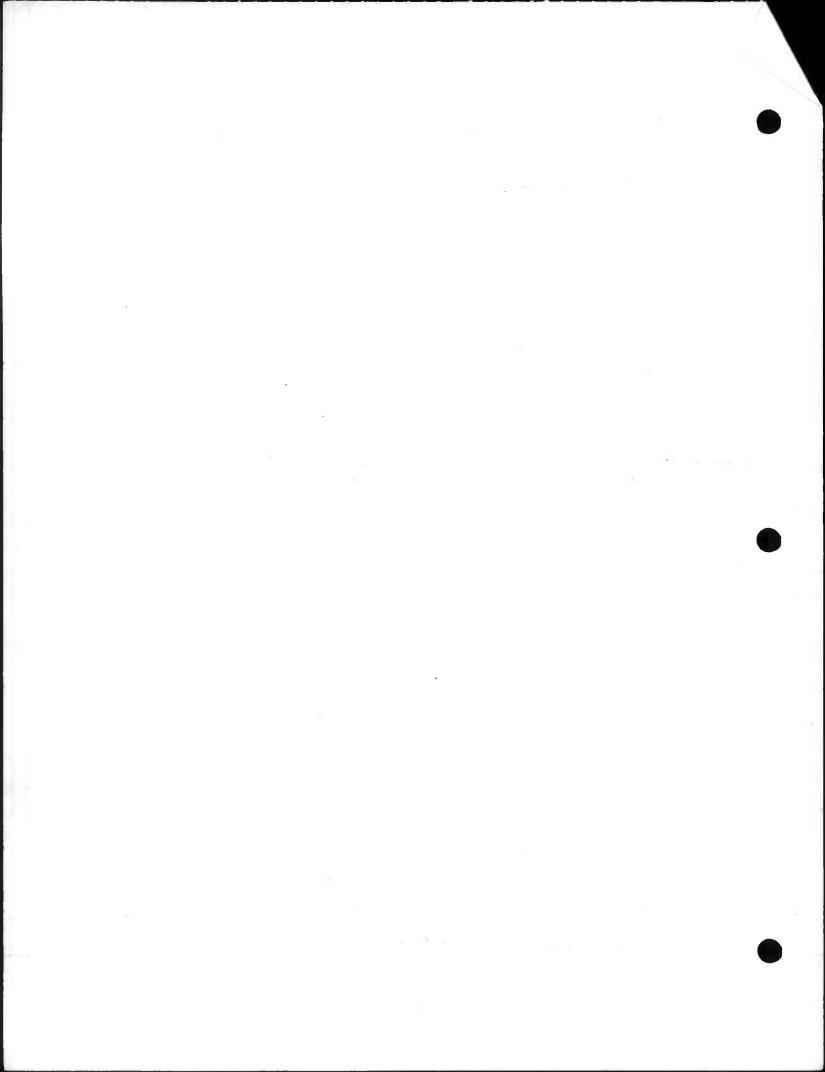
	Page	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ID THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. P. be a within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH Tu 6. AGE (In vrs. last birthday 7. DATE OF S IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 85 216-46-6725 DAYS December 18, 1 - M 2 X F 1909 Washington, DC VRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Magnolia Gardens Nursing Home DIRECTOR Prince Georges RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges Lanham 1XXYES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 6109 Princess Garden Parkway 20706 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— II yes, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. RACE — American Indian, 1 Never Married 2 Morried BY 1 TES 2 NO Specify 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surnem John Spengler Catherine Louise Widmayer BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Charles A. Willmuth 6109 Princess Garden Parkway, Lanham, MD 20706 200. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State tery, cremetory or other place! s Cemetery 7/27/95 Hanover, PA Donation 5 - Other (Specify) 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rendon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706 23. PARTY. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata ehock, or heert feliure. List only one ceuse on each line. intarvai Batween IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ days Pheomonia resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY Fibrillation 1 TYES 2 NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO 💢 PHYSICIAN: UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Investigation BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicida H 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, end due to the cause(s) end manner es stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner es stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Herry ~ (, C 039550 95 7/24/ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GO. V.O. C. Mail Dr Tr. M.D. 4850 Forbe Blud, Lanton, 2



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		Willia 4. SOCIAL SECURITY NUMBER 5. SEX	0					1995 YEA		
pja		229-18-6097 1X M 2	□ F 80	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	April 2,1	915 V	RTHPLACE (State or Foreign pritry) LTGINIA	
1, 2, 3 should	TOR.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 5903 Bryan Drive Frederick Frederick								
Pages	DIRECTOR	10a. STATE 10b. COUNTY Maryland Frederic	k	10c, CITY	, TOWN OR LOC	rederick			10d. INSIDE CITY LIMITS? 1 YES NO	
sit permit.	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT CO 21702 United Sta								
215-0020 attending physician. se as the burial-transit	BY FUN	11. MARITAL STATUS 12. WAS D	CEDENT EVER IN U. S? 1 YES : GIVE WAR OR DATE	IS. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 12 → NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 12 → NO) 14. yes, specify Cuban, Maxican, Puerto Rican, etc.)			IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, etc.		
1215-		15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16	sa. DECEDENT'S			16b, KIND OF BU	SINESS/INDUSTR	White	
21 0 0 0	COMPLETED	Elementary/Secondary (0-12) College (1	-4 or 5+)	life. Do NOT usi	rotk done during in retired.)	most of working	Fai	rming		
2 2 2 K	BE CO	17. FATHER'S NAME (First, Middle, Lest) unknown Wagi	er				ME (First, Middle, Melden unknown			
	2	Garry C. Wagner		5903	Bryan	Drive, Fr	rederick, l			
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20a, METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from S 4 Donation 5 Other (Specify)	20b. PL cemete	ACE AND DATE O	ce Metl	n. 7/31,	/95 Kemj	ptown, 1		
0 -: 0		21. SIGNATURE OF UNIFICAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
within hours at pletely filled in by cremation, or remement, the medical		iMMEDIATE CAUSE (Finei disease or condition resulting in death)	ne cause on each	RCINOI	MA OF	C THE C		retory arrest,	Approximata Interval Between Onset and Daath MONTH	
O X e be e sloian rior to	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c								
P.O. th certificand anding p Hygien or oth	ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):						
RECORDS, F requires that the death een signed by the atter of Health and Mental shows any injury, or	MEDICAL C	PART II. Other significant conditions contribute CHRONIC 6BSTRUCTTV	ing to death but	not reaulting in	the undariyi	ing causa given in	Part 1. 24s. WAS AN PERFOR 1 TYES 2	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 0 .: 1		DID TOBACCO USE CONTRIBUTE TO	O CAUSE OF I	DEATH YES	S \$ NO	UNCERTAIN	V -		1 TYES 215 NO	
/ITAL IN: The law ficate has t State Dept Item 23	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input le		PLACE OF DEATI	OTHER:	ome 5 Realdence	a Contra (Constitution			
VISION OF VITAL ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b a after death with the State Dept. 28 Is marked, or Item 23	ву РНУ	27. MANNER OF DEATH 28a. D	ATE OF INJURY fonth, Day, Year)	28b. TIME INJU	OF 28c. II	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED		
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	G	3 Suicide a Courte 28e. P	LACE OF INJURY — uilding, etc. (Specify)	At home, farm, st	ireet, factory, off	fice	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Do the be							e(a) and manner as stated.	
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	TO BE C	295. SIGNATURE AND TITLE OF CERTIFIER	nly JE	must	ms	29c. LICENSE NUN	BER	29d. DATE SIGN	ED (Month, Day, Year)	
	F	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	MD.		Print) 1 SEVE	GNTH ST	ALSE	PICK,	18/95 40) 21701	
		31. DATE FILED (Month, Day, Year) 32. RE	PISTRAR'S SIGNATU							

BALTIMORE, MARYLAND 21215-0020

0
(0
7
687
œ
9
XOX
0
m
-
_*
0
0
_
S
-
0"
-
0
()
ECO
ш
00
Series .
4
-
_
>
4
0
_
7
=
0
-
S
>
=

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	W.	11/1	ATER	2.5		219 4	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-46-6027	1× M 2 □ F 47	rs. lest birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV. 3, 19	1.0	HITHPLACE (State or Foreign RYLAND		
TOR	9a. FACILITY NAME (If not institution, give SUBURBAN HOSPIT/ RESIDENCE OF DECEMENT			•	HESDA	EATN	9c. COUNTY O			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION DAMASCUS							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 9707 HIGHVIEW AV	V ENU E		101	ZIP CODE					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER EVER IN U.S. FORCES? 1, VES 2 16 VES GIVE WAR OR DATES	□ NO	If yes, sp	ENDENT OF NISPA ecity Cuban, Mexico 2 X NO Specifi	NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) ly:		or No— 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of willing Do NOT us	USUAL OCCUPATION ork done during mo. o retired.) GINE ME(st of working	AMERICA	DIVERTIFICATION OF THE POST OF			
BE CON	17. FATHER'S NAME (First, Middle, Lest) THOMAS C. WATERS	, JR.			16. MOTHER'S NA MILDRED	ME (First, Middle, Malden E. LODG				
TO E	190. INFORMANT'S NAME (Typo/Print) LAURA LEA NORWOO	D	19b. MAILING 9707 H	ADDRESS (Street & IGHVIEW	AVENUE	Poute Number, City or Tow DAMASCUS,	n, Stata, Zip Code MARYLAN	D 20872		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State cemeter,	JOHN S	-	RY 7	/25/95 OL	NEY, MA			
	· Muriel	H. Bar	her	P.O. 1	30X 5038	BER FUNERA LAYTONSV	ILLE, M	20882 IARYLAND		
ION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition reculting in death) Sequentielly list conditions, if any, leading to immediate	List only one cause on each	INE.):	de of dying, suc		ratory arrest,	Approximate interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other eignificent condition	ne contributing to deeth but n	not resulting l	n the underlying	cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: N	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL			S NO NO	UNCERTAII	N D		1 YES 2 NO		
HYSIC	EXAMMER? YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 Pinpetlent 2 ER/Outpetler 28a. DATE OF INJURY				8 Other (Specify)				
BY	1 Natúral 5 Pending 2 Accident investigation	UVLY 1 95 280. PLACE OF INJURY - A	28b. TIME INJU 150	D M 1 TY	RK? ES 2 1-NO	28d. DESCRIBE NOW II	7 8	EE M.V.A.		
COMPLETED	4 Nomicide determined	STREET				BRINK R	DOUDFIE	TLP RD AT		
COMP	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the bast of my knowledge	e, death occurre	s at the time, data , in my opinion, de	eath occured at the	time, dets and place, an	ner as stated. If due to the cau	ree(a) and manner as stated.		
TO,BE	30. NAME AND ADDRESS OF PERSON WH	Melle	fle	18	DO 70 9	enen 2 G	DATE SION	NEO (Month, Day, Year) Y 22 95		
	31. DATE FILEO (MONTH, Day, Year) JUL 2.4. 1995	32 REGISTRAR'S SIGNATURE	FERN	PHINI)	Rod	BETHES	OHA	1020817		
	301 24 1395	There is were the total	- COLV							



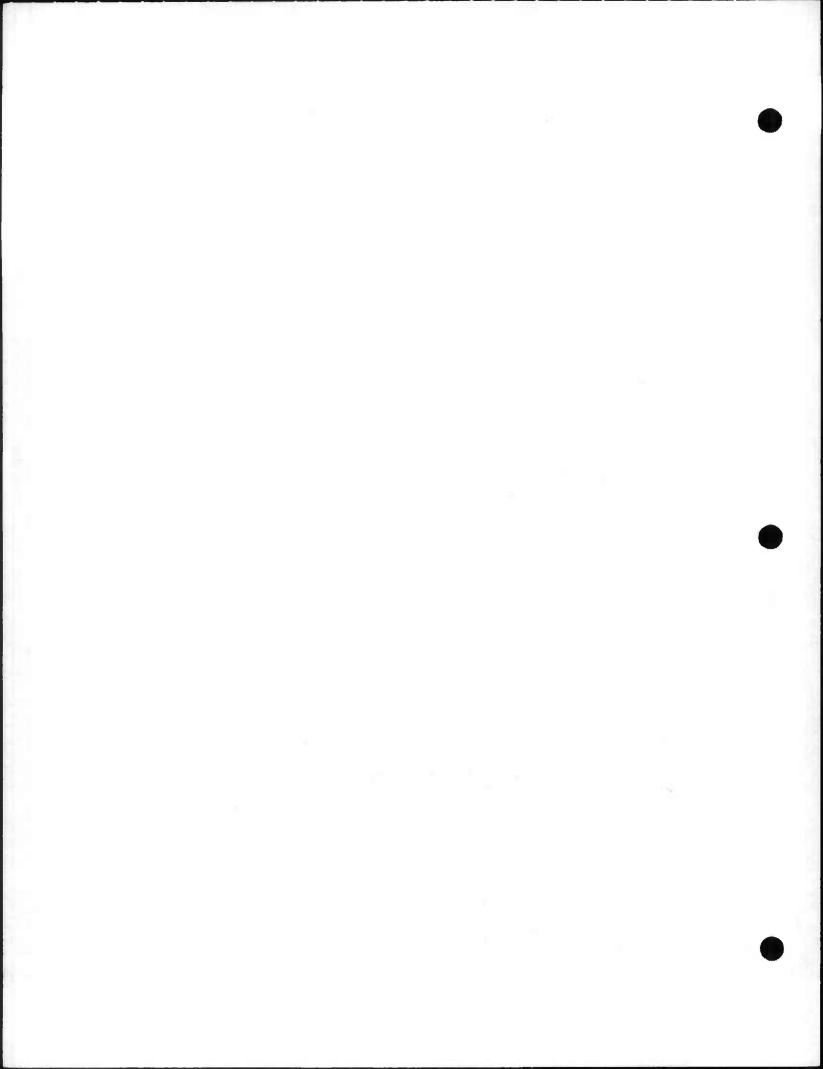
BOX 68760	
Ø	
~	
œ	
in	
_	
×	
0	
\simeq	
w	
	1
\circ	
۳.	
P. 0.	,
_	
CO	
~	
_	
Œ	
RECORDS,	
\simeq	
Q	
ш	
~	
_	
_	
d	
OF VITA	ì
>	
ш.	,
0	:
_	i
Z	
$\overline{}$	
$\overline{}$	1
70	
97	1
>	
	1
	1
_	
	1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH tevew Mw.25/ 15 SO 6 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. s. BIRTHPLACE (State or Foreig NOV. 11, 220-38-4836 1 X M 2 | F 52 YRS. WASHINGTON, DC 1942 use as the burial-transit permit, Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 11409 MONTERREY DRIVE DIRECTOR WHEATON MONTGOMERY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY WHEATON 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11409 MONTERREY DRIVE 20902 UNITED STATES retained by the hospital or attending physician. 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuban, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only h College (1-4 or 5+) 5+ Elementary/Secondary (0-12) SR. ELECTRONIC ENGINEER GODDARD SPACE CENTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) MAX LIPOWITZ notified at DORA GREENFIELD BE page 5 should 19e. INFORMANT'S NAME (Type/Print, 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MAX LIPOWITZ (FATHER) 904 BUCKINGHAM DRIVE - SILVER SPRING, MARYLAND 2090 hours after death. Page 6 may be be 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, JUDEAN MEMORIAL GARDENS 7/23 OLNEY, MARYLAND examiner 21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. n. 1170 ROCKVILLE PIKE-ROCKVILLE, MD. 20852 aru completely filled in by the rial, cremation, or removal, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death the disease or condition Herrol 1 Š traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed burial, CERTIFICATION attending physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate 8 cause. Enter UNDERLYING CAUSE (Disease or Injury certificate other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resuiting in death) LAST 0 the death has been signed by the atter Dept. of Health and Mental in ury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 - NO OF DEATH? requires Shows 1 TYES 2 NO ō DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) The this certificate h item HOSPITAL OTHER: VES 2 NO ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA ig Home S Residence 6 - Other (Specify) 0 27. MANNER OF DEATH DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT marked, 528m 1 Netural 96 1 YES 2 NO SW BY investigation death 2 Accident ATTENDING DIRECTOR: After 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 49 3 Suicide 5 6 Could not be COMPLETED after 4 Homicide non tere. AUR 20 9 440 ens hours Hem 8 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL (= HOSPITAL MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 85 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8218WISGLSIN us 31. DATE FILED (Month, Day, Year) 22. REGISTRAN'S SIGNATURE

25 1995

JUL



Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

notified at

9

must

examiner

medical

100

traumatic event,

other t

0

any

Item

6

marked,

69

28

=

FUNERAL Within 72 h HOSPITAL

TO THE HOSPITA
TO THE FUNERA
De filed within 7.

prior to 1

permit. Pages 1, 2, 3 should

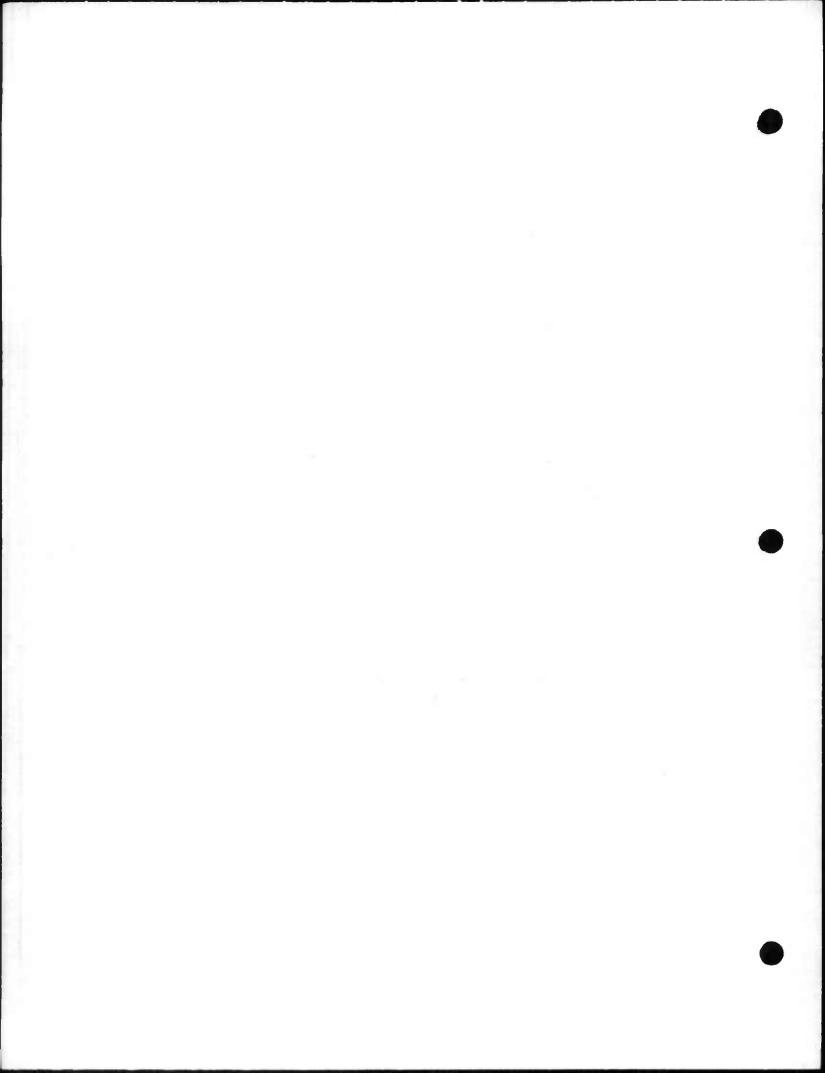
DIVISION OF VITAL RECORDS, P.O. BOX 68760

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. hours after death. signed by the attending physician Health and Mental Hygiene prior to has been : Dept. of h NO. The the State L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate it hours after death with the State this c

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH July Edward 1955 Mason Wallace, Sr. 11:55 Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 218-24-3316 DAYS HOURS 1X M 2 | F 88 14, 1907 Washington, D.C. Jan. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATN DIRECTOR Montgomery General Hospital 01nev Montgomery RESIDENCE OF DECEDENT 10a. STATE 106 COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Sandy Spring 1 TYES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 17310 Quaker Lane, Apt. C9 20860 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 TYES 2 A NO Specify: 1 Never Married 2 Married White BY 3 🖾 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 12 Captain of Fire Dept. D.C. Firefighters 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Clarence B. Wallace Mary E. Wiersdorf BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mason Wallace, Jr. 1559 Rockville Pike, #245, Rockville, Maryland 2085 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 1 N Buriel 2 ☐ Cremation 3 ☐ Re George Washington Cemetery 7/27 Adelphi, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23. PART I. Enter the disesses, or complications that/caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Betwe **IMMEDIATE CAUSE (Final** Onset and Death disease or condition_ 3 Days neumonia reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART if. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS metastatic carakteid, winary tract Interior AVAILABLE PRIOR TO COMPLETION OF CAUSE Coronary actom Disease ayotemia, anemia 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 'NO UNCERTAIN DE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) HOSPITAL: 1 TES 2 NO Inpetient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner on stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 35261 July 24, 1995 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ackee MD3801 Intrnational Drive #210 Silver Spring 20906 32 REGISTRAR'S SIGNATURE JUL 26 1995



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

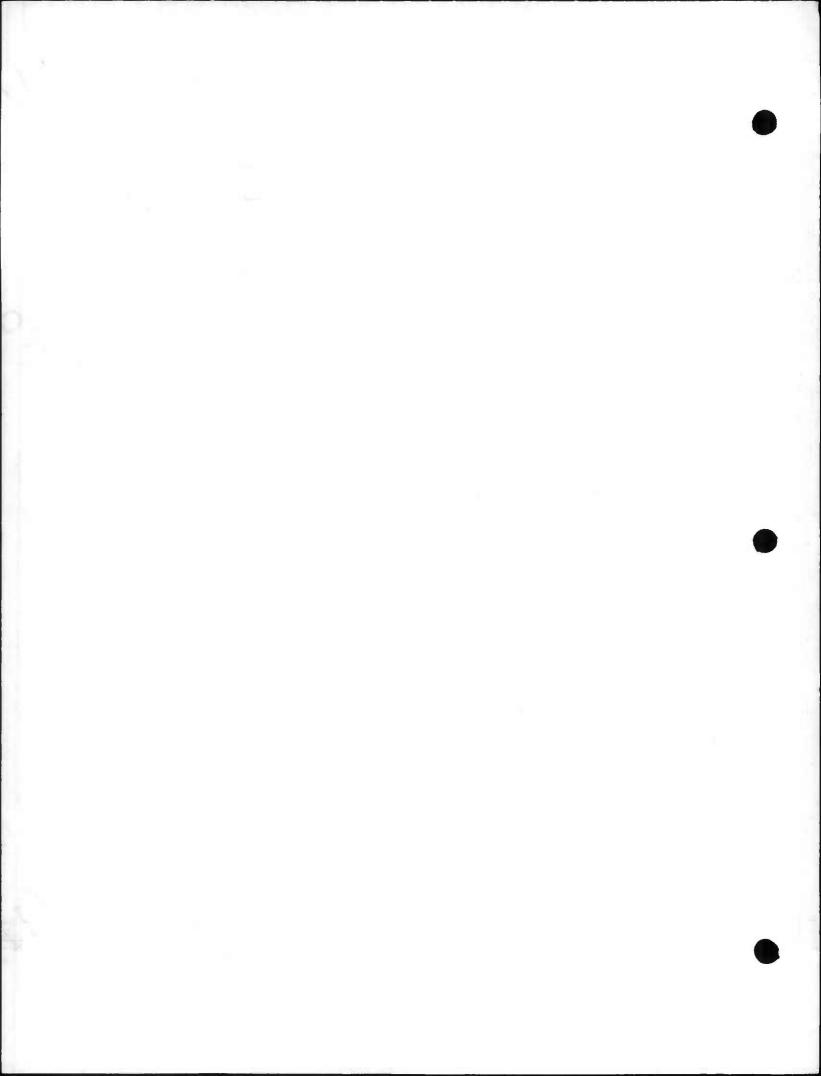
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with pours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

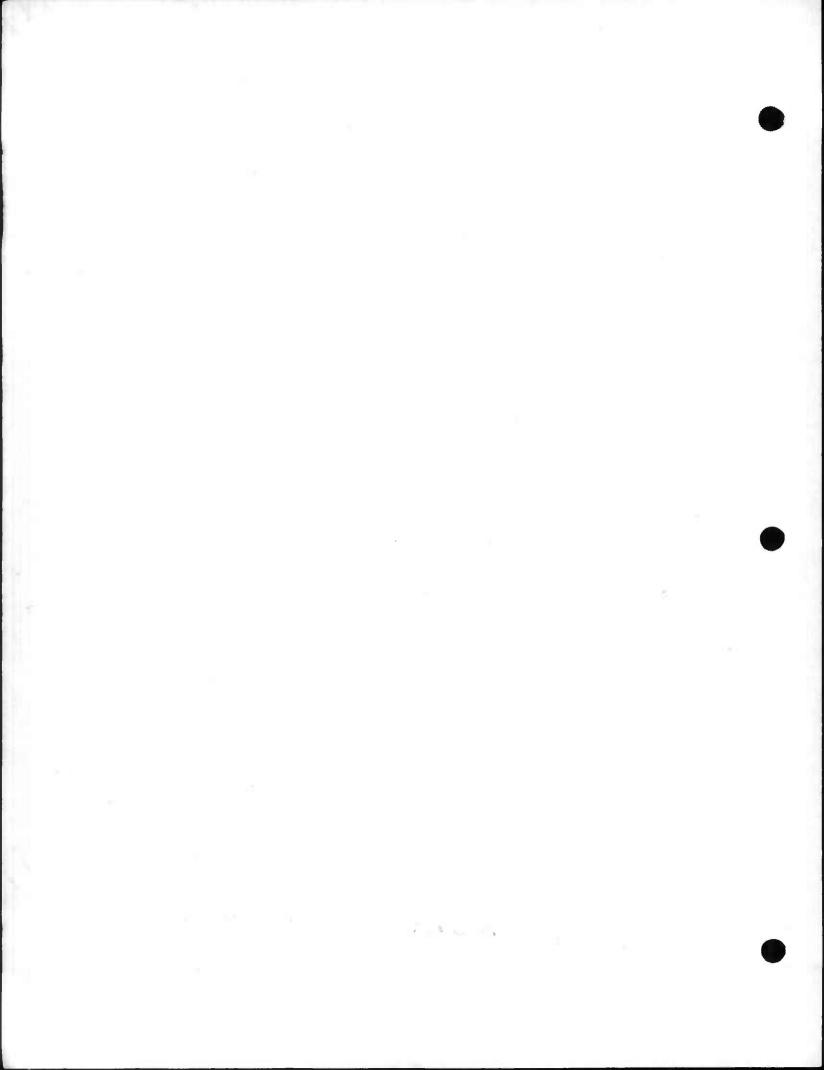
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

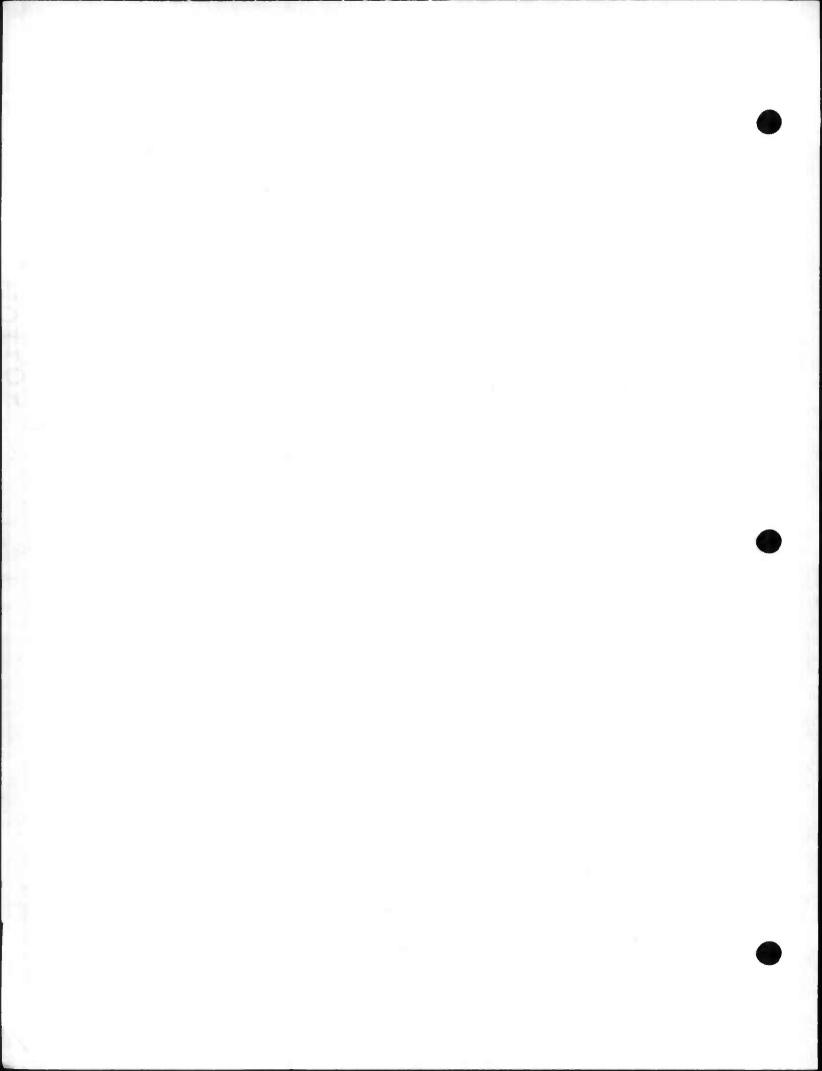
	TIEGIOTT VIII					IOATE				nc.	G. NO.		
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DE	ATH DAY	YEAR	3. TIME OF OEATH
	Winthrop	Peabo	dy Wilco	x						July 2			6:00 AM
- 9	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last		st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIF			HPLACE (State or Foreign	
- 9	578-01-2609		1 [X M 2 □ F	94	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	Cour	rtry)
				94					<u> </u>	April 3			nnsylvania
~	9e. FACILITY NAME (if not institution, give street end number)					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH	
Ö	Wilson Health Care Center					(Gait	hers	burg			Montgo	mery
5	RESIDENCE OF DEC												
#	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
□	Maryland	Mon	tgomery			Che	vy C	hase	2				1 X YES 2 □ NO
4	10e. STREET AND NUMBER					-	10	. ZIP COD	E		10g	CITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	4201 Oak	ridae	Lane					20	815			Unito	States
Z	11. MARITAL STATUS	riage	12. WAS DECEDEN	T EVED IN II S A	PHED	1 42	WMC DEC			IIC ORIGIN? (Spe			
립	1 Never Married 2 📉	Merried	FORCES? 1	YES 2 X		- 3	If yes, sp	ecify Cube	n, Maxica	n, Puarto Rican,		Ble	CE — American Indien, ck, White, etc.
B	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:												
	44.000					- 1							White
COMPLETED		EDENT'S EDU y highest grade		(0	ECEDENT'S Give kind of	work done			ng	166. KIND	OF BUSINES	S/INDUSTRY	
4	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	e. Do NOT u	se retired.)				i			1.00
4			5+		Phys	icia	n				steop	athic	
Ö	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle,	Melden Surna	ne)	
	Arch Wilc	ox						Ja	ne F	nglish			
H	19e. INFORMANT'S NAME (Vpe/Print)		140	9h MAII INC	ADDRESS	S /Street /			Route Number, City	or France Char	- 7in Codel	
2			Homobon										20015
	Elizabeth		Hampton							Chevy Ch			
	20a, METHOD OF DISPOSIT 1 ☐ Burlel 2 🛱 Cremetic	iON on 3 □ Rem	oval from State	20b. PLACE	AND DATE	OF DISPOS	HITION	v 29	, 19	195	20c. LOCATIO	N — City or	Town, State
	4 Donation 5 Other	(Specify)		Monto	jomer	y Cre	emat	oriu	m, l	nc.	Bethe	sda, l	Maryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE 11	// M	00831	22. D	NAME A	NO ADDRE	SS OF FA	CILITY	Funora	1 Uom	2/
	Mahan	(Lm	mille	Mans	ence	B	ethe	sda-	Chev	v Chase	Inc	755	e/ 7 Wisconsin 14-3501
	Kunowa	10,0%	11/0-00	UT		A	venu	ie, E	Bethe	esda, Ma	arylan	d 208	14-3501
	23. PART I, Enter the d ahock, or h	jeeases, or o eart fellure.	complications the List only one cau	it caused the d	leeth. Do i	not enter	the mo	de of dy	ing, auc	h as cardlec o	r reepirator	y arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Fir												Onset and Death
	disease or condition		Cara	nauce 1	Irl.	m. C	ico	600					Chronic
ł	resulting in death)		. Coro	OR AS A CONSE	FOUENCE O	5	136	ase					Chionic
_ 1				,									
CERTIFICATION	Sequentially list condit	ions,	b	(OR AS A CONSE	OUENOE O	en.							
F	if any, leading to imme cause, Enter UNDERLY		552 10	(ON AS A CONSE	ODENCE O	rj.							i 1
5	CAUSE (Disease or inju		c										
Ë	that initiated events resulting in death) LAS		DOE 10	(OR AS A CONSE	OUENCE O	F):							
#	readiting in death) CAS		d										
	PART ii. Other aignifica	nt condition	o contribution to	donah hada asa		I- ab	out out of a		, ,				
EDICAL	C state argumen	. 6	h	1	reauting	in the ur	ideriyin	g ceuse	given in		WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8	ungestiv	6 H	eart fa	ilure						10	YES 2X N	0	COMPLETION OF CAUSE OF DEATH?
													1 TYES 2 10 NO
2	DID TOBACC	O USE	CONTRIBUT	E TO CAL	ISE OF	DEA	TH \	/ES [1 NC	1 132			
PHYSICIAN:	25. WAS CASE REFERRED T		- JANE OF	O CAC	- OI	DLA		-		eck only one)	-		
<u> </u>	EXAMINER?		HOSPITAL:			OTHE	R:						
ΥS	1 VES 2 X NO		1 Inpatient 2						esidence	6 Other (Spec	olfy)		
H	27. MANNER OF DEATH	2000	28a. DATE OF (Month, E		28b. TIW	IE OF JURY		URY AT		28d. DESCRIBE	HOW INJUR	OCCURED	
B		Pending investigation				М	1 🔲	YES 2	NO				
	a D Suitable	Could not be	26a. PLACE C	OF INJURY — At h	ome, ferm,	street, fact	ory, offic	•		28t. LOCATION		mber or Rural	Route Number,
E 1		determined	bolloning,	att. (Specify)						City or Town	n, Stete)		
COMPLETED	29e. CERTIFIER					_							
d N	(Check only		CIAN: To the best of										
Ö	2 MED	ICAL EXAMINE	R: On the basis of a	xamination and/or	investigation	on, In my o	pinion, o	leath occu	red at the	time, date end p	lace, end due	to the cause	(s) end manner ae stated.
	290 SIGNATURE AND TITLE	OF CERTIFIE	2					29c. LIC	ENSE NUR	ABER	294	DATE SIGNE	D (Month, Day, Year)
00	Mun 1 M	MAAn	1111 14.	0				-	39	A			
유	30. NAME AND ADDRESS OF	F PERSON WU	My M	SE OF DEATH #7	EM 27 /5-	Delet's		L	37	00		July	25, 1995
									11 2 2 4		-		2227
	Alvin S. Ma	adaran	g, M.D.	5530 Wi	scon	sin A	lven	ue,	#124	8, Chev	y Cha	se, MI	20815
1	31. DATE FILED (Month, Day,	Year)	2. REGISTR	AB'S SIGNATURE									
	JUL 61	1332	July dike	Mec. Red	all								
			0				_						



_	1 - STATE REGISTRAR	STATE OF I			ITMENT OF			MENTAL HYO	IENE NO.	J	64116
	1. DECEDENT'S NAME (First, Middle, Last,							2. DATE OF DEA		W#4.0	3. TIME OF DEATH
	Karolyn	Α.		Ye	arwood	E		July	18 1	995	1501 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YE	IR IF UND	R 24 HRS.	7. DATE OF BIRT	н	8. BIRTH	PLACE (State or Foreign
	216-94-1275	1 🗆 M 2 💢 F	22	YRS.	MONTHS DAY	8 HOURS	MIN.	July 1		Country	
	Se. FACILITY NAME (If not institution, give	atmet and number)	46		9b. CITY, TOV	N OR LOCA	TION OF D	EATH		UNTY OF DI	
8	Prince Georges	Hosnit.	al Con	tor	Char	zerly	,		D	inaa	Coomman
RECTOR	RESIDENCE OF DECEDENT		di cen						1 1	THEE	Georges
"	10a. STATE 10b. COUN	Y		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
<u> </u>	MD Prin	ce Geor	des	Lan	dover						1 X YES 2 NO
3AL	10s. STREET AND NUMBER		_		202 1 110	10f. ZIP CO	DE		10g. Cf	TIZEN OF W	HAT COUNTRY?
FUNER	6900 Kent Town	Drive					20	785		U.	S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13. WAS	DECENDENT	OF HISPAI	NIC ORIGIN? (Speci an, Puerto Rican, et	ly Yea or No-	14. RACE Black	- American Indian, White, etc.
ĕ	3 Widowed 4 Divorced		MAR OR DATES			ES 2 N				Specif	
8	15. DECEDENT'S ED	ICATION	40- 0					distance and a			Black
13	(Specify only highest grad	e completed)			WOUND OCCUP		ing	16b. KIND C	F BUSINESS/IN	IDUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)					_			
once. COMPL	17. FATHER'S NAME (First, Middle, Last)		I wa	itre	SS	40.140	FUEDIO MA	ME (First, Middle, M	rivate	2	
	Unknown										
BE BE	19a. INFORMANT'S NAME (Type/Print)		10	96 MAILING	ADDRESS /Sta	JJe	inet	te Leti	en	In Control	
TO BE	Jeanette Year	wood Tot	ı								
2	20s. METHOD OF DISPOSITION	wood-Let.			Kent To		rive	Landove	c. LOCATION -		
examiner must be	1 N Buriel 2 Cremation 3 Rer	noval from State	cametery, cr	ematory or o	ther place)			95			wn, State
100	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE /	Harm	ony M	emoria 22. NAMI	Parl	ESS OF FA	<u>Ju124</u>	landove	er,MD	
E E	N MALONA	IA X	120	. 14				Funeral	Home		
š L	- Jumma	4c OI-	ノンしん	KIO	YU 7474	Land	lover	Rd. Lar	dover.	MD.	20785
the medical	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition	List only one cau	use on sach lin	e. ,	ound				respiratory a	rreat,	Approximate Interval Between Onset and Death
e event, the	resulting in desth)		Unshot (OR AS A CONSE			0 /	Che	: 5 1			
y, or other traumatic CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO	(OR AS A CONSE	OUENCE OF	F):						
TA TA	cause. Enter UNDERLYING										j
in the	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE OF	F):						
\$ E	resulting in death) LAST	d									
njury,	PART II Other elections condition		4								
- 4	PART II. Other algnificant condition	ia contributing to	delith but not	resulting	n tha Under	ring cause	given in		S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDIC.	1							1 p/v	8 2 NO		COMPLETION OF CAUSE OF DEATH?
shows	DID TOTAL COLUMN	Data and the second			. =						1 YES 2 ND
23 s AN:	DID TOBACCO USE CONT	KIBUTE TO CA					CERTAI	N 🗆		4	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ne)					
9 >	1X YES 2 NO	1 Inpetient 2 2		28b. TIM			asidence	8 Other (Specify			
BY PHY	1 Netural 5 Pending 2 Accident Investigation	7/18	Par. Year)		URY	INJURY AT WORK? YES 2	NO	5 Wise	et sho	CURED	
28 is	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At he atc. (Specify)	one, farm, a	freet, factory, o	Mica		281. LOCATION (S City or Town,	treet and Number State) Aller	or Ayral A	d Park
item 2	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge d	aath occurre	d at the time of	eta and also	and de-	to the covered	(manner as -1:	and .	761
MPORTANT: If its	(Check only one) 2 MEDICAL EXAMIN										and manner as stated.
E C	296. SIGNATURE AND TITLE OF CERTIFIE		71				ENSE NUM				(Month, Day, Year)
	Vern	1 11	hute .	10						_	
일	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUS			Print)	1 0	-C - N	I.E.		uly	19 1995
						me e !	-	- 1 A - 2 -	_		nd 21201
1				L P6	-11111 S.T.	COOT	- Ka	4 1 T 1 M ()*	e Ma	TILL	na 21701



		REGISTRAN		CENTIFIC	AIE OI	DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	× < c	BULL			2. DATE OF DEATH	". \q	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	In yrs. lest birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
		216-48-6247	1 Q M 2 □ F	48 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	10.41	ederick MD
pinous		Se. FACILITY NAME (If not institution, give stree			CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
60 gs	8	19352 Cincle Ga	to Drive		_				
1, 2,	ECTOR	RESIDENCE OF DECEDENT	ice Drieve,	nr czur	yen	mantown		llon	tgomery
Pages	Щ.	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOC	ATION			10d. INSIDE CITY
	PIB	Maryland Montg	omeny	Gen	mant	own			1 YES 2 X NO
permit.	4	10e. STREET AND NUMBER			1	IOF. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
TS.	E	19352 Cincle Ga	ite Drive.	Art 202		20874		US	Δ.
020 physician. burial-transit	FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Yes		RACE — American Indian.
		1 Never Married 2 Married	FORCES? 1 X YES		If yes, o	specify Cuban, Mexica S 2 NO Specif	in, Puerto Rican, etc.)		Black, White, etc.
5-0020 nding physic is the burial	ВУ	3 Wildowed 4 Divorced	Vietna	m	'''	a a political constant	,		White
or attending r use as the	입	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	18a. DECEDENT'S USL	JAL OCCUPAT	TION	16b. KIND OF BUS	SINESS/INDUST	RY
	<u> </u>		College (1-4 or 5+)	ille. Do NOT use re	tired.)				
Nospitz ached	[12		System	Ana.	lyst	GEICO,	Rock	ville MD
AND he hospi detached once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		
2 2 E	BE (William Richana	Young			Fae E	lmeta Amb	rose	
MARYLAND: retained by the hospital 5 should be detached to notified at once.		19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING AD	DRESS (Street		Route Number, City or Town		ia)
2 e cet	유	Sandra C. Young	Į.	19352	Cinc	Le Gate	Dr., Ger	manta	wn. MD 20874
Page 6 may be il director, page ner must be		20a. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF D	ISPOSITION //	Name of	DATE 20c. LO	CATION - City	or Town, State
e 6 ma		1 X Burlai 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		etery, crematory or other. ARR HELO	hts (Cemeteri	Bn	unAmi	cb. MD
		21. SIGNATUSE OF FUNERAL SERVICE LIGHT Barbara A. W	ISER / ////		227NAME	AND ADDRESS OF FA	CIUTY F.		Home nswick, MD
ALIIN death. Pag t funeral di examiner		Bankana	watan	ne.	100	Patara	illa Ra	nenai	nome ma
Si Ta		23. PART i. Enter the diseeses, or cor shock, or heart failure. Lis	nplications that caused at only one cause on ea	tha deeth. Do not ich lina.	enter tha m	node of dying, suc	h aa cardiac or respi	ratory arrest,	Approximata Interval Between
2 po E		IMMEDIATE CAUSE (Final	0)			1 - 1			Onset and Death
a se a		disease or condition resulting in death)	10/	00	10/U	(CR1			Six Minth
rted within completely ial, cremati,			OUE TO (OR AS A	CONSEQUENCE OF):					
executed with and complet b burial, cren	NO	Sequentially list conditions,							
sox ox ox ox ox ox ox ox ox ox ox ox ox o	RTIFICATIO	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):					i
physicate property of the prop	윤	CAUSE (Disease or injury C.	DUF TO (OR AS A	CONSEQUENCE OF:		-			
certificate ding physi lygiene pr	Ē	that initiated events resulting in death) LAST	30E 10 (01) A3 A	CONSCOURSE OF J.					į l
be death cert the attending Mental Hygie Njury, or oth	E	d							
3 4 4 5 5	-	PART II. Other aignificent conditions	contributing to death bu	ut not resulting in ti	he underlyi	ng cause given in	Pert i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
and the the the the the the the the the the	EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
uires tha signed Health a									OF DEATN?
v requi	Ξ.	DID TOBACCO USE CONTRIL	BUTE TO CAUSE OF	F DEATH YES	П мот	UNCERTAI	VIII		10 123 13 110
AL KE he law requ has been begreat	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (
AN: The fifcate it State	Sic		IOSPITAL:		THER:	me 5 Rasidenca	8 - Other (Casella)		
SICIAN: The certificate I h the State d, or Item	≟	27. MANNER OF DEATN	26s. OATE OF INJURY	26b, TIME O	-	NORY AT	28d. DESCRIBE HOW II	NJURY OCCURE	50
NG PHYS ther this coath with	Y P	1 Natural 5 Pending	(Month, Day, Year)	INJURY		YES 2 NO			
WDING WDING IS man	ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE OF INJURY	— At home, farm, stree			261, LOCATION (Street a	and Number or R	Jural Route Number
2 1 2 1 2	TED	4 Homicide determined	building, atc. (Special	ify)			City or Town, State)		0/202304204205
E E E	LET	29e. CERTIFIER	N: To the heat of our formula	u. amarinin an				1977	
TO THE HOSPITAL OF TO THE FUNERAL DE FIED WITHIN 72 PARTIMENT IN IMPORTANT: IF IN	OMPL		AN: To the best of my knowle On the basis of examination						use(a) and menner ee stated.
HOSP Within	8	4	- AA		· my opinion,			d due to the ce	use(a) and menner ee stated.
THE I	H	296. SIGNATURE AND ATTLE OF CERTIFIER	7/1/1/1	n	20	29c. LICENSE NUI	MBER C	29d. DATE SIC	GNED (Month, Day, Year)
2 6 3 X	5	- N	/ Much	-) / /		1172	2000	111	10,199
		30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF OEA	ATN (ITEM 27) (Type, Prir	XI	0.0	1/1	NA	ma sus
		- Jens/	. I LINIK	MAN	101	11 NW	81/4 F	11-0	えるの マニアシ
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE					



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Lest)

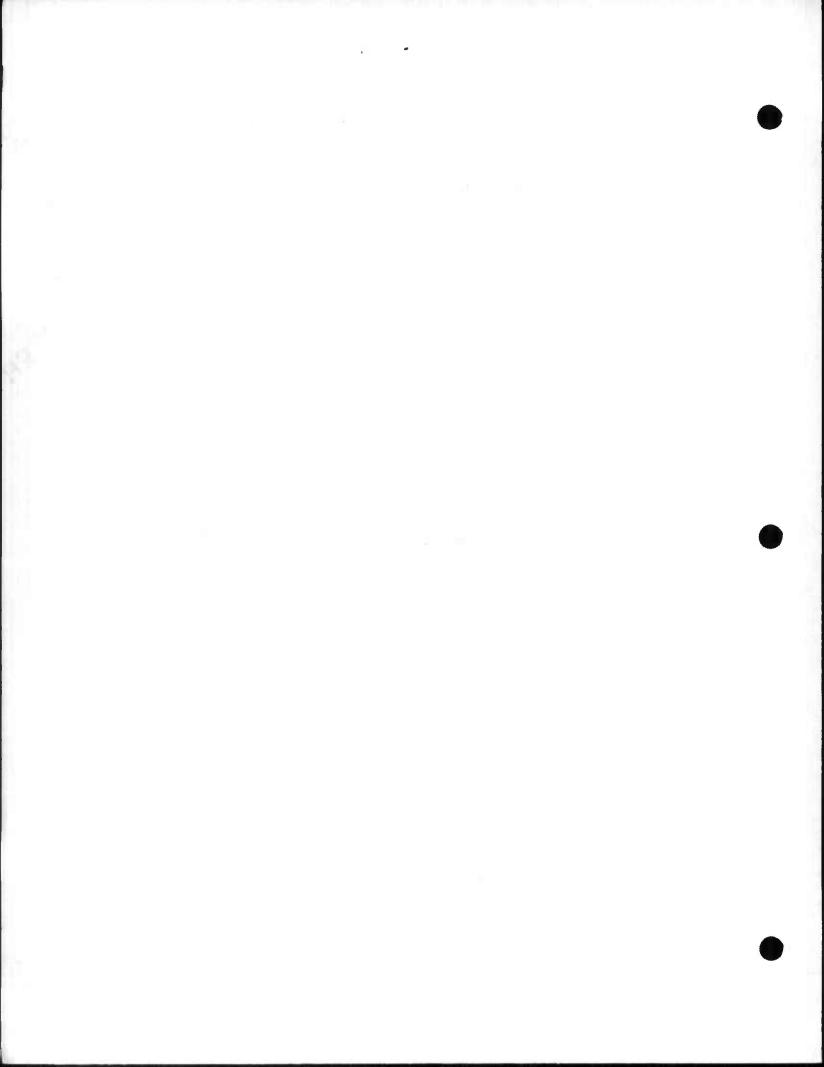
Lucille Mary Aler

| Control of Death Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Month | Day Mont

		1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH														
			Lu	cille N	lary	A1e	er					07	21		YEAR	3:10 P. M
		4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE ((In yrs. lesi	t birthday)	IF UN	DER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BI)		HPLACE (State or Foreign
		212-09-764	8	1 M 2/17 F	88	3	YRS.	MONTH	S DAYS	HOURE	MIN.	March March	Year)	1907	Count	Indiana
		Se. FACILITY NAME (If not institution, give street and number)						9b. C	HTY, TOWN (OR LOCATI	ION OF DE		⊥, .		NTY OF D	
	۳ ا							SALIS		1011 01 01				VICO		
	DIRECTOR	RESIDENCE OF DECEDI		X KEILAL	CLL	ATTIC			JAUT 3	DOINT	_					1100
	Ĭ,		COUNTY				10c. CIT	Y, TOW	N OR LOCAT	TION						10d. INSIDE CITY
	ā	Maryland		Wicomi	.co			Sa	alisb	ury						XX YES 2 NO
- ;	4	10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN OF WHAT COUL								
		Rt. 50 & Ci	vic	Ave.						2180	01				US	
	10e. STREET AND NUMBER Rt. 50 & Civic Ave. 2180 11. MARITAL STATUS 11. Nover Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT 1 Nover Married 14. Was DECEMBENT 1 1 Nover Married 17 yes, specify Cub.					ENDENT (OF HISPAN	IIC ORIGIN? (Spe	city Yes	or No—	14. RAC	E — American Indian,				
		1 Never Married 2 Merri	led	IF YES, GIVE V	YES WAR OR D	ZXI XIN	0		If yes, sp	2V X NO	on, Mexica Specify	n, Puerto Rican,	etc.)		Blac	k, White, atc.
	BÁ	3 🕅 Widowed 4 🗌 Divorced									,				орос	, milec
	COMPLETED	15, DECEDEN (Specify only high	IT'S EDUC	CAITION completed)		(Gi	ve kind of s	work do:	OCCUPATIO	ON ast of worki	na	16b. KIND	OF BUS	INESS/INC	DUSTRY	
		Elementary/Secondary (0-12)		College (1-4 or 5	+)	life.	Do NOT us	se retired	d.)							
e :	ĕ	11					Scho	OOT	Teacl	ner		E	duca	ition	1	
6	္ပ	17. FATHER'S NAME (First, Middle,								1.14		ME (First, Middle,		Surneme)		
E !	H H	Charles Squ	_									ca Lyn				
# B	2	194. INFORMANT'S NAME (Type/Pr										Route Number, Cit				
9	_	James L. Aler				3	3601	Kar	ren C	ircle	e Lir	ikwood,	Mar	ylan	d 21	.835
1st		20s. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3	□ Remo	ovel from State	20b	PLACE A	ND DATE	OF DISP	OSITION (Na	ima of		1		CATION —		
Ē	į	4 Donation 5 Other (Spec	:ify)		_ T	orch	ieste	-	Temor:			7/27	Ca	mbri	dge,	Maryland
틑	ŧ	21. SIGNATURE OF FUNERAL SER	TVICE LIC	ENSEE				2	Thomas			al Home	D	A		
еха	:	of and	TH	K IL	-	2									arv1	and 21613
or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the disees	ea, Dr c	omplications the	t ceused	the de	eth. Do r	not ent	ter the mo	de of dy	ing, auci	h as cerdiec o	r respi	ratory an	rest.	Approximate
E		snock, or neart	fsllure. L	list Dnly Dne csu	ise on e	sch line.								,		Interval Between
음	- 1	IMMEDIATE CAUSE (Finsi disease or condition			mar /	100	77.1	0	100.	100	_ /	m-11	100		N	Onset and Death
ent,		disease or condition resulting in death) s. Congestive least for Luise many years. Due to (or As consequence of):														
5	_															
tem C	HILICALION	Sequentielly list conditions, if sny, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):														
E	3	cause. Enter UNDERLYING CAUSE (Disease or Injury	•													
£ 1	<u>-</u> ∥	that initiated eventa		DUE TO	(OR AS A	CONSEO	UENCE OF	F):								
		resulting in death) LAST		l												
23	3	PART II. Other significent co	andition	contribution to	death h	ut opt se	autilian l	In the	i mataalulaa	120,000	mleren de l	Deat las				
m V	DICAL	0.000	1 ~	2 H	deetii D	ut not re	steri	on	ungeriying	Ceuee !	given in	Part I. 24a.	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20 2	5	1/17/01		L FIS	- 01	00.			1	1	C 0	7 10	YES 2	NO		OF DEATH?
등다 1	E I	777					V3	>2	Book	whie	CASTI		•			1 TES 2 NO
23	Ž	DID TOBACCO USE C		RIBUTE TO CA	_					UNC	ERTAIN	1/Z				
ed, or Item 23 s	3	25. WAS CASE REFERRED TO MED EXAMINER?	DICAL	HOSPITAL:				OT H	ck only one)							
5 5	2	1 VES 2 NO		1 Inpatient 2		artient 3		4 75 N	lursing Hom		esidenca	8 Other (Spec	:lfy)			
marked,	5	1 Natural 5 Pendi	na	28a. DATE OF (Month, D		ĺ	28b. TIM	E OF URY		RK?		28d. DEŞCRIBE	HOW IN	JURY OCC	CURED	
38	5		igation					M		/ES 2] NO					
× 0	3	3 Suicide 6 Could 4 Homicide determ		28e. PLACE O building,	F INJURY atc. (Spec	— At hon	ne, farm, s	street, 1	lectory, office	•		281. LOCATION City or Town		nd Number	or Rurel F	loute Number,
54 F			miled													
은 a		29e. CERTIFIER (Check only	G PHYSIC	CIAN: To the best of	my knowl	ledge, dea	th occum	ed at the	e time, date	end place.	, and due	to the cause(s)	nd men	ner as stat	ed.	
ANT: If Ite	5) and menner as stated.
RTA		29b. SIGNATURE AND TITLE OF C	ERTIFIER							29c. LICE	ENSE NUM	BER		29d. DATI	ESIGNED	(Month, Day, Year)
IMPORTANT: If Item		h	en	M	0					0	398	913		D 7	1/2	5/95
≥ 5	-	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAUS	SE OF DE	ATH (ITEM	27) (Type,	Print)				-			-	
		1104 le	sel	husse	1	Ore	inc	2	. 5	ne	28	mo	-	201	307	7
		31. DATE FILED (Month, Day, Year)		33. REGISTRA	A'S SIGN	TURE			10	-		,				
		JUL 2 6 199	35	Jalia athur	uar A	ardal	į.									

7	ea	4
BAL	le.	å
	at a	2
	OUR	.5
	Z	1
	2 0	2
5	1	lete
9	P	Die C
ō	Street	p
9	9	20
1	8	Sian
6	ate	MSki
	tific	10
י	93	div
_	Æ	tten
ñ	9	63
3	五	# >
5	that	q p
3	52	ane
u	횽	S
	9	bee
ì	69	Jas
-	Ĕ	tle 1
_	Š	lfica
	500	cert
DIVISION OF VITAL RECORDS, P.O. BOX 88/80	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
	9	ler
2	ā	A
2	Ē	8
•	A	SEC
5	Ö	ä
	A	ZZ Z
	Sp	NE
	X	=
	置	H
	2	2

		1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		ENTAL HYGIEN					
		1. DECEDENT'S NAME (First, Middle, Lest)	Ellen				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH			
		Judy 4. SOCIAL SECURITY NUMBER			lger		July 23,	1995	3:00 P M			
DIF		217-32-0055	1 □ M 2 🏝 F	61 YRS.		HOURS MIN.	7. DATE OF BIRTH 9 (1001/1709): 109 3	3 W8	RITHPLACE (State or Foreign SUNTING DC			
. 2, 3 shor	TOR	99. FACILITY NAME (If not institution, give s 7371 WoodHaven RESIDENCE OF DECEDENT	ntmet and number) Drive(res			Plata	ГН	Charl	- 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
permit. Pages 1, 2, 3 should	DIRECTOR	10a. STATE 10b. COUNTY	Charles		TOWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS? 1 YES 2 P NO			
	FUNERAL	10s. STREET AND NUMBER 7371 Woodhaven	Dr.		101.	20646			DF WHAT COUNTRY?			
s the bunal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 2 NO	If yes, spec	INDENT OF HISPANIC city Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yea Puarto Rican, etc.)	6	AACE — American Indian, Black, White, atc.			
ned for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ine. Do NOT use i	rk done during most	1 of working	16b, KIND OF BUS	usiness/industry Home				
at once.	ш	17. FATHER'S NAME (First, Middle, Last) Louis Albert H	ill			18. MOTHER'S NAME Mary Oa	E (First, Middle, Meiden aks Hill	Surname)				
notified	TO B	190. INFORMANT'S NAME (Type/Print) Howard Frankli	n Alger	196. MAILING AI	DDRESS (Street and	d Number or Aural Act	ute Number, City or Town LaPlata	n, State, Zip Code, MD 20	646			
must be		20. METHOD OF DISPOSITION 19 Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Town, State Methor), creft law of their Access their Acce										
val.		21. SIGNATURE OF FUNERAL SERVICE LIC	Echol	MOO945	AREHA P.O. F	30x 567	OLS FUNE	MD 20	ME, INC.			
ul, cremation, or removal event, the medical		23. PART I. Enter the diseasea, or cahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Meta	state (Cancer	e of dying, such	as cerdiac or reapi	ratory arreat,	Approximate interval Batween Onset and Death			
prior to burial, c												
Hygiene p	CERTIFICATION	CAUSE (Disease or injury thet initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):								
the State Dept. of Health and Mental	MEDICAL (PART II. Other aignificent condition The Les Les	o Bare				PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Dept.	SICIAN:	DID TOBACCO USE CONTI				UNCERTAIN						
State	SICI	EXAMINER?	HOSPITAL:		OTHER:							
th the	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 26c. INJUR		Other (Specify)	NJURY OCCURED				
death with s marked	BY 5	1 Natural 5 Pending 2 Accident Investigation	111100 300 340		M 1 YE	S 2 NO						
after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, factory, office	2	Ref. LOCATION (Street a City or Town, State)	and Number or Rui	al Route Number,			
thin 72 hours NT: If Item	COMPL		ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. EDICAL EXAMINER On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
be filed within 7	BE	296. SIGNATURE AND TITLE OF CERTIFIER	71.	B.	1	29c. LICENSE NUMBI	ER	29d. DATE SIGN	NED (Month, Day, Year)			
2 8 €	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type Pr		D-01009		7-	24-95			
		Henry L. Burke		Time Ery (1990s, 711	110		inge avei Maryland		Box 591			
		31. DATE FILED (Month, Day, Year) JUL 2 6 1995	32. REGISTRAR'S SIGN	LOT RONDOLL								



Pages 1, 2, 3 should

permit.

burial-transit

Page 6 may be retained by the hospital or attending physician. al director, page 5 should be detached for use as the burial-tran

funeral director,

the f

filled in by

physician and completely ne prior to burial, crematic

Hygiene prior to

has been signed by the attending Dept. of Health and Mental Hygier

this certificate h

DIRECTOR: After the hours after death w

THE HOSPITAL (THE FUNERAL D filed within 72 ha

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

DIVISION OF VITAL RECORDS,

AME

BOX 68760 executed with

P.0.

0

hours after death.

BALTIMORE, MARYLAND 21215-0020

ARMBRUISTER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July YEAR eorge Armbruster 02:25 995 5. SEX 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH IF UNDER 1 YEAR 165-14-8217 1 NM 2 TF 72 YRS. DAYS HOURS August 16, 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION HOSPITA UNION DIRECTOR FIKTON Cecil 10e. STATE 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY Ceci Earleville 1 X YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? Box 57 10 Holly Ave. usA 21919 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 M Merried spectly: white 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION BE COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Pumper Petro leum 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, William Armbruster Elizabeth Richardson notified at 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code Earleville, MD 19e. INFORMANT'S NAME (Type/Print) Louise M. 10 Holly Ave Box 57 Crystal Beach Armbruster pe 20e, METHOD OF DISPOSITION

1 A Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must tary crematory or other place). 195 Marple Township PA. ☐ Donation 5 ☐ Other (Specify) Cem medical examiner 22. NAME AND AGORESS OF FACILITY GER FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSES 259 E. Main St. Elkton, MD. 21921 23. PART I. Enter the disclesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ehock, or heeft fellure. Liet only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death or other traumatic event, the disease or condition_ Multiple Organ System Failure
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) Hrs Staph Aureus
OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury PNeumonia 5 DAYS QUE TO (OR AS A CONSEQUENCE OF) that initiated avants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Myclodysplastic syndrome 1 TYES 2 NO Coronary Artery Disease 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item HOSPITAL:
1 Inpetient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER 4 ☐ Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 28 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end piece, end due to the cause(s) end manner es stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(s) end mannar as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Monte Mileons, MD D-44783 20,1995 ▶ July 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N. Bridge ELKTON MD 21921 721 MONTE MAKOUS 72. PEISTARIA PHATEL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

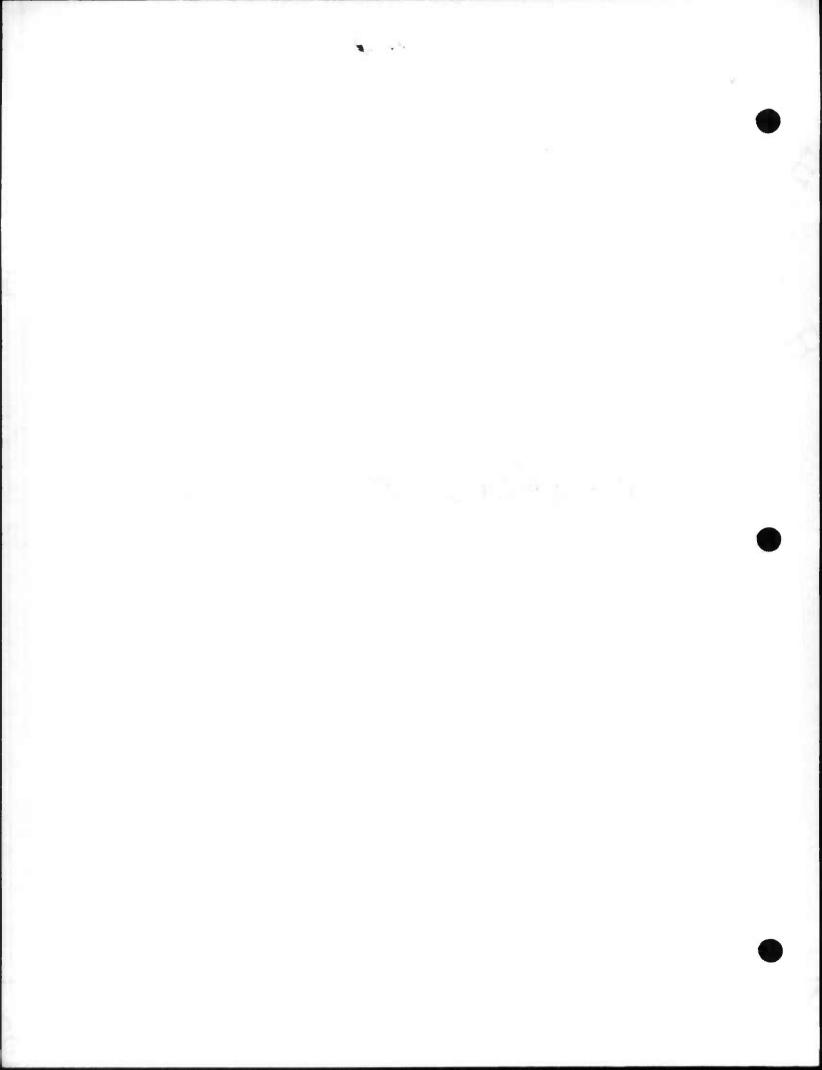
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH								
	JOHN HENRY APPEL July 26, 1995 7:35 PM								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B BIRTHDI ACE (State or Securing								
	215-16-7708 Tyrs. 73 Yrs. MONTHS DAYS HOURS MIN. (Month, Day, Year) Oct. 11, 1921 Maryland								
Li	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
E E									
DIRECTOR	203 Broadview Avenue Bel Air Harford								
100	10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY								
ā	Maryland Harford Bel Air Limits? 1 □ YES 2 ☑ NO								
A	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								
ER	203 Broadview Avenue 21014 USA								
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No								
	1 Never Married 2 Merried FORCES? 1 to 12 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Black, White, etc.								
B	3 Wildowed 4 Divorced 11/28/42 - 12/3/1945 The VES 2 XNO Specify: Specify: White								
0	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 168. KIND OF BIGINESS (AND LICETORY)								
[]	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)								
4	11 Plasterer Construction								
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)								
BE C	John Henry Appel, Sr. Bertha Genevieve Mayes								
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number. City or Town, State, Zin Code)								
임	Beverly G. Appel 203 Broadview Avenue, Bel Air, Maryland 21014								
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State								
1	10 Burlet 2 Cremetion 3 Removal from State and Deliver (Special) Fallston, Md.								
- 9	21. SIGNAPORE OF FUNERAL SERVICE (CHIPSE) / 1/2 32. NAME AND ADDRESS OF FACILITY								
	Howard K. McComas III Funeral Home, P.A.								
	1317 Cokeshury Road Abingdon, MD 21009								
	23. PART I. Enter the diseases, or complications that cliesed the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between								
	resulting in death) . Netartalic ranchalic Carcinoling Empths								
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatuc Paur creatic Carcurbing Due to (or as a consequence of): Chymnic Obstantive Pulmorary disease Sequentially list conditions.								
CERTIFICATION	If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury								
胄	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
H	d								
	PART II. Other significant conditions contributing to death but not/peaulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS								
MEDICAL	Chromoc Obstructive Kulvovan diserse PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE								
	1 VES 2 NO OF DEATH?								
	DID TORACCO LIST CONTRIBUTE TO CALLSE OF BEATH, MES CI MO								
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
<u>고</u>	EXAMINER? HOSPITAL: OTHER:								
ΙΥS	1 VES 2 Tolor 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
표	27. MANNER OF DEATH 28b. DATE OF INJURY (Monih, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. 0ESCRIBE HOW INJURY OCCUREO								
BY	Accident Investigation " 1 YES 2 NO								
9	3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, atreet, fectory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)								
	4 Notificities determined								
COMPLET	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner es stated.								
8	one) MEDICAL EXAMINER: On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner es stated.								
	29b. SI HATTING THE BERTIFIER 29d. DATE SIGNED (Mondi, Day, Year)								
86	10 DI24070 7070 000 000								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	2 NORTH AUE. SLILE 102 BEL AIR, MO 21014								
	31. DATE FILED (MODIT, Day, 1001) 32. REGISTRAR'S SIGNATURE JUL 28 1995 Jalia D'audison Royale II								



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or requires that he attending physician.

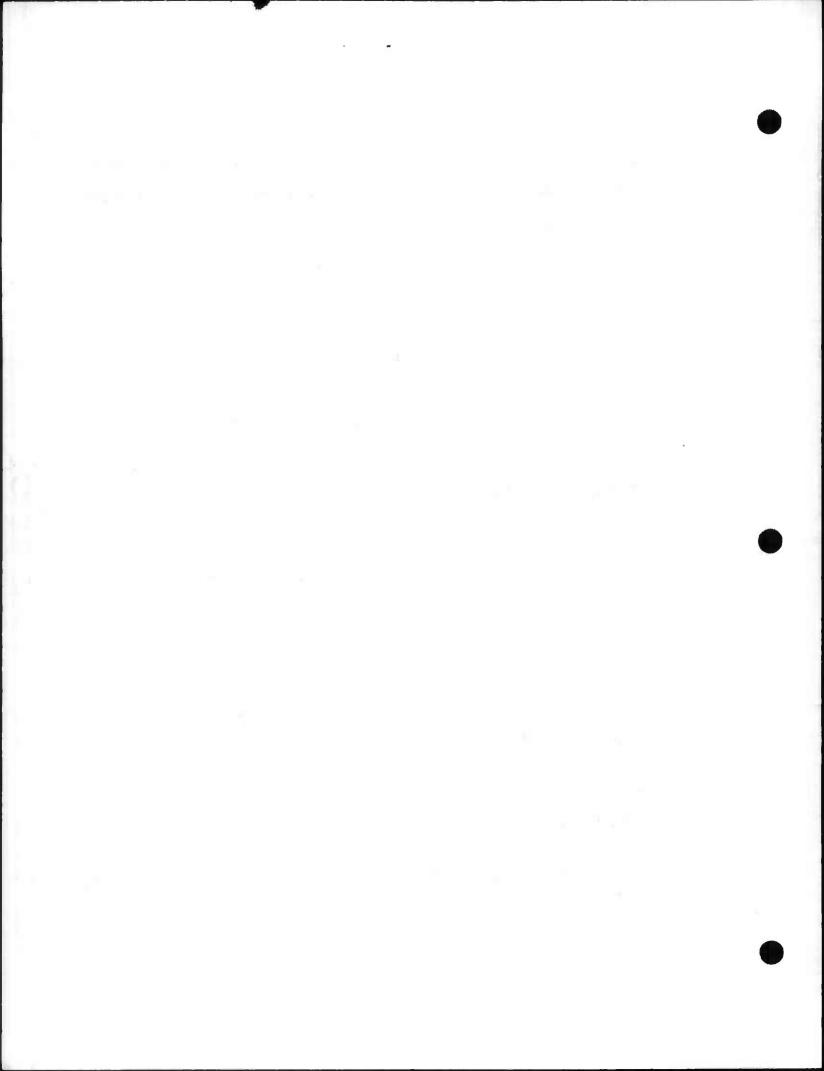
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO	o.		
	1. DECEDENT'S NAME (First, Middle, Last)	<u> </u>			· ·	2. DATE OF OEATN		3. TIME OF OEATH	
- 1	VELMA	Virginia	ADAMS			July 15,	1995	0 0	Ам
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTHPLACE (State or Fore	4.4
	213-44-1936	1 □ M 2 👽 F		MONTHS DAY		(Month, Day, Year)	Co	ountry)	-
-	9a. FACILITY NAME (If not institution, give s	Λ	11	Dh CITY TO:	N OR LOCATION OF D	Dec. 7, 1	91/ M	laryland	
ac			l						
2	Memorial Hospita	L			Cumberlan	d	A11	egany	
끼	10a. STATE 10b. COUNTY	7	10c, CITY	TOWN OR LO	CATION			10d, INSIDE CITY	
DIRECTOR	MD A1	Legany						LIMITS?	
	10e. STREET AND NUMBER	regarry		Cuii	berland		T	1 X YES 2 N	0
\$					10f. ZIP CODE		N. W. C. C. C. C.	OF WHAT COUNTRY?	
뿔	Prince Georges St				2150		US	A	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	RIN U.S. ARMED S 2 XNO	13. WAS E	ECENDENT OF NISPAL specify Cuban, Mexica	NIC ORIGIN? (Specify Year)	ns or No 14, R	RACE American Indian, Black, White, etc.	
2	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specif			Specify:	
	-							White	
<u> </u>	15. DECEDENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S U	JSUAL OCCUP ork done during	ATION most of working	16b. KIND OF BL	SINESS/INDUSTR	IY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)							
È	8		Recepti	onist		Mot	el		
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surname)		
20	Truman Arthur	DeWitt			Berth	a Lee	DeW	itt	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Stre	et and Number or Rural	Route Number, City or Tox	vn, State, Zip Code,	1)	
-	Harold Knotts		11111	Valley	Road, Cu	mberland,	Marvlan	d 21502	
1	200. METHOD OF DISPOSITION	12	0b. PLACE AND DATE O				OCATION City o		
	1 N Burtal 2 Cremation 3 Remote A Donation 5 Other (Specify)		emetery, cremetory or oth arrett Co	er place)	Gardens	7/17 02	kland,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA		Klanu,	FID	
	D M D	a A		Ste	wart Fune	ral Home			
	Butter 16	Agman		32	S. Second	St., Oakl	and, MD	21550	
	23. PART I. Enter the diseasas, or of shock, or heart failure.	complications thet caus	ad the deeth. Do no	ot enter the	mode of dying, suc	h aa cardiec or reep	piretory erreat,	Approximate	
	IMMEDIATE CAUSE (Final	Liat only ona cause on	eech line.					interval Bets Onset and D	
Ì	disease or condition	Canainama	standa					One We	
İ	reaulting in death)	n. <u>Carcinoma</u> DUE TO (OR AS		i:					
,		Probable	overies o	arcino	ma With 1	iver and N	Videspre	ead one Mon	4.1
2	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	:	ma with i	Iver and r	letastas	tes one Mon	ltn
CERTIFICATION	ceuse. Enter UNDERLYING							İ	
É II	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	:					
ē	resulting in death) LAST								
3									
ا ب	PART ii. Other algnificant condition	s contributing to death	but not recuiting in	the underly	ing ceuse given in	Part i. 24a. WAS AF	AUTOPSY :	24b. WERE AUTOPSY FIND	
NOW.	Renal Failure	3				1 _ YES	a)	AVAILABLE PRIOR TO COMPLETION OF CAU	
u H						- 10123	N	OF DEATH?	
	DID TOBACCO USE CONTI	DIRLITE TO CALISE	OF DEATH VE		UNCERTAI	157		1 TES 2 NO	,
SICIOIS.	25. WAS CASE REFERRED TO MEDICAL	CIDOTE TO CAUSE	28. PLACE OF DEATH			1 101			
2	EXAMINER?	HOSPITAL:		OTHER:					
	1 VES 2 NO	1 Inpatiant 2 ER/O			ome 5 - Residence				
	27. MANNER OF DEATN 1 Natural S Pending	28a. OATE OF INJUR' (Month, Day, Year		RY	NJURY AT WORK?	28d. DEŞCRIBE NOW	INJURY OCCURED	>	
5	2 Accident Investigation				YES 2 NO				
9	3 Suicide 8 Could not be	28a. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, st	reel, factory, of	fica	26f. LOCATION (Street City or Town, State		ral Route Number,	
	4 Homicide determined								
	29a. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of my kno	wiedge, daath occurred	f at the time, d	ate and place, and due	to the cause(e) and ma	nner se stated.		
		R: On the beals of examinat						se(a) and manner as stat.	ed.
3	29b. SIGNATURE AND TITLE OF GERTIFIER								
	XXXIII BA.	1111	9		29c. LICENSE NUI			NED (Month, Day, Year)	
2	20 NAME AND ADDRESS OF STREET	VVVV L			D 1604	1	July	y / Q 199) 5
	30. NAME AND ADDRESS OF PERSON WHI							1	
	Dr. T. Williams,			lical H	31dg., Cun	berland,	MD 2150)2	
	31. DATE FILED MODITY Day, Year)	32. PEGISTRAB'S SI	NATURE						
- [1]	JOL & ITH	THE STAN STELLES	MADE TO MANUAL TO STATE OF THE PARTY OF THE						



8	3
21215-0	attanding
-	5
, MARYLAND 21215-0	Page 6 may be retained by the hospital or attending al
1	£
$\overline{}$	2
MAR	retained
	2
2	AS III
0	4
Σ	Page
BALTIMORE,	the hours after death
00	after
_	house
	٠,
-	42

300
00
2
8
9
-
BOX
O
\mathbf{m}
0
o.
4
10
27
2
Œ
0
ŏ
RE
~
_
AL
⋖
5
Ŀ
0
7
U
7
>
\overline{a}
bed.

30. NAME AND ADOTT

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH 3. TIME OF DEATH ONAL James 7:30PH 995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 88-34-4845 1 X M 2 | F HOURS MIN. YRS Jan 28,1943 Oklahoma burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Southern Maryland Hospital Clinton Prince George's 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Forestville Maryland Prince George's 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 7211 Beltz Drive 20747 United States hysician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 XXNO BY 3 Widowed 4 Divorced Specify: Specify 鲁 1964-1966 White 38 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY use Elementary/Secondary (0-12) 0 College (1-4 or 5 +) Branch Electric Company Truck Driver detached 12 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) 2 76 BE Howard Bolger Roberta Klassen notified 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code)
7211 Beltz Drive , Forestville, Md 20747 0 McVal S. Bolger page Pe 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of July 24, 1995 20c. LOCATION — City or Town, State must 20e. METHOD OF DISPOSITION

Carbon State

Donation 5 Other (Specify) director, Maryland Veterans Cemetery Cheltenham .Maryland 22. NAME AND ADDRESS OF FACILITY EE Funeral Home, Inc 6633 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral Old Alexander Ferry Road, Clinton, MD 20735 completely filled in by the rial. cremation, or removal. medical 23. PART/1. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line interval Between IMMEDIATE CAUSE (Final Onset and Death # disease or condition OF THE PANCREAS WITH METASTICES CANCER resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF Several executed w Hygiene prior to burial, CERTIFICATION MONYAS and Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury been signed by the attending physician it. of Health and Mental Hygiene prior to certificate be other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 the death Injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL that shows any 1 ☐ YES 2 ME NO requires OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO ME UNCERTAIN I PHYSICIAN: SW. Dept 23 has t 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ATTENDING PHYSICIAN: The Item DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER: 1 YES 2 1 NO 1 K Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Metural 5 Pending 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 00 3 Suicide COMPLETED 6 Could not be 28 4 Homicide Item 8 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ea stated. TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE

6188 OXON

ESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

ALLA D'AUGUST RENdall

075

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN MONTH DAY		3.	TIME OF DEAT	н
LAND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should once.		Agnes Bunting Brittingham 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In very last b)			<u> </u>	7	7 19		5	4:52 F	>	
		4. SOCIAL SECURITY NUMBER 217-03-6039 9. FACILITY NAME (If not institution, give street and number) 6. AGE (in yr 86)		n yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9 /	OF BIRTH th, Day, Year) 22/08	C	ountry)_	ACE (State or For	eign
	L DIRECTOR	Atlantic General Hospital			96. СІТУ, ТОЖН Ве	DEATH	9c. COUNTY OF DEATH Worceste					
		10e. STATE 10b. COUNTY MD Worcester 10e. STREET AND NUMBER		10c. C/1	10c. CITY, TOWN OR LOCATION Berlin 101, ZIP CODE						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	ERAL	8248 Shire Dr.			10		10g. CITIZER			EN OF WHAT COUNTRY? USA		
	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			If yes, s	21811 CENOENT OF HISPA pecify Cuban, Maxic S 2 M NO Spec	en, Puerto	Specify:			American India	n,
	ETED	15. DECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)	16a. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m se retired.)	ION lost of working	168	16b. KIND OF BUSINESS/INDUSTRY					
	ולו	7				amstress			Shirt Factory			
	TO BE COM	17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Malden Surneme)						
IARYL, rtained by th should be d		George Bunting 190. INFORMANT'S NAME (Type/Print)					a Steele					
be se se se se se se se se se se se se se		Norma Sockrite	7765	ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jones Hastings RD Parsonsburg, MD 21849							9	
e 6 m rector,		20e. METHOD OF DISPOSITION 1 M Burlei 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery or other place) RIVERSIDE CEMETERY 7/22/95 Libertytown, MD										
ball both ball by the medical example of the medical example of the medical example of the medical example traumatic event, the medical example example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the medical example of the the medical example of the the the the the the the the the the		22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St. Berlin, MD 21811										
	:	23. PART I. Enter the Adiseese's, or c shock, or heart fellure. I IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	omplicetions that caused list only one cause on ee	ch line.		ode of dying, su	ch ss csn	diec or respire		SEX	Approxime interval Be Onset and	Death
	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
DS, P. The death control of the attend Mental Hy Ijury, or		teading in death) Exst									-	
uires that the signed by the Health and M		PART II. Other significent conditions contributing to death but not resulting in the DIRBETTES MELLITIIS			in the underlying	ng ceuae given in	Part I.	PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
> 0		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCER										
ON OF VILLA DING PHYSICIAN: The After this certificate h death with the State E marked, or item	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CAL 26. PLACE OF DEATN (Check only one) OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)									
	у РНУ	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 28s. OATE OF INJURY (Month, Dsy, Year) 28s. OATE OF INJURY (Month, Dsy, Year) 28s. PLACE OF INJURY — At home, family famil			JURY W	JURY AT ORK? YES 2 NO	28d. DES	28d. DESCRIBE HOW INJURY OCCUREO				
	TED BY					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
TAL OR VAL DIRE 72 hour If Item	MPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) and menner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(s) and manner es stated.										
	E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
TO THE TO THE De filed	0 8	Souther C. Hohworth M. S.				541	241 7-20-95			95		
	1 15	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DOROTHY O HOUTHORTH 203 SWOW ST. SNOW HILL, NO. 21713 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	/	JUL 20 1995	Julio Danidan									

	-	1
	eath.	
ì	b rei	
	af	
	OUT.	
_	E	
	4	i
	Œ	
,	₽	
)	5	
	executed	
	2	
	2	•
	ifica	
)	Cer	
	death	
ì	the	
	hat	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	
1	A.P.	
	19	
	-	
	AN	
	Sic	
1	품	
	9	
	Ž	
	2	
1	E	
	A	1
	Œ	ď

		REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO.				
	ļ	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF		γ	YEAR	3. TIME OF DEATH	
		Stephani								July	21 1	995	TEAN.	10:10pm M	
		4. SOCIAL SECURITY NUMB		5. SEX		yrs. lest birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, Year)		8. BIRTHE	PLACE (State or Foreign	1
모		213-06-242		1 M 2 X F	29	YRS.				July		966		nsylvania	
3 should	~	9e. FACILITY NAME (If not in		reet end number)					R LOCATION OF DE	ATH		9c. COUN	TY OF DE	ATH	
2,3	0	818 Ridge	Rd				Risir	ıg S	Sun	_		Cec	il		
es 1,	E E	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR I	LOCATI	ION					10d, INSIDE CITY	
	DIRECTOR	MD	Cec	i 1		Ri	sing S	Sun						LIMITS?	
ermit		10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITIZ		HAT COUNTRY?	1
usit p	EB	818 Ridge	e Rd					1 2	21911				SA		
burial-transit permit. Pages 1, 2,	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13. WAS	S DECE	ENDENT OF HISPAN	IC ORIGIN?	Specify Yee			- American Indian, White, atc.	
	ВУ Б	1 New Married 2 3 Widowed 4 Divo		FORCES? 1			1 [YES :	elfy Cuban, Mexicar 2 NO Specify	n, Puarlo Rici	in, atc.)		Specify		
as th												<u> </u>	vhite	9	
for use as the	COMPLETED	(Specify only	EDENT'S EDUC highest grade		-1	6a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	JPATION ng mosi	N at of working	16b, KI	ND OF BUS	INESS/INDL	ISTRY		
at once.	7	Elementary/Secondary (0	H12)	College (1-4 or 5	·)		worke	. al		D.	sabl	ه م			
once.	No.	17. FATHER'S NAME (First, M.	iddle Last)			Nevel	WOIRE	:u	18. MOTHER'S NAM						Į
notified at or		Ronald		r k					Carole						
notified	BE	19a. INFORMANT'S NAME (7)		C. IC		19b. MAILING	AOORESS (S	treet an	nd Number or Rural R				Codel		4
5	임	Ronald &	Carole	Black					Rising :				5555)		
90		20a. METHOD OF DISPOSITI	ION		20b. Pl	LACE AND DATE	OF DISPOSITION			OATE		ATION — C	Ity or Tow	rn, Stata	1
must		1 Buriel 2 Cremetio 4 Donation 5 Other		oval from State	- Bro	ary, crematory or o	ther place) Cmtv	Ju1	ly 25, 19	995	Ris	ing S	un M	ID	
liner	ĺ	21. SIGNATURE OF FUNETURE	SERVICE LIC	ENSEE	1		22. NAI	ME ANG	O ADDRESS OF FAC	HLITY					1
- EX	,	0		1.1	V	10			Foard F			-		1.1	
edical examiner must be		23. PART I Enter the di	seeses, or o	omplications the	t chuned to	he death. Do i	ot enter the	. S	Queen St	C K1SI	ng S	un MD	219	Approximate	
O E		MIOCK, OF N	eart failure.	List only one cou	ise on eac	h ligh.					or reapi	atory arre		Interval Batween	ı
Hygiene prior to bunal, cremation, or other traumatic event, the	- 1	IMMEDIATE CAUSE (Fin	101	. (1	4.0	time							Onset and Death	ı
event, the		resulting in death)		DUE TO	(OR AS A C	ONSEQUENCE O		اك						yrs.	ł
He e	z														
other traumatic	CERTIFICATION	Sequentially list conditi if any, leading to immed	diate	DUE TO	(OR AS A C	ONSEQUENCE O	F):								
r tra	2	Cause. Enter UNDERLYI CAUSE (Disease or Inju													I
et o	E	that initiated events resulting in death) LAS	T	DUE TO	(OR AS A C	ONSEQUENCE O	F):								i
	51			1											Į
any Injury,		PART II. Other aignifica	nt condition	contributing to	deeth but	not resulting	n the unde	rlying	ceuse given in i	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS	۱
6	EDICAL									_ .	PERFORI			AVAILABLE PRIOR TO COMPLETION DF CAUSE	١
N.S	ME						-			_ `		(A)	1	OF DEATH? 1 □ YES 2 > NO	l
23 sh	z	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF	DEATH YE	S NO		UNCERTAIN					- 100	
Item 23	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?				PLACE OF DEA	H (Check only								
or ite	YSI	1 TES 2 NO		HOSPITAL:	ER/Outpati	ent 3 DOA	OTHER:	Home	5 A Raeldenca	8 Other (S	pecify)				
	РНУ	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF 28- URY	c. INJU	JRY AT	28d. DESCR	BE HOW IN	JURY OCCI	JRED		I
marked	B₹		Pending investigation				M 1	YE	ES 2 NO						
90	0		Could not be	28e. PLACE O building,	F INJURY — atc. (Specify)	At home, ferm,	street, fectory,	office		281. LOCATIO	ON (Street el own, State)	nd Number o	r Rural Ro	ute Number,	ı
E	EII.		Deministra											-169	
f Ite									end place, end due t						
STANT: IF	COMPL	one) 2 MEDI	CAL EXAMINE	R: On the beels of e	camination e	nd/or investigation	n, in my opini	lon, de	ath occured at the t	ilme, data enc	f place, end	due to the	cause(e)	and manner sa stated.	
	BEC	296. SIGNATURE AND TITLE	OF CERTIFIE	1					29c. LICENSE NUM	BER		29d. DATE	SIGNED (Montp-Day, Year)	ı
MP	0	Mul	10	Low	MO				W-11115	5) -	24-	75	l
		30. NAME AND AGORESS OF	PERSON WHO		OF DEATH	H (ITEM 27) (Type,	Printy .		0 .	.\ -	<u></u>				1
		Neil 10	MIDV	MO	10-	459,	1515	ing	Den 1	10.2	911				
		31. DATE FILEO (Molifi, 190)	74 199	5 32 AEBISTRA	Pis SIEVAL	Mardall		-							
L				U											I

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

	REGISTRAR		CERT	IFICATE (OF DEATH	REG. N	iO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
- 6	Mary	y Frances	Bro	eeden		July 2	22 1	YEAR	0.05 "
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birtho		EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	22 1	995	9:05 p M
	3/4/20-20/20-31-690	10000		MONTHS D	YB HOURS MIN,	(Month, Day, Year)		B. BIRTHPI Country)	LACE (State or Foreign
	215-22-2719		YR	S.		June 22,	1909	Virg	inia
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUN	TY OF DEA	ATH
E .	357 Stratford Ave	enue		Aber	deen		Нат	rford	i
5	RESIDENCE OF DECEDENT				dou.		TIG.	LIOIG	
DIRECTOR	10a, STATE 10b. COUNTY		10c.	CITY, TOWN OR L	OCATION			1	IOd. INSIDE CITY
ō	Maryland H	Harford	I	Aberdeen					LIMITS?
A	10s. STREET AND NUMBER				10f, ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	357 Stratford Ave	enue			21001			J.S.A	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II C ADMED						
I.	1 Never Married 2 Married	FORCES? 1 TYES	2 00	13. Wels	DECENDENT OF HISPA	INIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 NO Spec	ffy:		Specify:	
								Whi	te
쁘	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a, DECEDEN (Give kind	IT'S USUAL OCCU of work done durin of use retired.)	PATION g most of working	16b. KIND OF	BUSINESS/IND	USTRY	
ш.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NO	OT use retired.)					
₽	3	0	Labor	rer		Firewo	orks Ma	anufa	cturing
COMPLETED	'17, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Mald	en Surname)		
	Jack Shaver				Lucy	McCauly			
띪	19a, INFORMANT'S NAME (Type/Print)		19b MAII	ING ADDRESS (S	reet and Number or Rura		Davis Chata Tin	Outo	
2	Maca Decreas Tonna								7 04004
	Mrs. Peggy Jones 20a. METHOD OF DISPOSITION				tford Ave				
	1 Duriel 2 Cremetion 3 Ramo	val from State 20	b. PLACE AND DA	TE OF DISPOSITIO	N (Name of	DATE 20c.	LOCATION — C	Ity or Town	n, Stata
	4 Donation 5 Other (Specify)	N	North East Methodist Cem. 7/2					st, M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22, NAN	E AND ADDRESS OF F	ACILITY			
	by the six and	2011/10	11.0	Tar	ring-Cargo	o Funeral	Home,	P.A.	
	nustenk	T'ry (M)	gell!	Abe.	rdeen, Mai	ryland 21	001-33	399	
	23. PART I. Enter the diseases, pr c shock, or heart fellure. I.	omplications that cause list only one cause on a	of the death. D	o not enter the	mode of dying, au-	ch as cardiec or re	piratory arm	est,	Approximate
	IMMEDIATE CAUSE (Finel				7	0 -			Interval Between Onset and Death
	disease or condition resulting in death)	ſY	ujo ca	EOUENCE OF): Actively Disease					
	resulting in death)	DUE TO (OR AS	A CONSEQUENC	E OF):	U				
-	12	PEXAMO	2000	AG LIA	11 And	ale			20114
ō	Sequentielly list conditions,	DUE TO (OR AS	A CONSEQUENCE	FOR:	y our				20 775
A	if any, leading to immediate cause. Enter UNDERLYING	C	U		U				
CERTIFICATION	CAUSE (Disease or injury	DUE TO (OR AS	A COMPEQUENCE			-			
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS	A CONSEQUENC	E OF):					
E	d								
	PART II. Other significent conditions	Contributing to death i	out not requiti	no in the under	lules souss stress t-	Post 1 ac lune	AN AUTOPSY		***************************************
EDICAL		To the state of th	out not readiti	ing in the orider	lying ceuse given in	PERF	ORMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă						1 - YES	2 NO	C	OMPLETION OF CAUSE F DEATH?
M	1								☐ YES 2 ☐ NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	OF DEATH	YES NO	UNCERTAL	N 🗆			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			EATH (Check only					
8	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	netlant 1 🗆 00	OTHER:		and the second			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY			Home 5 Residence				
	1 Meturel 5 Pending	(Month, Day, Year)	200.	INJURY	WORK?	28d. DESCRIBE HOY	INJURY OCC	URED	
B	2 Accident Investigation				YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spe	f — At home, far cify)	m, street, factory,	office	26f, LOCATION (Street City or Town, Sta	t and Number o	or Rural Rou	ite Number,
H	4 Homicide determined					ony or rown, ora			
	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	dadas daath as						
Σ									
COMPLETED	- WEDIONE EXAMINER	: On the basis of examination	enu/or investig	erron, in my opinic	on, death occured at the	time, data and placa,	and dua to the	cause(a) a	nd manner as stated,
BE	296. SIGNATURE AND TITUE OF CERTIFIER				29c. LICENSE NU		29d. DATE	SIGNED (M	forth, Day, Year)
	wunan	- mo			232	€09.	17	124	141
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (7	ype, Print)		0	-0		
	Rammedia M	COMPLETED CAUSE OF DE	703 R	evolul	ion St.	Haure D	e Gr	n. n	10 21078 °
	31. DATE FILED (Months Pay Year)	REGISTRAR'S SIGN	ATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760

Brian T. Yeo, M.D.,

2. REGISTRAR'S SIGNATURE

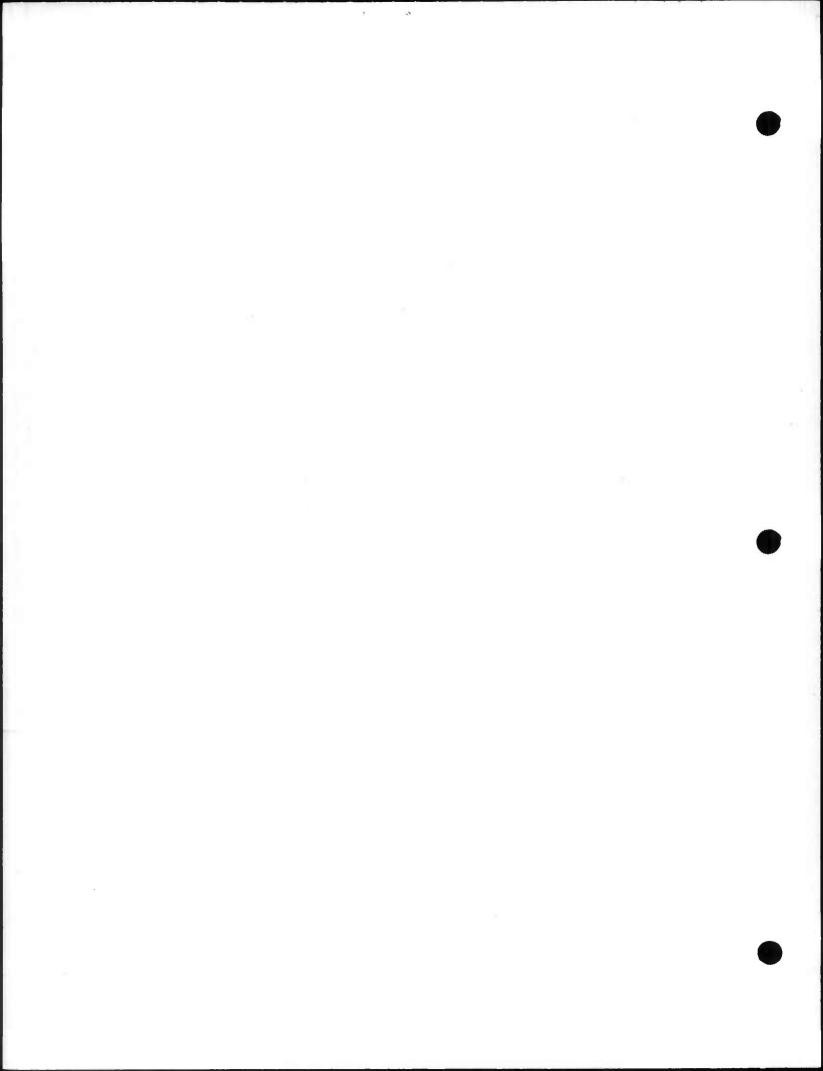
JUL 25 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Robert Spencer Browning, Sr. July 21 1995 6:00 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) HOURS 213-12-9545 1 X M 2 - I 78 YRS. 06-14-1917 MD Pages 1, 2, 3 should as. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1231 Ontario Street, Ext. Havre de Grace Harford RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 18c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Harford Havre de Grace 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1231 Ontario Street, Ext. funeral director, page 5 should be detached for use as the burial-transit 21078 USA retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 ND Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Sp College (1-4 or 8+) 11 Owner/Operator Service Station 17. FATHER'S NAME (First, Middle, Lest) 18, MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Charles M. Browning Olivia Munsey BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wirs. Doris B. Walker 221 N. Lapidum Rd., Havre de Grace, MD 21078 death. Page 6 may be must be 20a. METHOD OF DISPOSITION
t X Burlai 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Darlington Cemetery 4 Donation 6 Other (Specify) 7/25 Darlington, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197 n and completely filled in by the to burial, cremation, or removal. hours after medical 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart fellure. Liet only one cause on each line. Interval Betwe **IMMEDIATE CAUSE (Finel** Onset and Deeth the diseese or condition___ therosik ow resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF) or traumatic CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): If eny, leeding to immediate aftending physician requires that the death certificate be prior ceuse. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST 6 been signed by the atte PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 2 X NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has b OR ATTENDING PHYSICIAN: The law g 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State HOSPITAL: OTHER: 1 X YES 2 NO ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nursing Home 8 - Residence 6 - Other (Specify) 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) When this ce leath with ti marked, 28c. INJURY AT WORK? TIME DE 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY After 1 2 Accident 25a. PLACE OF INJURY — At home, farm, streat, fectory, office building, stc. (Specify) 3 Suicide .09 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 5 Could not be COMPLETED 4 🗌 Homicide 22 datermined 29a. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. HOSPITAL FUNERAL I WITHIN 72 h 2 MEDICAL EXAMINER: On the beals of axe TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II ation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 25 rau 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(801 S. Union Ave., Havre de Grace, MD 21078

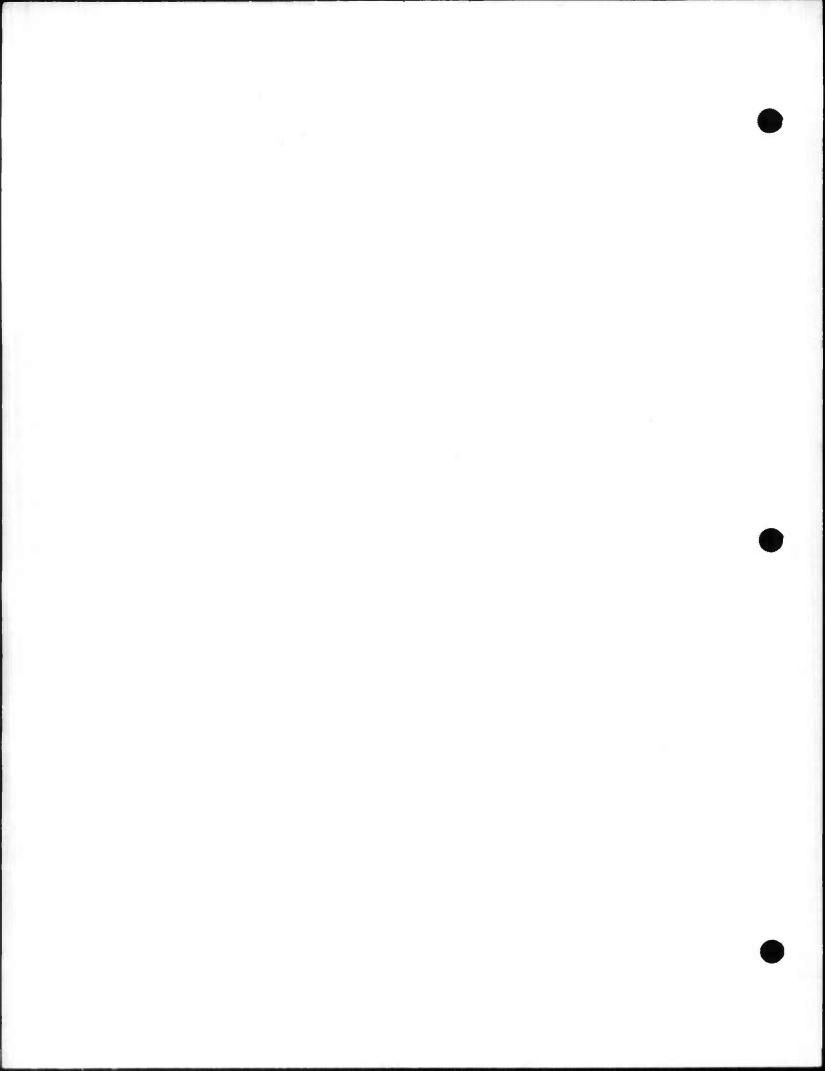
939-0061



BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attention physicil DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

	_	TIEGIOTTIALI				CEN	THE	ALE O	F DEA	1.67	REC	i. NO.		
		1. DECEDENT'S HAME (First,	11000	6 .							2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
,		Donald	Gary	Bates							July		995	7:57A M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. lest birt	hday) IF L	THE DAYS		R 24 HRS.	7. DATE OF BIR (Month, Day,		8. BIRTH Count	IPLACE (State or Foreign
5		444-42-9491		1 X M 2 F	5	1 '	RS.	JAN .	HOURS	manne.	Sept 5			lahoma
3 should	~	9e. FACILITY NAME (If not ins					9b.	CITY, TOW	N OR LOCAT	ION OF O	EATH	9c. C	OUNTY OF D	EATH
2,	DIRECTOR	Anne Arunde	el Med	ical Cent	er			A	nnapo	lis		Α	nne A	rundel
les 1.	S S	10e. STATE	10b. COUNTY		_	10	c. CITY, TO	WN OR LO	CATIOH					10d. IHSIDE CITY
Z.	ᇤ	MD	Anne	Arundel	I			Δr	nold					LIMITS?
permit. Pages	AL.	10e. STREET AND NUMBER							101. ZIP COD)E		10g.	CITIZEN OF Y	WHAT COUNTRY?
155	FUNERAL	47 Old Stu	ırbrida	e Road					210	12		10	nited	States
physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDEN				13. WAS D	ECENDENT	OF HISPAN	IIC ORIGIN? (Spec	Ify Yea or No-	- 14. RACI	E — American Indian,
	BY F	1 Never Married 2 X 3 Widowed 4 Divor		IF YES, GIVE					ES X X CUB		n, Puerto Rican, e	tc.)	Speci	k, White, etc.
as the	E COMPLETED		EOENT'S EDUC											White
or attend		(Specify only	highest grade	completed)		(Give ki	ent's USU/ nd of work o NOT use reti	done during	TIOH most of work	ing		of Business. Jationa		
pital o		Elementary/Secondary (0-	-12)	College (1-4 or 5	+)			•	Repre	cont)[
the hospita detached once.		17. FATHER'S NAME (First, Mil	ddle, Last)	-		regic	mai c	Jaies			ME (First, Middle, I	Prod		
क दि द		Lloyd Cod	oper B	ates							ie Ida C			
5 should	00		19b. MA	VILING ADD	RESS (Street			Route Number, City						
e 5 s		Lynn M.									d Arnold			21012
hours after death. Page 6 may be retained ed in by the funeral director, page 5 should or removal. medical examiner must be notified		20a METHOD OF DISPOSITION	ON 3 (Popul	uml from State		PLACEAND	DATE OF DIS	SPOSITION				0c. LOCATION		
director, p		4 Donation 6 Other		IVAL IFOR STATE	_ La	kemor	nt Me	emori:	al Gai	rdens	7/25/ 9	5 Dav	idsonv	ville, MD
death. Pag tuneral di L examiner		21. SIGHATURE OF FUHERAL	SERVICE LIC	EHSEE	1			22. HAME	AND AGORE	SS OF FA	CILITYJohn	M. Tay	/lor Fu	uneral Home
deatl e fund I.		Malle	V/0	Bren	che	7								oolis, MD
d in by the or removal.		23. PART i. Enter the dis	seasea, or c	omplications the	t caused	the death.	Do not e							Approximate
filled in on, or r		shock, or ha IMMEDIATE CAUSE (Fine	iert tailure. I	iat only one cau	use on ea	ich line.		,				,		Interval Between Onset and Death
=		disease or condition resulting in death)	 → .	Asp	va.	Res	-	1	gas	Los	c. Co	ntesi	To	Minita
completely ial. cremat		resolung in death)	d	DUE TO	(OR AS A	CONSEQUEN	ICE OF):	1	11			, (, -, -,		Marianas
and con to burial.	Z	Sequentially list condition		Acut	2 1	my) ca	rde	ial	in	Larc	tion	~	minutes
be execut sician and c rior to buri traumatic	CERTIFICATION	if any, leading to immed	liate	OUE TO	(OR AS A	CONSEGUEH	CE OF):	10						4.4
cate physic e pric	걸	cause. Enter UNDERLY!! CAUSE (Disesse or Injur		COYO	na	COHSEQUEN	a	the	105	ce	2005	حح		years
ding I	Ē	that initiated events resulting in desth) LAST		502 10	(UH AS A	COHSEGUEN	CE OF):							U
atten mtal H	E		- 4											
the cy the nd Me	AL	PART II. Other algnificar	nt conditions	contributing to	deeth bu	it not resui	ting in th	e underly	ing cause	given in		AS AN AUTOP!	SY 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
s that ned b tith ar	EDICAL											ES 2 HO		COMPLETION OF CAUSE OF DEATH?
aquire an sig of Hea	ME							/			_ ``			1 VES 2 NO
law nas ber bept. 123 s		DID TOBACCO US		IBUTE TO CA						CERTAIN	1 🗆			
ate ha	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	2	86. PLACE OF		heck only on	ne)					
CIAN: ertific the S	ΙλS	1 YES 2 NO		1 inpatient 2			OA 4 🗆	Nursing H		esidence	6 C Other (Specif	y)		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene print IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other tr	РНҮ	27. MAHNER OF DEATH 1 Hatural 5 F	Pendina	28e. DATE OF (Month, D	ay, Year)	28	INJURY		HJURY AT WORK?		28d. DESCRIBE	HOW IHJURY	OCCURED	
Witter Mar mar	E I	2 Accident In	nvestigation	200 PLACE C	AC III II IIIV	44.5			YES 2	_ но				
TEND TOR: /	8		Could not be letermined	28e. PLACE O building,	etc. (Speci	fy)	erm, street,	, ractory, or	Tice		281. LOCATIOH (City or Town,		ber or Rural F	loute Number,
HRECT SOURS SOURS		29e. CERTIFIER												
TAL D	COMPL	(Check only		IAH: To the best of										
HOSP FUNE Within	8			C. Off the basis of a	Minimition	and/or invest	rigation, in	my opinion	, death occu	red et the	time, data and pla	ice, end due to	o the cause(e) end manner as stated.
THE FINE PORT	H	996. SIGNATURE AND TITLE	OF CENTIFILE	Toma D.		0	m	1	29c. LIC	ENSE NUN	IBER	29d. E	DATE SIGNED	(Month, Day, Year)
2 6 9 3	2	SO HAME AND ADDRESS OF	PERSON WILL	COMPLETED COM	E OF DE	TH OTTER	0000	1	1	× 2	7/5		1/2	5/75
		Joan E. Wo							Stree	ets A	Annanolis	. MD	21401	1
		31. DATE FILEO (Month, Day, Y	bar)	32. REGISTRA			- 3.61					,		
		JUL 2	6 1995	1		r Renda	Ц							
				441			4							



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

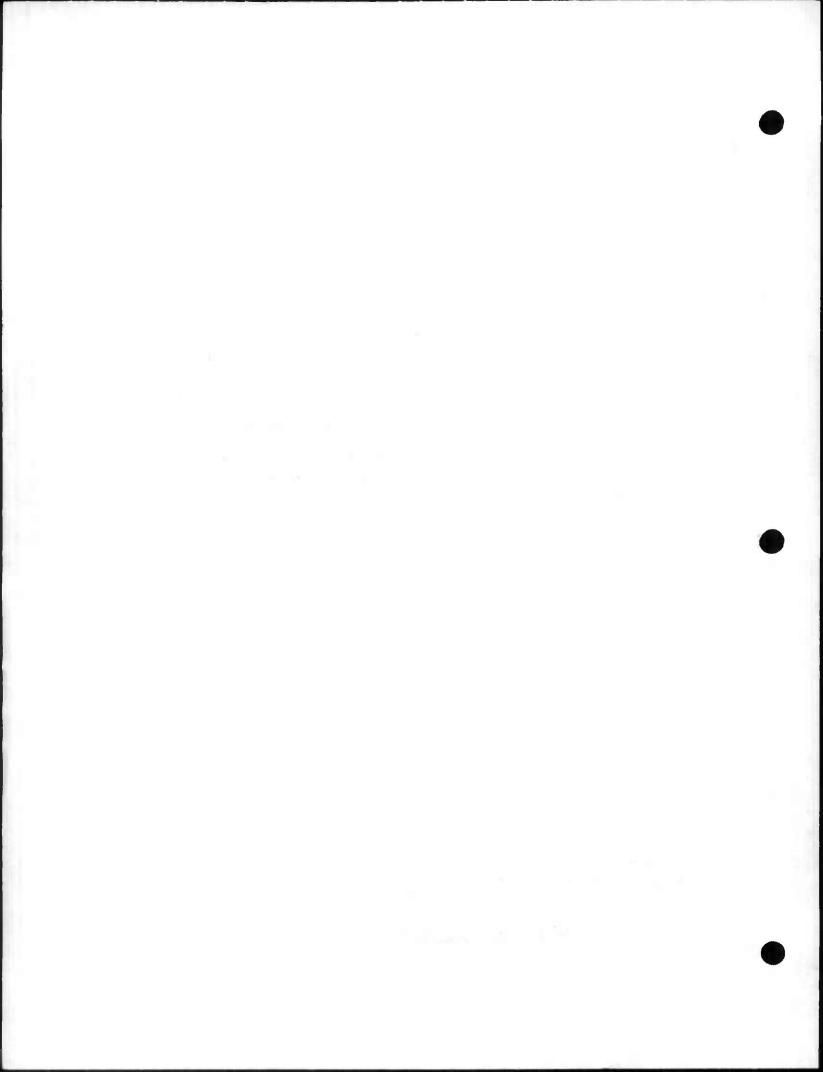
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

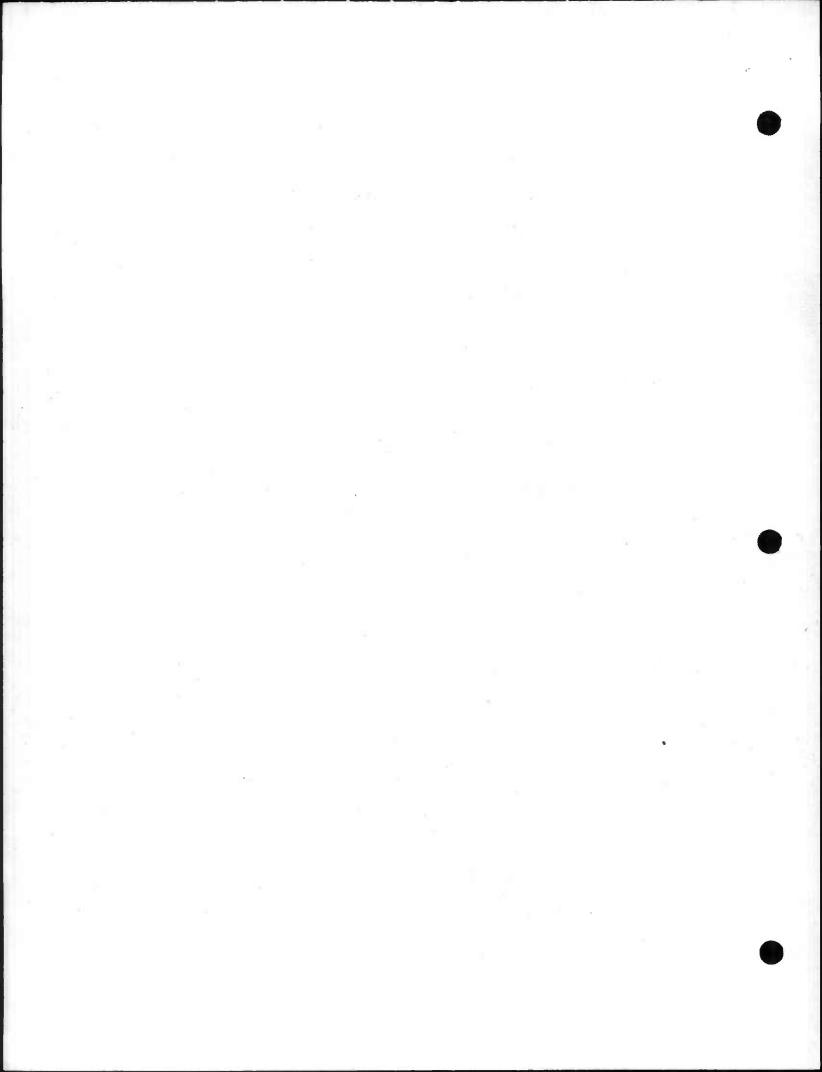
DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO).	
- 3	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
1	SUSAN A. BROWN			JULY -	14 1995	2:10 Pm
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR		8, BIRT	THPLACE (State or Foreign
U	216-32-0906 1 □ M 2 🖫 F	65 YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year) MAY 1 19:	30 MAR	RYLAND
	9a. FACILITY NAME (If not institution, give struet and number)		9b. CITY, TOWN OR LOCATION OF		Sc. COUNTY OF	
E	BAY MEADOWS NURSING & RI	THARTITTION	GLEN BURNIE			
DIRECTOR	RESIDENCE OF DECEDENT	MADILITOR	GLEN BORNIE		ANNE A	RUNDEL
뿐	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND ANNE ARUNDE	ANN	NAPOLIS			YES 2 NO
A	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	104 COLLEGE CREEK TERRACE	Ξ	21401			USA
5		T EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	s or No.— 14. RAC	CE — American Indian.
7	1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced	AR OR DATES	If yes, specify Cuban, Max 1 YES 2 X NO Spe		Spe	ck, White, etc.
						ACK
Ĕ	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of w	JSUAL OCCUPATION ork done during most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
۳ ا	Elementary/Secondary (0-12) College (1-4 or 5 +	His Do NOT use	retired.)			
물	8th 0	DOMES			NE ELSE H	OME
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S	NAME (First, Middle, Maider	Surname)	
BE	JOHN W. JOHNSON		PRI	SCILLA PARK	ER	
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rus	ral Route Number, City or Tov	vn, State, Zip Code)	
_	CHARLES A. BROWN	104 CO	LLEGE CREEK TE	RRACE ANNAP	OLIS, MD	. 21 9 01
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State	20b. PLACE AND DATE Of cemetary, crematory or oth		DATE 20c. LC	OCATION — City or T	Town, State
	4 🖺 Donation 5 🗆 Other (Specify)	ANNAPOLIS	MEM. GARDENS 7	/17/95 ANN	APOLIS,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF	FACILITY		
	Lavry A. Room		REESE & SONS			
\neg	23. PART I. Enter the diseases, or complications that	ceused the death. Do no	821 WEST ST.	ANNAPOLIS,	MD. 2140	O I Approximate
- 1	snock, or neart failure. List only one cau	se on each line.	and the state of a sta	oon as cardiac or resp	masory arreat,	interval Between
- 1	IMMEDIATE CAUSE (Finel disease or condition No.4)	of fin (2000120000	and Ro	rocest	Onaet and Death
	resulting in death) at, 17 Control of the TO	OR AS A CONSEQUENCE OF	excinom	96 97 10	o ecesi	8 1/10/11/1
,	- C.~	e in one	of horo	a st		TYPESS
CATION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSEQUENCE OF		001		10
₹	cause. Enter UNDERLYING		V			
RTIFIC	CAUSE (Disease or injury that initiated events DUE TO	OR AS A CONSEQUENCE OF	:			
	reaulting in death) LAST					
3	PART II OH I III					
3	PART II. Other algorificent conditions contributing to	n e	the underlying cause given	In Part I. 24a, WAS AN PERFO	AUTOPSY 248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ā	Alcohalidemential			1 _ YES :	2 1 100	COMPLETION OF CAUSE OF DEATH?
뿔		dispossa				1 YES 2 NO
	DID TOBACCO USE CONTRIBUTE TO CA	USE OF DEATH YES	NO WUNCERTA	NN 🗆		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH				
2	HOSPITAL.	ER/Outpatient 3 DOA	OTHER: 4 Nursing Nome 5 - Realdence	e 6 Other (Specify)		
H	27. MANNER OF TEATH 28a. DATE OF (Month, Da	INJURY 28b. TIME ly, Ybar) INJU	OF 28c, INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	,,,	M 1 YES 2 NO			
	3 Suicide 6 Could not be	INJURY — At home, farm, at etc. (Specify)	rset, factory, office	261. LOCATION (Street City or Town, State,	and Number or Rural	Route Number,
ED	4 Nomicide determined			City Or lown, State,		
MPLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, death occurred	et the time, date and place, and d	us to the cause(s) and me	nner sa stated	
5	one) 2 MEDICAL EXAMINER: On the bests of ag					a) and manner as stated.
3	29b. SIGNASURE AND FILE OF CERTIFIER)				
2	888	211	1D DUU	977	DATE SIGNED	(Month, Day, Year)
21	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH HOUSE TAKEN	Primi	112.	1-19	1 7 2
	325 Hospital Drive.		Burnie.	MD 2100	51	
	31. DATE FILED (Abhil Don 2021 1995 32. REGISTRA	MS SIGNATURE RANGEL	- 1			
į.	Jalia d	incher harball				



,		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
		VERNON	Н.		ARNES J	R.		27 9	5 6:45 P.M
Pi		4. SOCIAL SECURITY NUMBER 217-36-4472	1 ⊠ M 2 □ F	(In yrs. last birthday) 87 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 2,1	908	BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should	OR	9e. FACILITY NAME (If not institution, give st UNIVERSITY S.T				OR LOCATION OF DE		9c. COUNTY BAL	of death TIMORE
Pages 1,	DIRECT	100. STATE 10b. COUNTY Maryland Ca	arroll		y, TOWN OR LOCA				10d. INSIDE CITY LIMITS7
permit.	A P	10e. STREET AND NUMBER		110		f. ZIP CODE		10g. CITIZEN	1 YES 2 NO
an. ransit	ותו	1431 Dennings I				21776		U.S	S.A.
215-0020 attending physician. ise as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yee, sp	CENDENT OF HISPAN Decify Cuben, Mexico 3 2 XNO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
- 5 -	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of viille. Do NOT us	USUAL OCCUPATION ork done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY
O E B	COMPL	11		F	armer		Dairy		
4 9 6 E		17. FATHER'S NAME (First, Middle, Last)				Program personal	ME (First, Middle, Meiden		
retained by 5 should be notified at	BE	Vernon H. Barr 190. INFORMANT'S NAME (Type/Print)	ies Sr.	19b. MAILING	ADDRESS (Street		Mae Owin		4
5 5 5	임	Francis Lee Ba	arnes						Md. 21776
MORE te 6 may rector, pa		20e. METHOD OF DISPOSITION 1 (XBurtel 2 Cremetion 3 Remo	oval from State	PLACE AND DATE	OF DISPOSITION (Na	ame of	OATE 20c. LO	CATION City	
ALTIM death. Page tuneral direct i. examiner n		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	NO ADDRESS OF FA	CHITY		neral Home
~ = @		Nanny V. 7	- Letcher				St. West	minst	er, Md.
y filled in by thou, or rem		23. PART I. Enter the disease, or c shock/ or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	a. MU	typle	D	Tune	h aa cardiac or reap	iratory arreat,	Approximata Interval Between Onset and Death
th certificate be executed ending physician and com I Hygiene prior to burial, or other traumatic ex	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	r):	t			
res that the igned by the lealth and M	MEDICAL	PART II. Other algnificant conditions	contributing to deeth b	out not resulting	n the underlyin	g cause given in	Part I. 24a. WAS AN PERFO!	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
# 5 5 5 E		DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YE	S NO D	UNCERTAIN	<u>-</u>		1 YES 2 NO
N: The law icate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)				
CLAN: ertifica the Str	IXSI	1X XYES 2 □ NO	1 X Inpatient 2 - ER/Outp			1e 5 🗆 Reeldence	6 Other (Specify)		
This c	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	28e. DATE OF INJURY (Manth, Day, Mar)	5 1518	M 1 D	YES 2/ NO	Driver (stant	ostructly for
DIVISION DIRECTOR: After hours after death	ETED	3 Suicide 8 Could not be determined	building, atc. (Spec		street, factory, offic	•	261. LOCATION (Street		Benes Ca,
4 7 5 E	COMPL		CIAN: To the best of my knowledge. On the besis of exemination						use(e) end manner ee stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	rke M			O.C.			INED (Month, Day, Year) LY 28, 1995
		J. Afon Co.	KE MD	111 Pe		eet, Ba	ltimore,	Mary	land 21201
		JUL3 1 1995 Julia	32. REGISTRUS'S SIGN.	ATURE					



BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or fillem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	amended.	citer	ns # 196,	Harto	ed Co	unty	7/24/25	SB		9	5 2	24187
	1 - FOR STATE REGISTRAR		STATE OF MA	ARYLAND	DEPAR	TMENT O	F HEALTH AND OF DEATH	MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last)							TE OF DEATH			3. TIME OF DEATH
	Annie		Frances			Caudi	1	Ju	11v 22			2:12 A.M. M
	4. SOCIAL SECURITY NUMB		5. SEX	AGE (In yrs. In	ast birthday)	IF UNDER 1 YE		7. DA1	TE OF BIRTH onth, Day, Year)		8. BIRTH	IPLACE (State or Foreign
	219-60-8349		1 □ M 2 🂢 F	83	YRS.	MONTHS DA	YS HOURS MIN.	Ja	in. 14	1912	West	"Virginia
_	9a. FACILITY NAME (If not in					9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COL	INTY OF D	EATH
6	Bel Air Con	vales	cent Cente	r		Bel A	ir			Han	ford	
DIRECTOR	10a. STATE	10b. COUNT	Y		10c, CIT	Y, TOWN OR L	OCATION				- 1	104 INSIDE CITY
H	Maryland	Harfo	ord		1	Air					ĺ	LIMITS?
								10a, CIT	IZEN OF W			
710 F WPh-11 P1												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No												
	1 Never Married 2		FORCES? 1 [IF YES, GIVE WA		NO	II ye	i, specify Cuban, Mexic YES 2 X NO Spec	cen, Puert	o Rican, atc.)			
B ₹												
里	15. DECI (Specify only	EDENT'S EDU highest grade	CATION completed)	(Work done durin	PATION g most of working	1	6b. KIND OF BUS	SINESS/IN	OUSTRY	
Z.	Elementary/Secondary (0	-12)	College (1-4 or 5 +)			,						
COMPLETED	17. FATHER'S NAME (First, MI	ciclia (ael)		Но	memak	er	40 4000000000		Home			
	John		Hart				I, Middle, Maiden			2:12 A.M. M BIRTHPLACE (State or Foreign Country) Pest Virginia Y OF DEATH Ord 10d. INSIDE CITY LIMITS? 1 Yes 2 No N OF WHAT COUNTRY? ed States RACE — American Indian, Black, Whita, etc. Specify: White BTRY Pe Brown ode) Y or Town, Stata , Md. Home P.A. Md. 21009		
BE	19a. INFORMANT'S NAME (7)	rpe/Print)	Wesley		Hart Malissie 19b. MARLING ADDRESS (Street and Number or Rural Route Numb					heri		Brown
2	Howard Lee		1								TIO . C'T	V1 2116
	20a. METHOD OF DISPOSITE	ON			11345 Pulaski Highway, Lot 46							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		cval from State	comptony or	omatoni or ni	ther places	1 Gardens	1				
1	21. SIGNATURE OF PUNERAL	SERVICE LI	ENSEE	1		22. NAN	E AND ADORESS OF F	ACILITY				
	► 1700	/, /	2 M.	1.								
	23. PART I. Enter the di	un (complication of the	7	anth Da	[1317	Cokesbur	y Rd	. Abing	don	, Md	
	anock, or ne	eart fallure.	List only one cause	on eech lin	e.	iot enter the	mode or dying, au	CH MA CE	irdiac or reapi	ratory ar	reat,	interval Between
	IMMEDIATE CAUSE (Fin disease or condition		Mr. 1 = 4 = 1	. M 1								
	reaulting in death)	-	Multipl	R AS A CONSE		D:		_				3 Years
_		_	, , ,		OOLHOL O	,						
TIFICATION	Sequentially list conditi		DUE TO (C	R AS A CONSE	OUENCE OF	F):						-
8	cause. Enter UNDERLY!	NG	c.									
	that initiated events		DUE TO (C	R AS A CONSE	OUENCE OF	F):						
CERI	resulting in death) LAST		d									
	PART II. Other algolifica	nt condition	a contributing to d	eeth but not	resulting !	in the under	vina cause alves le	n Part i	24a. WAS AN	ALITOPEY	245	WEDE AUTOREY PRINTING
3	Non Insul:			iabete			ying sease given in		PERFOR	MED?	240.	AVAILABLE PRIOR TO
ED					- 1101	11000		_	1 TYES 2	₩ NO		OF DEATH?
Σ.	DID TOBACCO US	SE CONT	RIBUTE TO CALL	SE OF DEA	ATH VE	SINO	☑ UNCERTA	IN D				1 YES 2 NO
AN	25. WAS CASE REFERRED TO		MIDGIE 10 CAO			TH (Check only	**		1			
Sic	EXAMINER?		HOSPITAL:			OTHER:	Home 5 - Residence	- B - C	her (Snenth)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28a. DATE OF IN (Month, Day,	JURY	26b. TIMI		INJURY AT WORK?	_	ESCRIBE HOW IN	JURY OC	CURED	

28c. INJURY AT WORK?

1 YES 2 NO 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.

death occured at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CENTIFIER

29c. LICENSE NUMBER D08096

29d. DATE SIGNEO (Month, Day, Year) July 22,1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Andrew Nowakowski 31. DATE FILED (Month, Day, Year)

1 X Natural

2 Accident 3 Suicide

4 Homicide

BY

COMPLETED

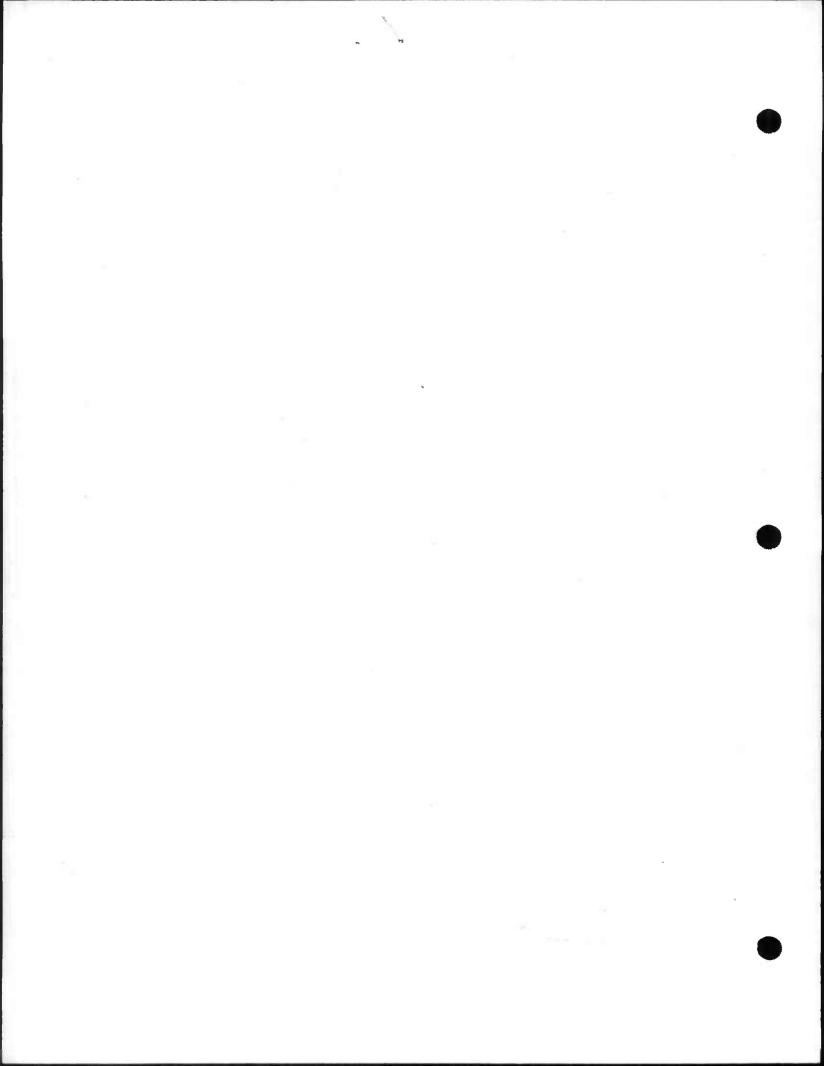
BE

2

125 N. Main St. Bel Air , Md. 21014

24

32. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

7	į
0	
9	
-	
8	
6876	
×	
BOX	
\approx	
ш	
<u>.</u>	
0	
۵.	
_	
ທົ	
~	
ᆵ	
Ŧ.	
0	
O	
RECORDS	
~	
DF VITAL	
⋖	
-	
=	
>	
ш	
\overline{a}	
_	
Z	
\overline{a}	
\simeq	
DIVISIO	
=	
2	
5	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

10

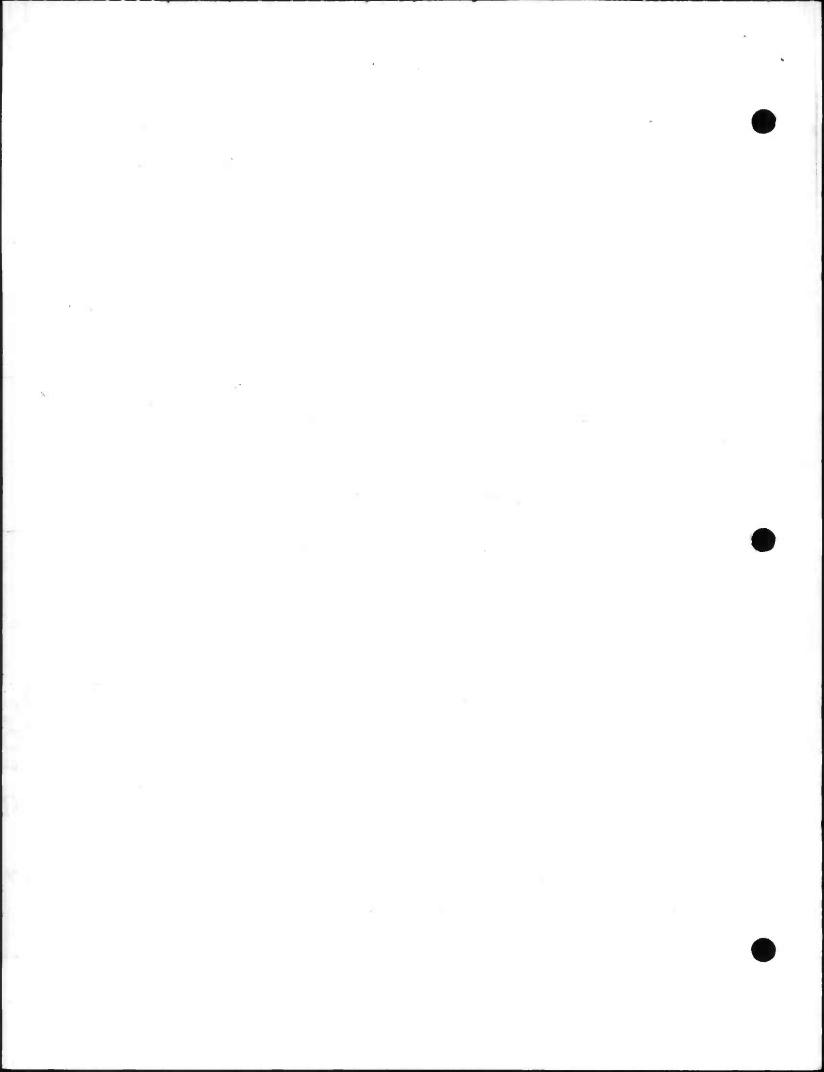
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found of the flow of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF M	MARYLAN			HEALTH AND	MENTA	L HYGIENI	E			
1, DECEDENT'S NAME (First	I, Middle, Last)						2. DATE	OF DEATH		a. TIM	E OF DEAT	(H
Charles	Al	bert	Cul	0			07			EAR	2:00	Au
4. SOCIAL SECURITY NUM	BER	5. SEX		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE		mian
214-12-6919		1 🔀 M 2 🗌 F	84	1 YRS.	MONTHS DAYS	HOURS MIN.	(Monti	3/1911		Country)		, digit
9a. FACILITY NAME (If not in	nstitution, give stre	et and number)		1	9h CITY TOWN	OR LOCATION OF O	<u> </u>	3/1911	9c. COUNTY	arylan	<u>a</u>	
15 Somerset		,					LATT					
RESIDENCE OF DEC					Pocomok	e City			Worce	ester		
10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d, IN	ISIOE CITY	
Maryland	Worces	ter		Po	comoke	City					MITS?	NO
10e. STREET AND NUMBER						IOI, ZIP CODE			10g. CITIZEI	N OF WHAT CO		
15 Somerset	Avenue					21851			USA			
11. MARITAL STATUS	T.	12. WAS DECEDEN	T EVER IN U	S, ARMED	13. WAS O	ECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No — 14	, RACE — Ame	ericen India	en.
1 Never Married 2		FORCES? 1			If yes,	specify Cuban, Maxico	an, Puerto I			Black, White	, etc.	
3 Widowed 4 Divo	broad				'''	S 2 20 NO Specific	17			wh.	ite	
15. DEC	EDENT'S EDUCA	TION	16		USUAL OCCUPA		16b	. KIND OF BUS	INESS/INDUS	TRY		
Elementary/Secondery (College (1-4 or 5 a	.)	Ille. Do NOT us	work done during i se retired.)	nost of working	i					
7				Carpente	er							
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S NA	AME (First, I	Viddle, Maiden	Sumame)		-	
Abner Culp						Letucia	a Rum	er				
19a, INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (Stree	and Number or Rural			, State, Zip Co	rde)	_	
Georgia L. (Culp			15 Sor	merset	Ave., Poo	romok	e City	МЭ	2185	1	
209, METHOD OF DISPOSIT	ION		20b. PL		OF DISPOSITION (OAT			or Town, Star		
1 2 Buriel 2 Cremetic 4 Donation 5 D Other	on 3 🗆 Remov	al from State	cemete	ry, crematory or or	ther place)	Demetery	1	Green				
21. SIGNATURE OF FUNERA		4SEE	pillo	· CLOUR		AND ADORESS OF FA		Green	CACKVII	ie, va.		
1 4		.11				n Funeral		е				
2 coty	A. 0	Molegi	The		РО В	ox 64, Po	como	ke Cit	y, Md.	218	51	
23. PART i. Enter the d	Iseasea, or co	mplications that at only one cau	t caused th	ne deeth. Do n	ot enter the n	node of dying, aud	ch es card	llec or reapin	atory arrest	t, 6	Approxima	
IMMEDIATE CAUSE (FI		it only one cau	se on eacr	i line.							nterval Be Onset and	
disease or condition_		CAN	. 657	11/5	He and	FAILL	40			į,	5 Y	es
reaulting in death)	·	DUE TO	(OR AS A CO	INSEQUENCE OF	70//- ·	7 77 100						
										j		
Sequentially list condit		DUE TO	(OR AS A CO	ONSEQUENCE OF	F):							
cause. Enter UNDERLY	ING											
CAUSE (Diseese or injuthat initiated events	Try C	OUE TO	(OR AS A CO	INSEQUENCE OF	F):							
resulting in death) LAS	T 4											
	0.											
PART il. Other elgnifice	ent conditions	contributing to	deeth but	not reculting	in the underly	ng cause given in	Pert i.	24a. WAS AN		24b, WERE /	AUTOPSY FIR	
DM								1 YES 2			ETION OF C	
PAO.	STATE	CAN	CEN								ES 2 N	10
DID TOBACCO U	SE CONTRI	BUTE TO CA	USE OF	DEATH YE	S 🗆 NO I	UNCERTAL	ΝП					
25. WAS CASE REFERRED T					H (Check only on			-				
EXAMINER?		OSPITAL:	ER/Outpetle	ort 3 🗆 DOA	OTHER:	me 5 Rasidence	e 🗆 ou-	(0/-)				
27. MANNER OF CEATH		28e. DATE OF		26b, TIM		JURY AT	T	CRIBE HOW IN	LIURY OCCUR	ED		
	Pending	(Month, D	ay, Year)	INJ	URY V	/ORK? YES 2 NO						
	Investigation	28a PLACE O	F IN II IDV	At home form a	street, fectory, off		224 1 00	ATION (0	- 1 11 1	0.10.11		
	Could not be determined	building,	etc. (Specify)	At Home, term, a	ereet, rectory, on	ice	City	ATION (Street as or Town, State)	nd Number or i	Rumi Houte Nu	mber,	
			-									
						te and place, and due						
2 MED	ICAL EXAMINEFI:	On the beele of an	aminetion er	nd/or investigatio	n, in my opinion,	death occured at the	time, deta	and place, and	due to the c	ause(a) and m	anner ee st	ated.
296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE NUI	MBER		29d, DATE ŞI	IGNED (Month,	Day, Year)	
PA	Jac-					D2911	68		12/1	2/95	-	
30. NAME AND ADDRESS OF									-//	1110		
Robert Alle	en, MD -	- Cedar	& Ten	th Stre	ets, Po	ocomoke C	ity,	Md.	21851			
31. DATE FILEO (Month, Day,	1 1995	32. DEGISTRA	R'S SIGNATU	RE								



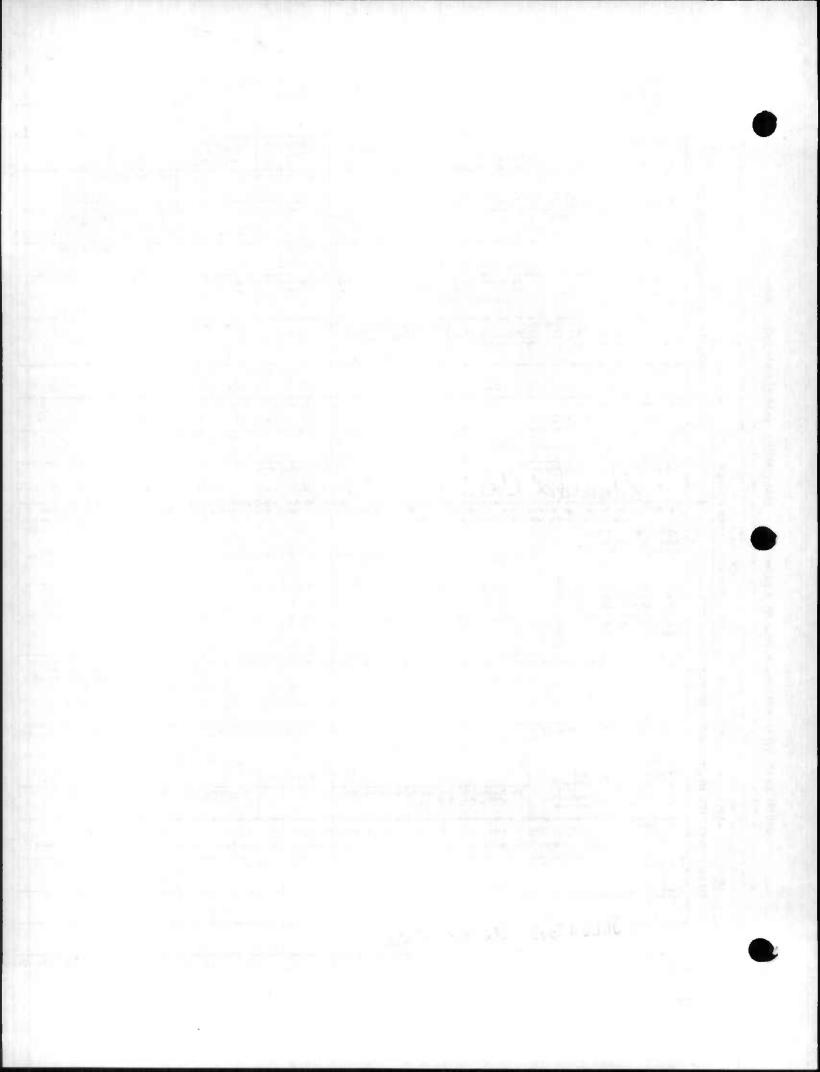
hoen
2
2
panietar
2
Vem
46
Pane
4
des
affer
0.0
MIN
Dilli
PILIT
mure after death Page 6 may be retained by the hoesis
of within
ment within
mental within
as executed within
to he executed within
ficate he executed within
actificate he executed within
n cartificate he executed within
the death certificate he executed within

21215-0020

DIVISION OF VITAL RECORDS,

	es 1,	
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be flext within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	FOR STATE . REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	5.5.	
1		WORE K.	CROWL		2. DATE OF DEATH MONTH DAY	20 95	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 199-09-8018 9a. FACILITY NAME (If not institution, giv	1 M 2 X F 75	YRS. MON	PROBER 1 YEAR OF UNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 9-20-19	Country)	co, PA
TOR	Calvert Manor	Nursing Ho		Rising Su			Cecil
DIRECTOR	10e. STATE 10b. COU			wn or Location Little Elk	Creek Rd	0.63	10d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER 2030 Little E			101. ZIP CODE 19363	OZCON NO	109. CITIZEN OF WI	1 YES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	an, Puerto Rican, atc.)	or No— 14. RACE Black, Specify	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S E (Specify only highest pri Elementary/Secondary (0-12) 1 2	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of kine. Do NOT use retil Homemak	lone during most of working red.)	16b. KIND OF BUSI	NESS/INDUSTRY	WILLE
ш	17. FATHER'S NAME (First, Middle, Leet) George A.	Koerner			AME (First, Middle, Melden S n C. Doers		
TO B	190. INFORMANT'S NAME (Type/Print) Helen C. Rot	en		RESS (Street end Number or Aura 3 Fifth Str			PA 19363
	20jr METHOD OF DISPOSITION 1		PLACE AND DATE OF DIS etery cremetory or other p XIOTO CE			ation - city or tow	
	21. SIGNATURE OF FUNERAL SERVICE	d. Collins		Edward L.	Collins		Home, Inc
CERTIFICATION	23. PART I. Enter the diseases, a shock, or heart fellur immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF):	mer the mode of dying, su	on as cardiac or reapir	atory arreat,	Approximate Interval Between Onset and Death 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
: MEDICAL CE	PART II. Other eignificent condition	lone contributing to death b	ut not resulting in th	e underlying couse given is	Pert I. 24s. WAS AN A PERFORM	NO NO	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;	ОТ	26. PLACE OF DEATH (C	heck only one)		
РНУ	1 TYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 25e. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW IN	JURY OCCURED	
ETED BY	2 Accident investigatio 3 Suicide 6 Could not I 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, street	, factory, office	281. LOCATION (Street or City or Town, State)	nd Number or Rural Ro	ute Number,
COMPLE	one)	YSICIAN: To the best of my knowl					end manner se stated.
TO BE C		or MO		29c. LICENSE NO	IMBER 15	P 7-21	Month, Day, Year) ~ 95
É	30. NAME AND ADDRESS OF PERSON	n. Md 211	911)			
	31. DATE FILED (Monthly, 2014]	995 32. REGISTRAPIS SIGN	ATURE Randall				



BALTIMORE, MARYLAND 21215-0020

_	•
0	
9	
1	
687	
ø	
\sim	
BOX	
m	
ш.	
0	
_+	
P.0	
100	
ഗ	
0	
_	
Œ	
RECORDS,	
\simeq	
O	
ш	
~	
VITAL	
d	
_	
OF	
$\overline{}$	
\mathbf{C}	
7	
DIVISION	
-	
S	
>	
_	

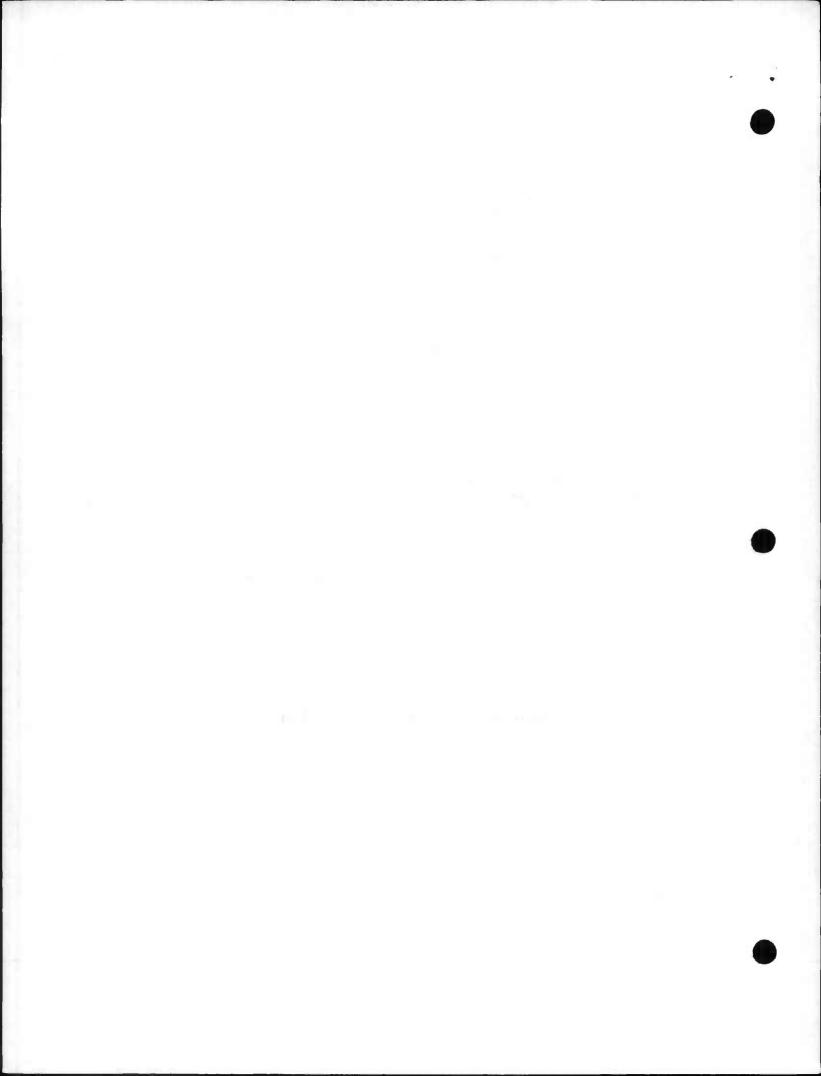
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificant be necomed within a finance and the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely liked in by the funeral completely liked in by the funeral completely liked in by the filed within 72 hours after death with the State Dept. of Health and Mental Hypern phor to funeration, or remove.	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTA	L HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Cany	20-1			2. DATE	OF DEATH	Υ	YEAR.	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	CORK 5. SEX 6. AGE (In vis. I		JVI		3 19	95]	5:00 P H			
	A THE TAXABLE PARTY OF THE PART	5. SEX 6. AGE (In yrs. I		ONTHS DAYS	HOURS MIN.	(Mont	OF BIRTH h, Day, Year)	BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street	11 02		b. CITY. TOWN C	R LOCATION OF D		4-191			land	
DIRECTOR	25 454 Faircastle Drive Severna Park Anne Arundel RESIDENCE OF DECEMENT										
RE	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION					10d, INSIDE CITY	
	Maryland Queen	Annes		Chester				\perp	1 ☐ YES XIX NO		
FUNERAL				101				10g. CITIZE	EN OF WI	HAT COUNTRY?	
NE	113 Parks Road	12. WAS DECEDENT EVER IN U.S. A	DMEO	T 40 HH 0 000						S.A.	
	1 Never Married 2 Married	FORCES? 1 YES 2	MO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Black, White, atc.		
ВУ	Wildowed 4 Divorced	IF TES, GIVE WAR ON DATES		1 TES	2 NO Speci	rly:			Specify C a 11	casian	
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION 16a. C	DECEDENT'S US	SUAL OCCUPATION done during mo	N at of working	16b	. KIND OF BUS			Custun	
<u>_</u>		College (1-4 or 5+)	fe. Do NOT use i	retired.)							
× I	17. FATHER'S NAME (First, Middle, Last)		Home	maker			are the second	Hom	е		
8	Wilhelm H.S.	Clauss			16. MOTHER'S NA		Middle Melden S Blies		0.70		
BE	19a, INFORMANT'S NAME (Type/Print)	T,	9b. MAILING AI	DDRESS (Street a	ad Mumbas as Dumi	Deute Muse	- Oh T	O			
2	Mr. Edward Dyas	s 25 454 Fai	rcast	le Dri	ve Sev	erna	Park	. Ma	rv1	21146 and	
	20#. METHOD OF DISPOSITION	20h BLACI	EAND DATE OF	DISPOSITION /Na	me of	DAT	E 20c. LOC	ATION CI	ty or Tow	rn, State	
- 1	1 Burlel 25 Cremetion 3 Remond		tro C	remato	ry 7-2	0 + 19	95 B	alti	mor	e, MD	
	21. SIGHATTINE OF FUNERAL SERVICE LICEN	May 10)		anco &		c Fun	0 2 2 1	Цо		
	Trames Ca	4 Dessino	8. 4	95 Rit	chie H	wy S	evern	a Pa:	rk.	MD 21146	
	23. ART I. Enter the diseases, or cor shock, or heart feliure. Lis	mplicetions thet caused the d at only one cause on each lin	leath. Do not	enter the mo	de of dying, aud	ch as card	fiac or reapin	atory arres	st,	Approximate	
- 1	IMMEDIATE CAUSE (Final				1, 1					interval Between Onset and Death	
	dilettise or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								3 weeks		
_											
٥	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):										
S	If any, leading to immediate Cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE OF):								
CERTIFICATION	4									1	
AL (PART ii. Other aignificent conditions	contributing to deeth but not	resulting in	the underlying	ceuse given in	Part I.	24a. WAS AN A			WERE AUTOPSY FINDINGS	
	COMP									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
뿔						_	- (T YES 2 NO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIL				UNCERTAI	N					
Sici		HOSPITAL:	0	(Check only one)	1-						
H H	27. MANNER OF DEATH	Inpetient 2 ER/Outpetlant 28s. DATE OF INJURY	3 L DOA 4		5 Residence		her (Specify) ESCRIBE HOW INJURY OCCURED				
	1 Natural 5 Pending Investigation	(Month, Day, Year)	INJUR	Y WOI		200. 520	TOTAL HOW BE	JOH! OCCO	CURED		
D BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At h building, atc. (Specify)	PLACE OF INJURY — At home, farm, street, factory, office			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,	
	4 Homicide datermined	(0,000))				City	or lown, State)				
집		N: To the bast of my knowledge, d									
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or	Investigation,	In my opinion, de	ath occured at the	time, data	and place, and	dua to the	cause(a) r	and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 0 1	100	2	29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (Month, Day, Year)	
ဥ	vayer 10	orbeth	a	0	027	93	8	150	1/4	19,1995	
	30. NAME AND ABORESS OF PERSON WHO C	TY 795 AQ	UALAC		Glen B	RYNI	ie Mo	12/0	//		
	JUL 2 7 1995	32. REGISTRAR'S SIGNATURE							7		
п		I JUNE WILLIAM CIN	ALDIO DE								

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	0		10		2. DATE OF DEATN		3. TIME OF OEATH	
8	MARY	Kehrac	111	ria	app.	MONTH D	ay o	YEAR 1/30 4 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign	
	213-95-1653	1 □ M 2 🛱 F	81 YRS.	MONTHS DAYS	HOURS MIN.	OCT 27 1	913	Maryland	
1 4	9e. FACILITY NAME (If not institution, give str	reer and number)		9b. CITY TOWN	OR LOCATION OF D			Y OF DEATH	
DIRECTOR	Golden Age Nur				dbine			rroll	
[2]	10e. STATE 10b. COUNTY		100 00	TY, TOWN OR LOCA	TION			Directory of the Control of the Cont	
<u>E</u>		Carroll		estmins				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Carron			of, ZIP CODE			1 🔀 YES 2 🗌 NO	
FUNERAL	89 Timber Ride	ge Drive		1	21157		U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexice S 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No — 1	4. RACE — American Indian, Black, White, etc. Specify: White	
	15. DECEDENT'S EDUC	ATION	16a, DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BU	1 SINESS/INDI	STDV	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of life. Do NOT u	work done during m	ost of working	TOU. AIND OF BU	sincss/inpo	PINY	
2	7	College (1-4 or 5+)	Machir	e Oper	ator	Shoe Ma	anufa	cturing	
<u>S</u>	17. FATNER'S NAME (First, Middle, Last)		- I a o i i z i	o oper		ME (First, Middle, Meiden		Cearing	
		ustus Lit	tle			a Amelia			
8	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Otroot		Route Number, City or Tow			
일	Julia Sherfey							r, Md. 21157	
1 1	20e. METNOD OF DISPOSITION	200	D. PLACE AND DATE					ty or Town, State	
	1 Buriel 2 Cremetion 3 Remo	rval from State	metery, crematory or o	other place)	ion Inc	.7/29 Ha	mnete	A M MA	
1 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	alloll	22. NAME A	AND ADDRESS OF FA				
	1/2 H	70-001				St., We:	stmin	uneral Home	
	23. PART I. Enter the diseases, or co	Z-KelcheN	d the death the					2115/	
1 3	shock, or haart fallure. L	lat only one cause on a	ech lins.	not enter the m	ods or dying, auc	n es cardiac or reap	ratory arres	Approximata Interval Between	
	IMMEDIATE CAUSE (Fins)								
1	resulting in death)	Altellos	collect	Caldul	coscular a	1/Slass		10415	
	disease or condition								
N N	Sequentially list conditions,	DUE TO OR AS	A CONSEQUENCE O		y ause	LOD		1047-	
A	If any, isading to immediate csuse. Enter UNDERLYING		TO TO TO TO TO TO TO TO TO TO TO TO TO T	.,.					
[윤]	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	nn:					
ᄩ	resulting in death) LAST							j	
CERTIFICATION	d	*							
DICAL	PART II. Other algolificant conditions	contributing to deeth it	out not resulting	in the underlying	ng causs given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
일						1 □ YES 2		COMPLETION OF CAUSE OF DEATH?	
MEC								1 YES 2 NO	
	DID TOBACCO USE	CONTRIBUTE TO	CAUSE C	F DEATH	YES IN N	0 П			
ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. F	LACE OF DEATH (Ch	- 1		<u></u>	
PHYSICIAN:	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Whursing Hor	me 5 🗆 Residence	6 Other (Specify)			
1 8 1	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN		JURY AT ORK?	28d. DESCRIBE NOW I	NJURY OCCU	REO	
	1 Netural 5 Pending Investigation	(100.00)			YES 2 NO				
m 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office 28t. LOCA							and Number of	Aurai Route Number,	
I W II	4 Nomicide determined	1000	ony			City or Yown, State)			
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(e) end manner se stated one) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) end manner se stated one)									
N N								cause(a) end menner ee stated.	
1 11	29b. SIGNATURE AND TITLE OF CONTIFIER	//			_				
ᆱ	Latin DA -1	1140 Aus			29c. LICENSE NUI		29d, DATE	SIGNED (Month, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	ATN (ITEM 27) /5-	Printi	02080	/6	7	10113	
	HATRICK TURNES	1475	lihent	7-1	FLOOR	xuz MD	217	ev	
	THE COLOR	32. REGISTRAR'S SIGN	ATURE	10	CIOCINO	Ury "	CITO		
1	JUL3 1 1995	attender Par	44						

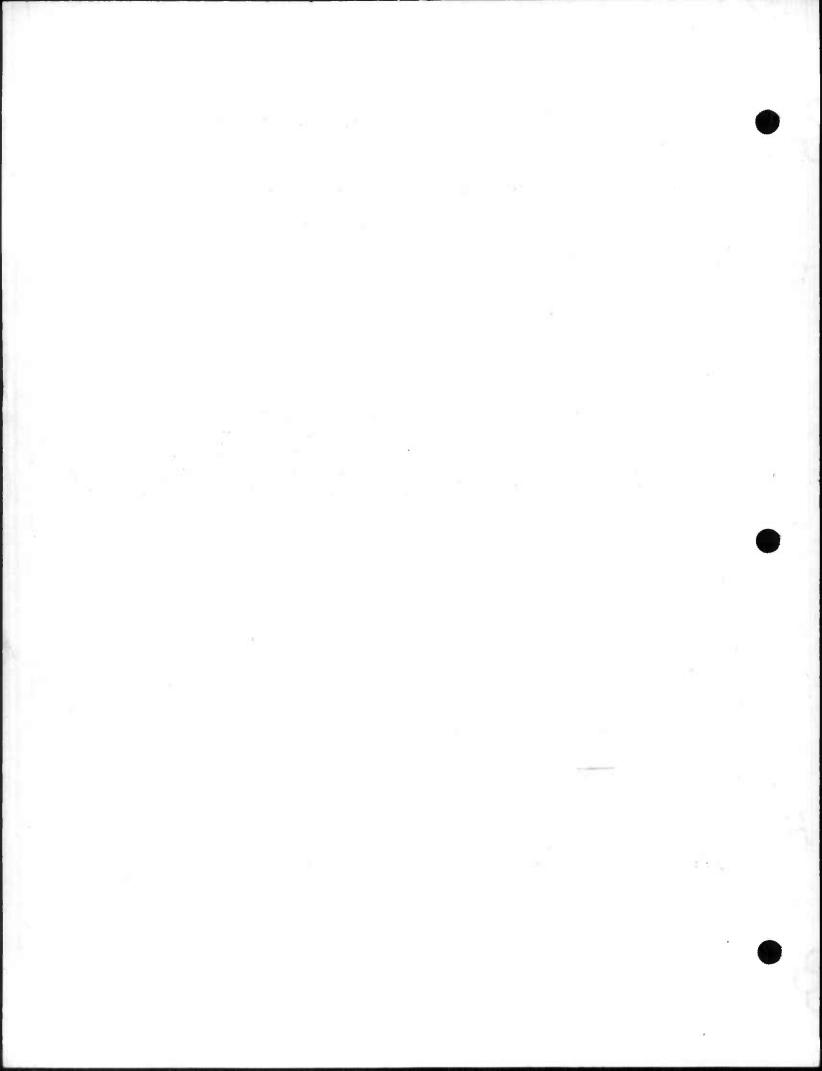


ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-726 8/18/95 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DALE JULY DONALD DEMARR, SR. 6:15 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 217-78-5237 10-17-1957 37 1X M 2 - F MD 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 CALVERT MEMORIAL HOSPITAL PRINCE FREDERICK CALVERT COUNTY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Calvert Prince Frederick 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6816 Hallowing Lane be detached for use as the burial-transit 20678 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\tilde{\tilde{L}} \) YES 2 \(\tilde{L} \) NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married ВУ Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Carpenter Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Donald Jerome DeMarr Betty Ann Leetsch DeMarr BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald J. DeMarr P.O. Box 151 Barstow, MD 20610 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION — City or Town, State must Burlet 2 Cremetion 3 Removal from State DeMarry Family Cem. 7/31/95 Aquasco, MD 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOL'S FUNERAL HOME, INC. hours after death. M00945 P.O. Box 567 LaPlata, MD 20646 n by the f medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, completely filled in by rial, cremation, or remo Approximete ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death the disease or condition COCAINE AND ALCOHOL INTOXICATION resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that the death certificate be executed wil and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to 2 if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 the atten PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO and any signed by Health ar COMPLETION OF CAUSE 1 STES 2 NO OF DEATH? Shows 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: WE Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OR ATTENDING PHYSICIAN: The Item certificate h YES 2 NO OTHER: 1 ☐ Inpetiant 2 ☑ ER/Outpatient 3 ☐ DOA ng Home 5 - Rasidence 8 - Other (Specify) the 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this c marked, 286. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural FOUND 7/28/95 5:00 A M 1 YES 2 AO UNKNOWN BY After 1 Investigation 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number of Rural Route Number, City or Town, State) RT 231— PO BOX 151 99 3 Suicide 8 Could not be COMPLETED DIRECTOR: 4 Homicide 28 HOME BARSTOW, MD. 20610 item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h TO THE HOSPITA
TO THE FUNERA
Be filed within 7
IMPORTANT: I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. BIGHATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. JULY 29,1995 9 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WRELLMW111 Penn Street, Baltimore, Maryland 21201 (MARIOD 32. REDISTRANG SIGNATURE
Julia d'auxilian Randall

1995



9c. COUNTY OF DEATH Harford

1911 New Jersey

10g. CITIZEN OF WHAT COUNTRY? DUA

> 14. RACE -- American Indien, Black, White, stc. Specify: White

3. TIME OF DEATH

1.30 P

10d. INSIDE CITY 1 YES 2 NO

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		IMEL	DAN	4		Dugi	SAN	20	14 2	.3 99	5
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest bir		FUNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	-	6. BIR
9		219-42-1590		83	YRS.	ONTHS DAYS	HOURS MIN.	Dec.		1911	
binorks		9e. FACILITY NAME (If not institution, give st	reet and number)		91	b. CITY, TOWN	OR LOCATION OF D			9c, COUNT	
2, 3	じ	17 Post Road				Aberde	een			Hari	for
	5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY									
Page	DIRECTOR					TOWN OR LOC		- 1			
permit. Pages 1.		10e. STREET AND NUMBER	AR FOY	0			10 EC	7		т —	
8	R.		0			1	Of. ZIP CODE			10g. CITIZE	EN OF
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	140 A-D	>			210				در
20 hysic urial-	교	1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	D		CENDENT OF HISPAI pecify Cuben, Mexico			s or No— 1	14. RA Bla
fing p	B	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗌 YE	S ZXNO Specif	y.			Spo
20 g 8	ED	15. DECEDENT'S EDUC		18e. DECED	DENT'S US	UAL OCCUPAT	ION	16h	KIND OF BU	SINESS/INDU	_
212- al or ath for use	E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	(Give I	kind of work NOT use re	k done during n etired.)	nost of working	1			
D spital		12	2	Pri	vate	Nursi	ing		Nurs	ing	
AND the hospit detached once.	COMPI	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, I			
Z > 2 H		William M. Dugg	an, Sr.				All Comments of the second			enness	sey
MARYLAND retained by the hospit 5 should be detached notified at once.	BE (19s. INFORMANT'S NAME (Type/Print)		19b. M	IAILING AD	ODRESS (Street	end Number or Rural				-
	5	Mrs. Dawn M. Du	ggan				eld Ct.,				
RE, page		20e. METHOD OF DISPOSITION		20b. PLACE AND				DAT		CATION — CH	_
IMORE Page 6 may if director, pa		1 Buriel 2/5/Cremation 3 Remo	wal from State	R. A. F	erri	S & Co	o., Inc.	7/2		st Che	
Page at dir		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME /	AND ADDRESS OF FA	CILITY			-
BALTIMORE, er death. Page 6 may be the tuneral director, page val.		>Kinton/		101-16	- A A	Tarri	ng-Cargo	Fune	eral H	ome, I	$P \cdot I$
W = 8 E	7.0	DANSOLLI A	ryur	guss	see		deen, Mar				
5 = 2		23. PART I. Enter the diseases, or c ahock, or heart fellure. I	omplications that c list only one cause	aused the death on each line.	. Do not	enter the m	ode of dying, auc	h as card	llac or respi	iratory srres	st,
	- 4	IMMEDIATE CAUSE (Final disease or condition	0						_	-	
t, martin		resulting in death)	DUE TO (OI	5 50	201	NALY	AZIE	224	Dis	E 77)	9
3760 tred within completely tal, cremati					NCE OF):	′					
OX 68760 e be executed with sician and comple who to burial, cre- traumatic even	S I	Sequentially list conditions,	ASW								
	CATION	If any, leading to immediate cause. Enter UNDERLYING	OUE 10 (OI	R AS A CONSEQUE	NCE OF);						
m = 5 I	윤	CAUSE (Disease or Injury	DUE TO (OI	R AS A CONSEQUE	NCE OF:						
S, P.O. E e death certificant a attending phymemial Hygiene jury, or other	CERTIF	that initiated events resulting in death) LAST		THE K CONCESSE	NOL OI J.						
	8	d									
다 # 20 m	A	PART II. Other significant conditions					ng csuse given in	Part I.	24a. WAS AN PERFOR		24
amy ar ar	MEDICAL		HYPE	RIEN.	710	7			1 TYES 2		
RECOI requires the seen signed of Health shows am	Ä							_		ggs, ro	
	N.	DID TOBACCO USE CONTR	IBUTE TO CAUS	SE OF DEATH	YES		UNCERTAIL	νП			
	₹	25. WAS CASE REFERRED TO MEDICAL				(Check only one					
VITA IAN: The Tificate h E State h Item	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ E	R/Outpatient 3 🗆	DOA A	THER:	me 5 Residence	8 🗆 Other	(Specific)		
1 일 등 등	PHYSIC!/	27. MANNER OF DEATH	26e. DATE OF IN.	JURY 26	8b. TIME O	0F 28c, IN	JURY AT			NJURY OCCU	RED
O 芒哥達 5		1 Natural 5 Pending	(Month, Day,	Year)	NJUR		YES 2 NO		2		
ON ON O ON O O O O O O O O O O O O O O	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF II	NJURY — At home,		et, fectory, offi		28f, LOC	ATION (Street a	and Number or	r Rure
DIVISION OR ATTENDING F DIRECTOR: After hours after death item 28 is mar	Ш	4 Homicide determined	building, etc	. (Specify)				City	or Town, Stete)		
DIV OR A DIREC hours	<u> </u>	29e. CERTIFIER	NAM. To the heat of							_	
B B B B	COMPL	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my								
HOSPITAL FUNERAL within 72	8	A_	On the page of exam	manun eng/or inve	auganon, I	iii my opinion,			end place, en	a dus to the	Câuse
TO THE HOSPI TO THE FUNEH TO THE WITHIN	88	296. SIGNATURE AND TITLE OF CONTIFIEN	1 1	90.0			29c. LICENSE NUN	AISEM		29d. DATE 8	SIGNE
223	0	Janus /			7 6		0219	809		P -	7.
T I		30. NAME AND ADORESS OF PERSON WHO	COMPLETED CALIFE	OF OFATH STEAM OF	D /T O /	J					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAB'S SIGNATURE

31. DATE FILED (Month, Day, Year)

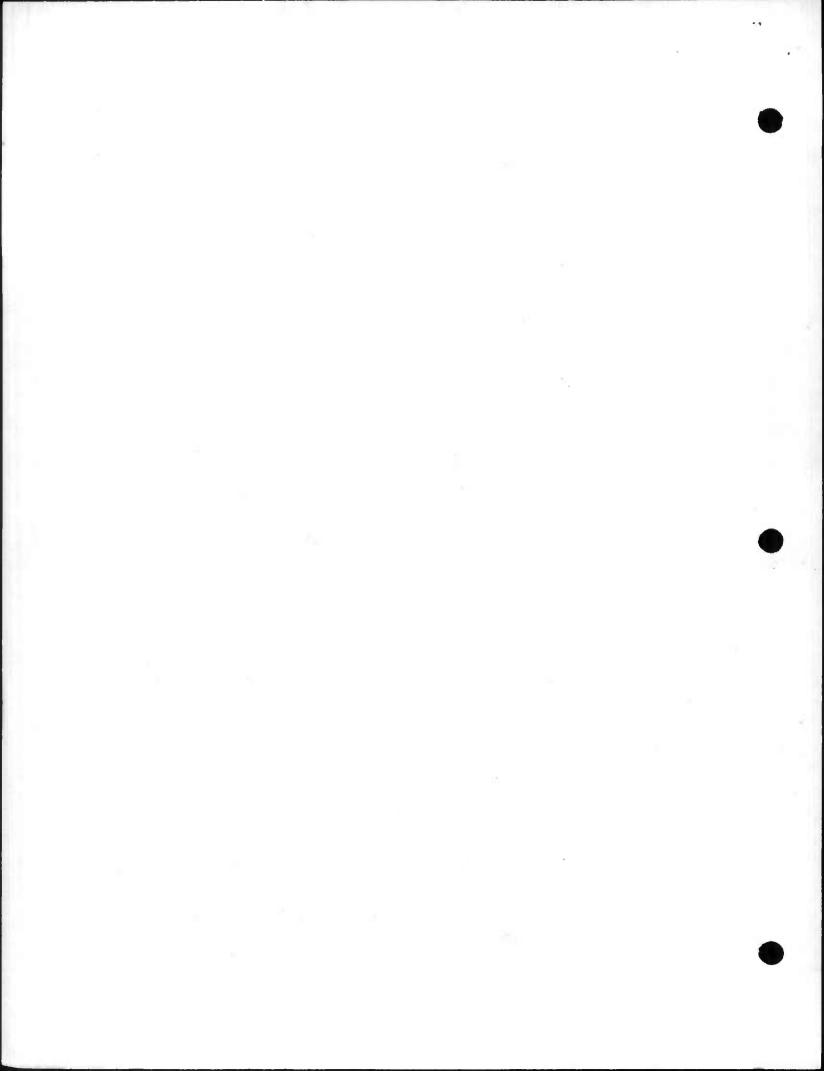
JUL 25 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

> gnes Hennessey per, City or Town, State, Zip Code) chville, MD 21028 28c. LOCATION — City or Town, State West Chester, PA eral Home, P.A. d 21001-3399 flac or respiratory screet, Approximate Interval Between **Onset and Death** DISEADE 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO CRIBE HOW INJURY OCCURED ATION (Street and Number or Rural Route Number, or Town, State) se(e) end manner ee stated. end place, end dus to the cause(e) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year) 7.2395 DHMH-16 Rev 1/89

.

_	1 - STATE REGISTRAR	STATE OF MARY	CERTIF	RIMENT OF FICATE OF	HEALTH AND F DEATH		REG. NO			
		RIC	E	LLISON		MON		6 199	YEAR	6:55 A
	4. SOCIAL SECURITY NUMBER 472=01-3146 572-01-3146	5. SEX 8. AGE 1 M 2 X F 7.5	(In yrs. last birthday) YRS.	MONTHS DAYS		(Moi	e 13 19		Country)	CE (State or Foreign
000	9a. FACILITY NAME (If not institution, give st	met and number)		96. CITY, TOWN	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
2010	SHOCK TRAUMA CENTER BALTIMORE CITY RESIDENCE OF DECEMENT									
DIRECTOR	MD Cec			ry, town on Loc sing Su						I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				er. ZIP CODE			10g. CITIZE		YES 2 NO
FUNERAL	27 Red Pump Rd	12. WAS DECEDENT EVER	IN II C ADMED	42 446 04	21911			US		
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, a	ECENDENT OF HISI specify Cuban, Mex S 2 X NO Spe	ican, Puerto			Specify: hite	American Indian, hita, etc.
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	18a. DECEDENT'S (Give kind of life. Do NOT u	Work done during in	TION nost of working	16	Sb. KIND OF BUS	SINESS/INDUS	TRY	
교	Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker			Home			
5 0	17. FATHER'S NAME (First, Middle, Last) Manuel Martins						, Middle, Maiden	Sumame)		
B 6	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	Ind I		rriera mber, City or Tow	n, State, Zip Co	ode)	
TO TO	Edward C Ellison				Rd Risin	g Sur				
nust.	20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Remo 4 □ Donation 6 □ Other (Specify)	val from State Cer	b. PLACE AND DATE metery, crematory or o	other olecel		1		CATION — CIT		Stata
examinor	Phila Mem Park July 20 1995 Frazer PA 21. SIGNATURE OF PUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. T. Foard Funeral Home, P.A.									
	23. PART I. Enter tha diseases, or c		odie	111 :	S. Queen	St.,	Risin	g Sun	MD	21911
ic event, the medical	/shock, or haert failure. I	. MULTIPL	1==							Interval Between Onset and De
or other traumatic	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		A CONSEQUENCE O							
CER CER	_ d	•								
shows any injury. MEDICAL C	PART II. Other significent conditions	contributing to deeth b	out not resulting	in the underlyi	ng ceuse given	In Part I.	24s. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDIN ILABLE PRIOR TO IMPLETION OF CAUS DEATH? YES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE C	OF DEATH Y			IN 🗆	J. V. J.		17	
ed, or item 23 s PHYSICIAN:	EXAMINER? XXYES 2 NO	HOSPITAL:		OTHER:	me 5 Rasidenc	e 6 □ Oth	ner (Specify)		<u> </u>	
40 I	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 7 / 15 / 95		IE OF 28c, IN	JURY AT ORK?	_	SCRIBE HOW II	NJURY OCCUP	RED	
Is mar	2 X Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	/ — At home, tarm,		YES 2 NO	281, LO	ESTRA CATION (Street a	nd Number or	RUCE	Alconhor
00 LU	4 Homicide determined	building, etc. (Spe-	STRI	EET		273	W. MA	IN ST	. 1	RISING 1D.
ANT: If Item 2 COMPLET		IAN: To the best of my know : On the basis of examination								I menner aa stated
O BE COM	296. SIGNATURE AND TITLE OF CERTIFIER	PUI			29c. LICENSE N	UMBER				nth, Day, Year)
₽ 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	0.C.	M.E.		JU	LY	17,1995
		Ner	111 Per		eet, Ba	ltin	ore,	Maryl	and	21201
	JUL 1 9 1995 A	32. REGISTRAR'S SIGN	dell							



ALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

ч.	
B	
_	
-	
•	ı
~	
ب	
9	
\sim	
∞	
(0)	
_	
×	
_	
U	
m	
-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
\cap	
٧.	
n i	
_	
Ph.	
ഗ	
_	
_	
000	
_	
O	
13	
_	
ш	
Page 1	
_	
-	
⋖	
_	
_	
_	
¬ .	
_	
7	
-	
_	
^	
"	
_	
5	
_	

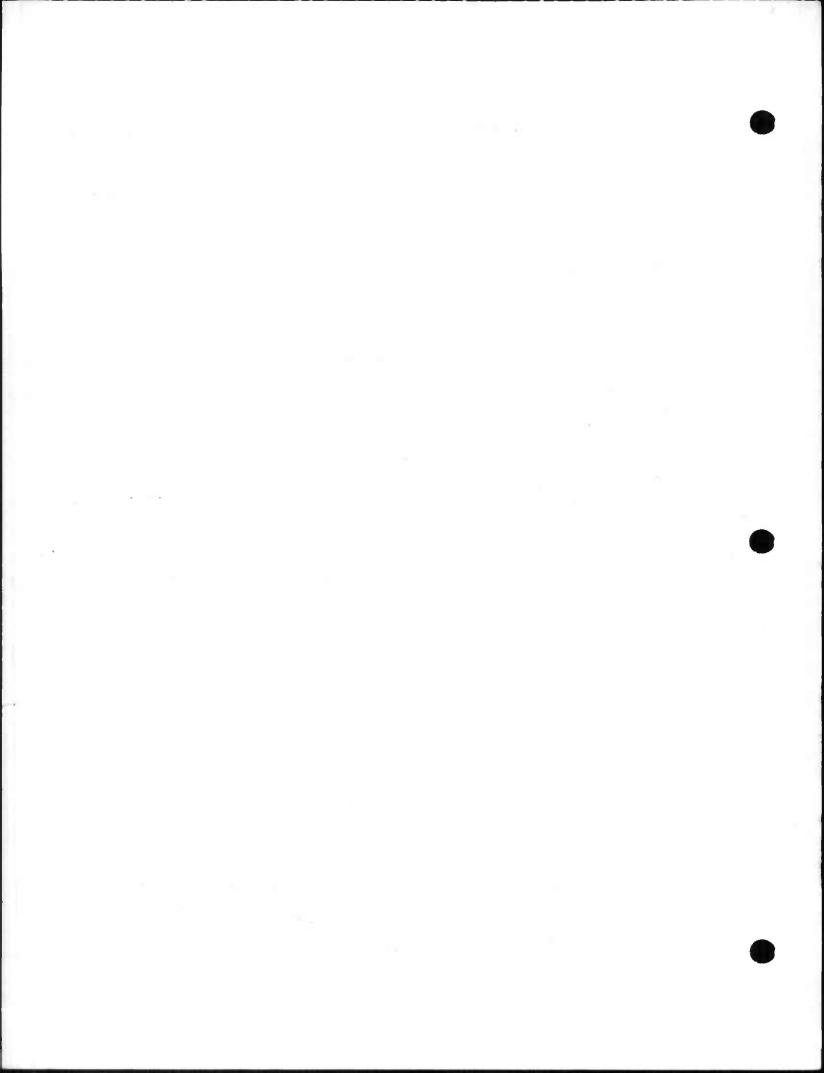
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF OEATH								
	Kather	July 20, 1995 3:45 p M								
	4. SOCIAL SECURITY NUMBER 5. SEX		F UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	S. BIRTNPLACE (State or Foreign					
	218-30-2741 ¹□M²√F	7 7 YRS.	ONTHS DAYS HOURS MIN.	Nov. 2, 19	23 North Caroli					
	9e. FACILITY NAME (If not institution, give street end number)	1	b. CITY, TOWN OR LOCATION OF DI		COUNTY OF DEATN					
DIRECTOR	Meridian Nursing Home	Severna Park	ark Anne Arunde							
Ü	10 e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY					
PH	Maryland Anne Arunde	T F	lgewater		LIMITS? 1 YES 2 NO					
	10e. STREET AND NUMBER	1 10	101. ZIP CODE	100	g. CITIZEN OF WHAT COUNTRY?					
EB	1514 Arundel Road		21037		USA					
FUNERAL		EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	IIC ORIGIN? (Specify Yes or N						
	TO THE MENTING 2 MENTING	YES 2 NO	If yes, specify Cuban, Maxice 1 YES 2 NO Specific	n, Puerto Ricen, etc.)	Black, White, etc. Specify:					
ВУ	3 Wildowed 4 Divorced		X No space	, 	white					
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)	18e. OECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BUSINES	SS/INOUSTRY					
	Elementary/Secondary (0-12) College (1-4 or 5+)	life Do MOT upo i	etired.)							
MP	?	Secreta	ry	School School						
00	17. FATNER'S NAME (First, Middle, Last)		16. MOTHER'S NA	ME (First, Middle, Maiden Surne	eme)					
BE (Unknown Evans			nknown						
10	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	ODRESS (Street end Number or Rural	Route Number, City or Town, Ste	ere, Zip Code)					
-	Kathy Dennis	360 Ly	nwood Drive,	Severna P	Park, MD 21146					
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Removal from State	20b. PLACE AND DATE OF cemetery, crematory or othe		OATE 20c. LOCATIO	ON — City or Town, State					
	1 Donation 5 Other (Specify)	MD Veterar	s Cemetery 7	-24-95 Cro	rownsville, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE)/	22. NAME AND ADDRESS OF FACILITY							
_ 1	> Robert =		Barranco and							
	23. PART I. Enter the diseases, or complications that	ceused the deeth. Do not	enter the mode of dying, auc	HWV Severn h ea cerdiec or respirator	na Park MD 21146					
	enock, or heart fellure. List only offer ceus	e on each line.			Interval Between					
	iMMEDIATE CAUSE (Fine) disease or condition	1 1101100	CIM C. T		Onset and Death					
	disease or condition resulting in death) a. MALNOURISHMENT DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. END STAGE DEHENTIA YEARS									
-	Sequentially the conditions (b. END STAGE DEMENTIA)									
MEDICAL CERTIFICATION	Sequentially filet conditions, out To (or as a consequence of):									
8	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
Ē	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):								
监	reauiting in deeth) LAST									
0	PART ii. Other significent conditions contributing to c	leath but not requiting in	the underlying cause along in	Pert i. 24s. WAS AN AUTO						
S		the underlying coule given in	PERFORMED	? AVAILABLE PRIOR TO						
				1 TYES 2 1 N	OF DEATH?					
₹	1 YES 2 NO									
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO BUNCERTAIN									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
ΙλS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Rasidence 6 Other (Specify)									
	1 Natural 5 Pending (Month, Day		Y WORK?	26d. DESCRIBE NOW INJUR	Y OCCUREO					
BY	2 Accident Investigation	INTERPORT	M 1 YES 2 NO							
G	3 Suicide 6 Could not be building, e	INJURY — At home, ferm, stre tc. (Specify)	et, rectory, office	281. LOCATION (Street and No City or Town, Stete)	lumber or Rural Route Number,					
E	29e. CERTIFIER									
AP	(Check only 1 ES CERTIFYING PHYSICIAN: To the best of n									
COMPLETED	One) 2 MEDICAL EXAMINER: On the beals of exa	mination end/or investigation,	n my opinion, death occured at the	time, date and placa, and due	e to the ceuse(a) and menner ea stated.					
BE (296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUN	IBER 29d	I. DATE SIGNED (Month, Day, Year)					
TO B	David Jane A	, D.	D19	991	7/22/95					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	E = 1/			1 21061					
ł	DAVED KOSE, M.D. SUSTE		PATAL DESE	GLEN BURN	USE HARYLAND					
N										
	31. DATE FILEO (Morth, Day, Year) JUL 27 1995 32. REGISTRAR	'S SIGNATURE								



the burial-transit ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 ò filled in by the funeral director, page 5 should be detached on, or removal. ysician and completely filled prior to burial, cremation, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, signed by the attending physician Health and Mental Hygiene prior to

notified at

must be

examiner

the medical

event,

traumatic

other

6 injury,

shows any

23

marked, or

28 Hem

has been s Dept. of H

this certificate h Hem

After the

DIRECTOR: A hours after di

FUNERAL (IMPORTANT: 18

里里

2 2 3

Pages 1, 2, 3 should

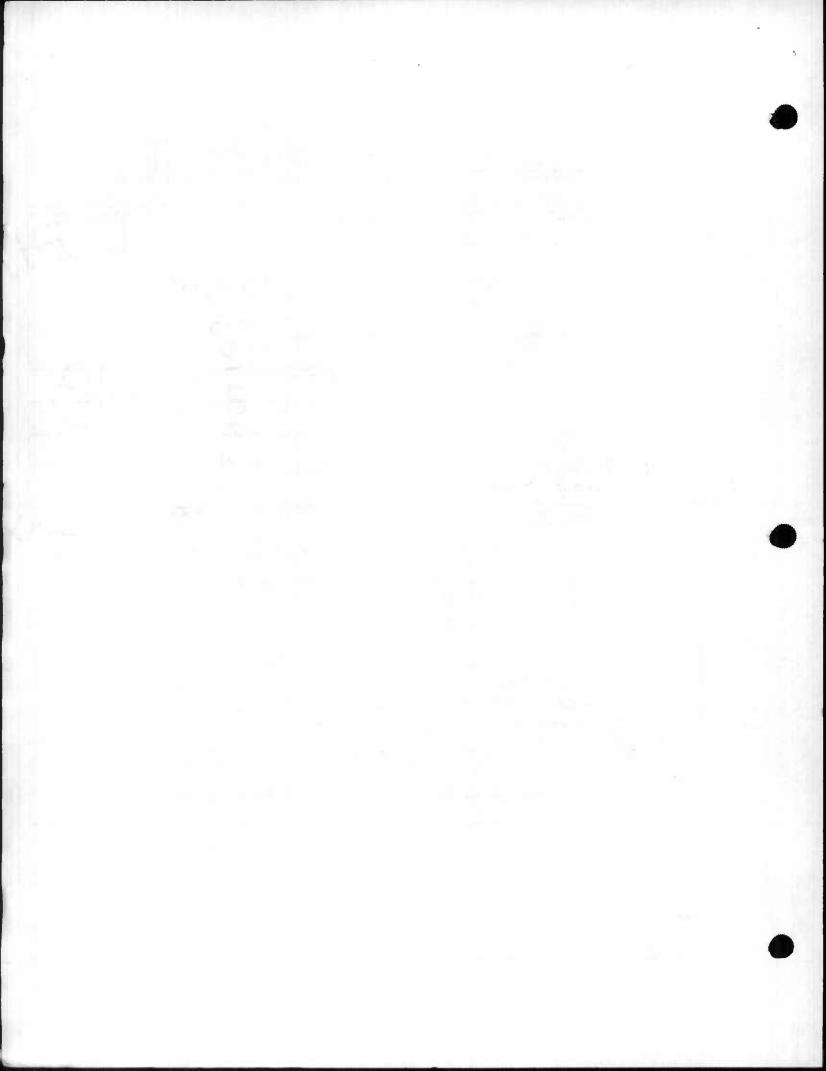
permit.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Elmira Mae Webb July 22 Fox 1995 2:15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 231-46-3141 1 🗌 M 2 🔯 F 95 July 14, 1900 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Hartley Hall Nursing Home DIRECTOR Pocomoke City Worcester RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Virginia Accomack Oak Hall 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Lankford Highway 23416 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced White ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) Homemaker/ 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) Coflege (1-4 or 5+) COMPL 8 Schoolteacher Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John F. Webb Anna Virginia Furniss 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James N. Fox PO Box 278, Temperanceville, VA 23442 20s. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State cemetery, crematory or o emetery 7/24 Oak Hall, VA
22. NAME AND ADDRESS OF FACILITY FOX FUNETAL HOME, 4 Donation 5 Other (Specify) Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ø Box 278, Temperanceville, VA23442 23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one ceuse on each line. Interval Betw IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) May Generalized CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CORSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 34b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? Senile Domentia 1 TYES 2 X NO Resendent Ansulin 1 TYES 2 ST NO Masophe 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO 3 DOA ng Home 5 - Residence 5 - Other (Specify) 27. MANNER OF DEATH 25e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 00 Natural 1 Pending M 1 YES 2 NO BY 2 Accident
3 Suicide 28e. PLACE OF INJURY -- At home, ferm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Flural Floute Number City or Town, State) 6 Could not be COMPLETED 4 [] Homicida 29s. CERTIFIER
1 I CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Belles Eregein he-D-29505 7-22-95 1 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GREGORIO M. BELLOSO. M. D. 4421 BEECHWOOD PL., CRISFIELD, MD 21817 REGISTRAR'S SIGNATURE JUL 25 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 0 Jul 0 11:20 Am 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Mar) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2 X F 220-12-0485 85 YRS. APRIL 16,1910 MARYLAND Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DORCHESTER GENERAL HOSPITAL DIRECTOR CAMBRIDGE DORCHESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND DORCHESTER CAMBRIDGE permit. 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 114 BAY VIEW AVENUE 21613 USA Page 6 may be retained by the hospital or attending physician. 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married Specify: WHITE B 3 🔯 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work doing during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 SEAMSTRESS MANUFACTURING once. 17. FATHER'S MAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) AUGUST BOEVERS To BE LENA JOHANSEN notified THE INFORMANT'S NAME (Type/Pts 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 IDABELLE G. NEAL 114 BAY VIEW AVENUE, CAMBRIDGE, MD 21613 9 20a, METHOD OF DISPOSITION 1 | X Burlal 2 | Cremation 3 | Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must DORCHESTER MEMORIAL PARK ☐ Donation S ☐ Other (Specify) 7/24 CAMBRIDGE, MARYLAND 22. NAME AND ADDRESS OF FACILITY
ZELLER FUNERAL HOME, P. O. BOX 207, examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE hours after death. onser 106 MAIN STREET, EAST NEW MARKET, MD 21631 medical 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one eduse on each line. Approximete Interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** event, the disease or condition_ ladder carce noma resulting in death) executed within 6 mos. DUE TO (OR AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION attending physician and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING The law requires that the death certificate be other t CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 signed by the atter Health and Mental injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 | YES 2 X NO 1 TYES 2 NO peen 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \square NO \square UNCERTAIN \square has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item certificate h the State d, or Item HQSPITAL: OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c is marked, 1 Natural 2 Accider 5 Pending 1 YES 2 NO BY After Accident Investigation 26s. PLACE OF INJURY — At home, ferm, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 4 🔲 Homicide 28 29a. CERTIFIER (Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL D
TO THE FUNERAL D
BE filed within 72 ho
IMPORTANT: If Its 2 MEDICAL EXAMINER On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated 29b, SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF DEATH (ITEM 27) (Type, Print) 6 AUROR LAU 31. DATE FILED (Mc JUL26 1995 alia attudeor Rardall

Pages 1, 2, 3 should permit. completely filled in by the funeral director, page 5 should be detached for use as the burial-transit ial, cremation, or removal. Page 6 may be retained by the hospital or attending physician. notified at pe must medical examiner the event. i signed by the attending physician and con Health and Mental Hygiene prior to burial, other traumatic ö has been s e Dept. of H HOSPITAL OR ATTENDING PHYSICIAN: The law 23 L DIRECTOR; After this certificate ha 2 hours after death with the State Di if item 28 is marked, or item ?

95 24 198 MT. ITEMS: 23 PART I, 27, PER MEO FILM G-726 8/4/95 t.t FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 1999 6:45 30 PM JUNE CHRISTINA
4. SOCIAL SECURITY NUMBER GRAUEL 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 2/8/95 IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 1 M 2XXF 22 YRS. Maryland None 9a. FACILITY NAME (If not institution, give atruet and number) 9c. COUNTY OF DEATH PRINCE GEORGES 9b. CITY, TOWN OR LOCATION OF DEATN DIRECTOR 2328 CHEVERLY AVENUE Hyattsville RESIDENCE OF DECEDENT 10a. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Hyattsville YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2328 Cheverly Ave. 20785 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Bleck, White, etc. 1 W Never Married 2 Married If yes, specify Cuban

1 ☐ YES 2 XXNO Specify: Specify 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Segond ndary (0-12) College (1-4 or 5 +) N/A N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Gary W. Grauel Janice Payne 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Janice Payne Grauel sameas item 10 20e, METHOD OF DISPOSITION
1 M Burlel 2 Creme in 3 Removal from State
4 Donation 5 Density 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Resurrection Cemetery 7/6/95 Clinton, Md. 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 21. SIGNATURE OF UNERAL SERVICE LICENSEE de 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 23. PART . Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and Death disease or condition_ SUDDEN INFANT DEATH SYNDROME recuiting in death) DUE TO (OR AS A CONSEQUENCE OF):

BY ED COMPLET CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reauiting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO DE DEATH? 1 ☐ YES 2 ☐ NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL OTHER: 1 X YES 2 NO 1- ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 - Nurs ng Nome 5 2 Realdence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural м 1 YES 2 NO ВУ Investigation 2 Accident 26a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 _ CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of ag in and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 8 29d. DATE SIGNED (Month, Day, Year) n O.C.M.E. JULY 01,1995 2 15 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Locke 111 Penn Street, Baltimore, Maryland 21201 Laron

TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II M.D. 1995 2. REGISTRAR'S SIGNATURE Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 hours after death. death certificate be

filled in by

the attending physician and completely fille Mental Hygiene prior to burial, cremation,

signed by the

f. of has be Dept. c

certificate In the State I, or Item

0

DIVISION OF VITAL RECORDS, P.O. BOX 68769 The law n L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate I hours after death with the State HOSPITAL (FUNERAL F within 72 h

examiner

Pages 1, 2, 3 should

permit.

the funeral director, page 5 should be detached for use as the burial-transit

75 notified

pe

must

medicai

幸

event,

traumatic

other

10

any

shows a

23

marked,

.69

28

item

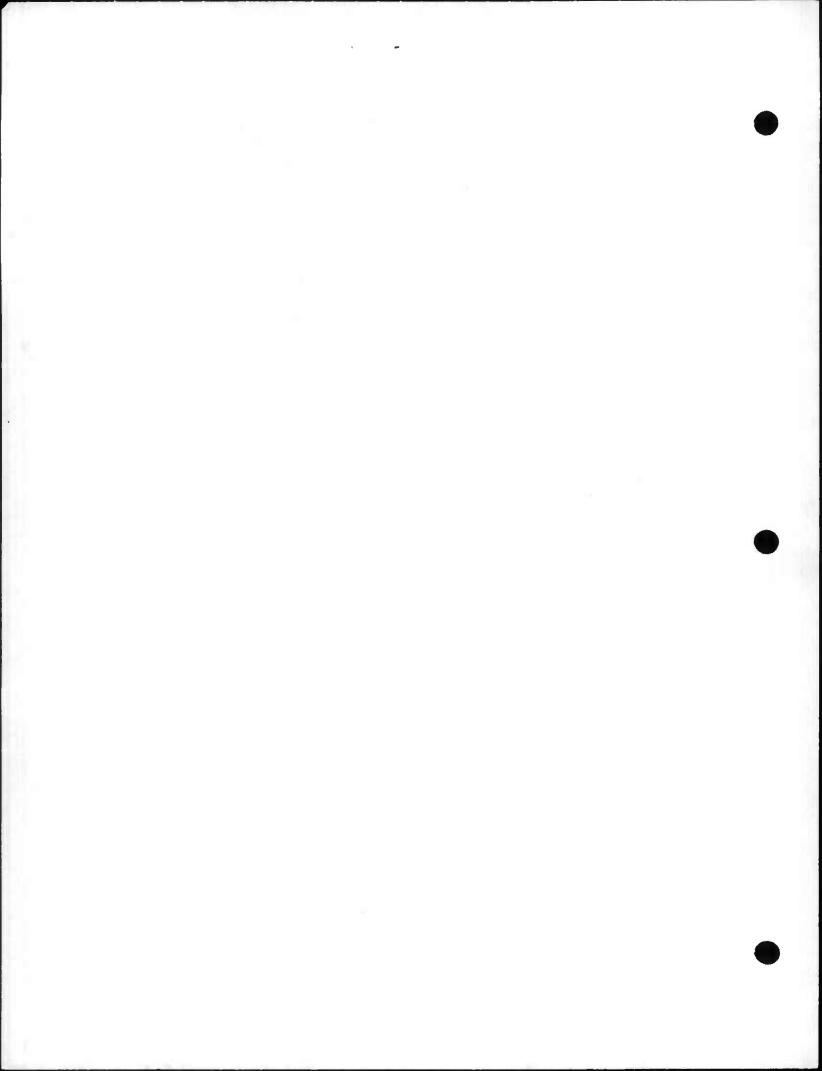
TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) Bertrue Gilroy Sr.

2. DATE OF OEATH 3. TIME OF DEATH July 23, 1995 EAR 5:57 Pau1 4. SOCIAL SECURITY NUMBER 6. AOE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) MD 7. DATE OF BIRTH 218-30-4976 3777771917 78 DAYS HOURS MIN DCXM 2 □ F Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Physicians Memorial Hospital Charles Laplata, MD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNT 10d. INSIDE CITY MD Charles Indian Head 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6310 Chicamuxen Rd. 20640 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.)
1 YES NO Specify: 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Spec#/White 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INQUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) Foreman State Roads 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Maynard N. Gilroy Annie Murphy Gilroy 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul B. Gilroy, Jr. 2335 Old Creek Rd. Indian Head, MD 20640 20s. METHOD OF DISPOSITION

\$\inc \text{D Burlei} 2 \cup \text{Cremeflon} 3 \cup \text{Removal from State}
4 \cup \text{D Donation} 5 \cup \text{Other (Specify)} OATE 20c. LOCATION — City or Town, State 7/26/95 Chicamuxen, MD 20b. PLACE AND DATE OF DISPOSITION (Name of Chircamuxen Church Cem. 21, SIONATURE OF FUNERAL SERVICE LICENSEE AREHART-ECHOL'S FUNERAL HOME, INC. MO0945 P.O. Box 567 LaPlata, MD 20646 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or hasrt failure. List pnly one cause on each line. Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ten osciluter Hasi CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES 2 1 | YES 2 | NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: YES 2 NO 1 | Inpatient 2 | ER/Outpatient Z DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Coldent Investigation 28e. PLACE OF INJURY — Al homa, ferm, atreef, fectory, offica building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the firms, data and place, and due to the cause(a) and manner as stated. MEDICAL ENAM ER: On the basic of axamination and/or investigation, in my opinion, death occured at the fima, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE (0 2 31. DATE FILED (M 26 1995 Julia Davidson Kardall

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fleath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Lest) MARY	ELLA		GROSS		JULY 25,	1 995 YE	3. TIME OF DEATH 4:15 AM	
	4. SOCIAL SECURITY NUMBER 217-30-6813	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0. 8	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give str			CITY TOWN O	R LOCATION OF D	JULY 25,	1934 M		
DIRECTOR	PHYSICIANS MEN			LAPLA		EATH	CHAR		
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCAT	ION		10d, INSIDE CITY		
	MARYLAND CHAI	RLES	INDI	AN HEAD					
FUNERAL	#5809 BICKNELL ROA	AD			20640			D STATES	
B	11. MARITAL STATUS 1 Never Married 2 Married TXX Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES	If yes, spe	ENDENT OF HISPAI licity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Yenn, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, atc. Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATIO done during mos tired.)	N at of working	16b. KIND OF BL	SINESS/INDUST	RY	
JMPL	8TH GRADE 17. FATHER'S NAME (First, Middle, Last)			RESTA					
JOHN MASON DOROTHY ANN SMITH MASON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)									
							lo)		
۲۱	MARY ELLEN MONTGON	ŒRY				, MARYLANI			
	20a. METHOD OF DISPOSITION WKBurlal 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	val from Stale Cer	b. PLACE AND DATE OF I	ISPOSITION /Ne	me of	DATE 200 10	CATION - City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Λ	22. NAME AN	D ADDRESS OF FA	CILITY		MARYLAND	
	LYDIA C. THORNT	TON JOHNSON	M00583			AL HOME, I		MARYLAND 20	
	23. PART I. Enter the diseases, or conshock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	ist only one ceuse on e	eech line.	enter the mod	de of dying, suc	h sa cardiec or resp	iratory screat,	Approximate interval Between Onset and Death	
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	KUCT	(VE L	UNG DI	JEHS	E	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
2	CAUSE (Disease Dr Injury c.	DUE TO (OR AC	A CONSEQUENCE OF:						
	that initieted eventa resulting in death) LAST		CONSCIONE OF J.						
C	PART II. Other significent conditions	contributing to deeth i	out not resulting in t	he underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
EDICAL	PUL MONA	RY FI	BROSES			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ	ATHEROSCL		HEAR	TD	ISEN			1 TES 2 NO	
A N	DID TOBACCO USE CONTR	IBUTE TO CAUSE C			UNCERTAIN	10			
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	V = 747272				
ξ∥	27. MANNER OF DEATH	1 % Inpatient 2 ER/Ouij	28b. TIME O			6 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCURE		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 Y	RK?	ass. Describe now			
	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spec	r — At home, ferm, stre- cify)	t, factory, offica		281. LOCATION (Street City or Town, State	and Number or Ro	ural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CERTIFYING PHYSI	IAN: To the best of my know	riedge, death occurred a	t the time, date on my opinion, de	and place, and due ath occured at the	to the cause(a) and ma	nner as stated.	use(a) and manner as stated.	
w II	29b. SIGNATURE AND TITLE OF CERTIFIER	/	10 -	T	29c. LICENSE NUM			NED (Month, Day, Year)	
9	V. Anna	ango	V.	- 1	DOCOC	1.	N -7		
					D-2606	4	1-	25-95	
임	30. NAME AND ADDRESS OF PERSON WHO			KOUI	E 5 AN	D GOLDEN	BEACH	25-95 ·	
	30. NAME AND ADDRESS OF PERSON WHO VIDYASAGAR ANMA 31. DATE FILED (Month, Day, Year)		D P.O.	KOUI	E 5 AN	D GOLDEN	BEACH LL MD.	25-95 ·	

⋖.	. 48
BA	- 2
ш	鼻
	Ŧ
	15
	- 5
	- 6
	ď
	er.
	и.
	26
7	۲£
Q.	ಾ
B	-
-	- 28
m	- 15
75	- 6
~	- 12
~	riffcate be execute
~	92
Ο.	-
×	. 20
ш	- 39
	25
mi.	:10
0	- 98
.,	-
ш.	-65
	- 23
M.	-6
27	-
	-6
79"	-
	1
\Box	- 75
7	10
•	- 5
ш.	- 22
200	- 36
	-
	3
-	-60
⋖	45
	Ξ
_	٠
_	2
-	A
	O
_	S
-	≥
~	4
-	-
_	9
	=
~	9
•	121
00	F
	100
-	-
_	K
DIVISION OF VITAL RECORDS, P.O. BOX 68760	-
_	AL DR ATTENDING PHYSICIAN: 1
	IOSPIT
	3
	0

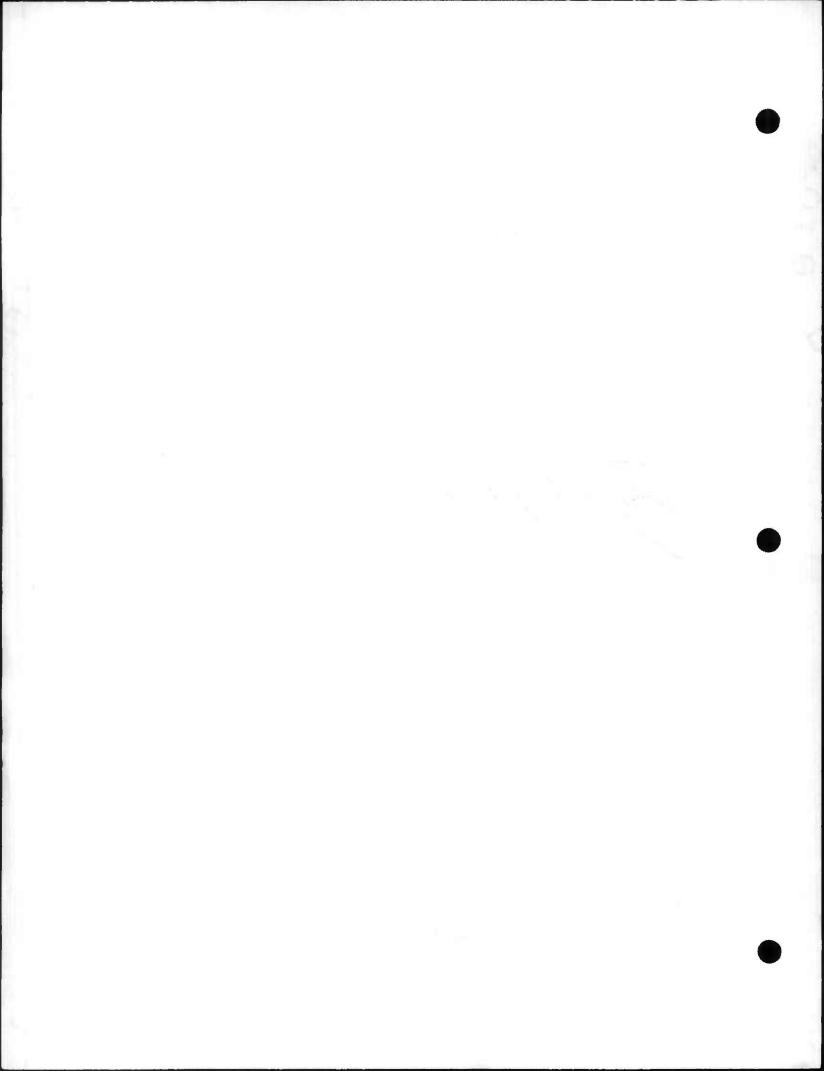
	REGISTRAR	ned)			CATE OI	DEATH		REG. NO.			LUIS INC.
1	I I I AND SERVICE AND AND TAKEN THE SERVICE AND ADDRESS OF THE SERVICE AND		1796000				3. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEA
1	JOSEPH 4. SOCIAL SECURITY NUMBER	A. sex	6. AGE (In yes, in	AZIOLI	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1995		6:39
1	088-24-4739	1 € M 2 □ F	61		MONTHS DAYS	Control of the Contro	(Month, C	Neg: Miserj		Country)	
	9a. FACILITY NAME (If not institution, gr	28	0.1		Sh CITY TOWN	OR LOCATION OF C	Oct.	13,			ew Yor
E .			r.m.a.r	- 1			EATH.		Sc. COUNT		200
DIRECTOR	THE JOHNS HOP		LIAL		BALTIM	ORE CITY			Bal	time	ore
분	10e. STATE 10e. COL	INTY		16c. CITY,	TOWN OR LOC	ATION					104. INSIDE CITY LIMITS?
	Maryland And	ne Arunde	1			verna P	ark				□ YES 2 🛚
M					1	DY. ZIP CODE			10g. CITIZI		IAT COUNTRY?
FUNERAL	689 Faircas					21146					.S.A.
₽	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCEST 1 IF YES, GIVE W	X YES 1		If yes, a	DENDENT OF HISPA Specify Culters, Mexic 35 2 1 MO Speci	en, Puerto Rici	Specify Yes o en, etc.)	r No 1	Specify	- American Indi White, etc.
	15. DECEDENT'S E (Specify only highest p		16a, D	ECEDENT'S U	SUAL OCCUPAT	TON Year of working	16b. KI	NO OF BUSIN	NESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	-) Ab	e. Do NOT use	/MDPMT_I						
OMP	12+		Ir	ntell	igenc	e Analy		_		Seci	urity
	17. FATHER'S NAME (First, Mickelle, Last)					18. MOTHER'S N.					
	Angelo Graz	1011					Esthe				
TO 88	Mrs. Patric	a A Gra	19	6 8 0	COORESS (Street	and Number or Rural	Route Number,	City or Town,	State, Zip C	Code)	MD 2
	20s. METHOD OF DISPOSITION	Lu ne dio	7		OISPOSITION //			_			
	X Ruriel 2 Cremation 3 R	amovel from State	cemetery, cri	ematory or other	er place)		OATE		ATION — CI		*
	21. SIGNAPORE OF FONERAL SERVICE	(Linto	on Ha					BTI	STOI	J V T T
1		DICENSEE /		1		metery		+222		3 000	, , , , ,
1	Chare S	- 1	. 00		Ba:	Tranco	& Son	s Fur	nera	1 H	ome 21
L	Somes &	5 XPD	Son	Cor	22. NAME / Ba: 49	no address of Farranco S Ritch	& Son ie Hw	s Fur y Sev	nera	1 Ho	ome 21
H	23. FART I. Enter the diseases, shock, or heart failu	or complications that	Son Caused the d	aeth Do ro	22. NAME / Ba: 49	no address of Farranco S Ritch	& Son ie Hw	s Fur y Sev	nera	1 Ho	ome 21
	IMMEDIATE CAUSE (Finel	or complications that	Son Caused the d	eath. Do no	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
	aprock, or neart land	or complications that re. List only one cau	t ceused the de	eath. Do no	22. NAME / Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	ome 21
	IMMEDIATE CAUSE (Fine)	or complications that re. List only one cau	Son Caused the d	eath. Do no	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Vento	t coused the do	eath. Do no	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
SATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Vento	t ceused the de	eath. Do no	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
IFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO	t coused the do	eath. Do no a. Tach y. COUENCE OF):	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
ERTIFICATION	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. OUE TO	t coused the desire on each line (OR AS A CONSE	eath. Do no a. Tach y. COUENCE OF):	Ba: 49	AND ADDRESS OF F Tranco 5 Ritch ode of dying, suc	& Son ie Hw	s Fur y Sev	nera	1 Ho	Approximinterval B
CERTIFICATION	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO	t coused the doise on each line (OR AS A CONSE	COUENCE OF):	22. NAME / Ba / 49 / 49 / 49 / 49 / 49 / 49 / 49 / 4	nno Address of F. rranco 5 Ritch ode of dying, suc	ACILITY & Son ie Hw	s Fur y Sev	nera vern	l Hoa pl	Approximinterval B Onset and Comi
0	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO DUE TO de loria contributing to	(OR AS A CONSE	COUENCE OF):	22. NAME / Ba / 49 / 49 / 49 / 49 / 49 / 49 / 49 / 4	nno Address of F. rranco 5 Ritch ode of dying, suc	ACILITY & Son ie Hw	s Fur y Sev	nera Vern Ittory arrest	1 H(a pl	Approxim Interval B Onset and COMI
0	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO	(OR AS A CONSE	COUENCE OF):	22. NAME / Ba / 49 / 49 / 49 / 49 / 49 / 49 / 49 / 4	nno Address of F. rranco 5 Ritch ode of dying, suc	ACILITY & Son ie Hw ch as cardia	s Fur y Sev	nera Vern Ittory arrest	l H(a pl	Approxim Interval B Onset and Comi
MEDICAL O	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condit Rand Fallure	a. Vento oue to	t coused the dese on each line (OR AS A CONSE	eath. Do no a. COUENCE OF): COUENCE OF):	22. NAME / Ba / 49 / 49 / 49 / 49 / 49 / 49 / 49 / 4	no ADDRESS OF F. rranco S Ritch ode of dying, suc	Part I. 24	S Fur y Sev c or reapira	nera Vern Ittory arrest	1 H (a p)	Approxim Interval B Onset and COMI
MEDICAL O	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Tonal Fallure DID TOBACCO USE CON	a. Vento oue to	t ceused the de se on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	COUENCE OF):	22. NAME / Ba / 49 It enter the m	Tranco S Ritch ode of dying, such	Part I. 24	S Fur y Sev c or reapira	nera Vern Ittory arrest	1 H (a p)	Approximinterval B Onaet and COMI
MEDICAL O	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Read Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. OUE TO DUE TO	(OR AS A CONSE	COUENCE OF:	22. NAME / Ba / 49 / 49 / 49 / 49 / 49 / 49 / 49 / 4	no ADDRESS OF F. rranco S. Ritch ode of dying, such	Part I. 24	S Fur y Sev c or reapira	nera Vern Ittory arrest	1 H (a p)	Approximinterval B Onaet and COMI
SICIAN: MEDICAL C	immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Reach Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 22 NO	or complications that re. List only one cau a. OUE TO DUE	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not a 28. PLAC ER/Outpatlant 3	COUENCE OF:	the underlying the Northern:	Tranco S Ritch ode of dying, such	Part I. 24	S Fur y Sev c or reapira	nera Vern Itory arrect	24b. W	Approximinterval B Onaet and COMI
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Tonaca Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	or complications that re. List only one cau a. Vento oue to oue	COR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COUENCE OF:	the underlying the un	TO ADDRESS OF F. Tranco Tranco Ritch Ode of dying, sur	Part I. 24	S Fur y Sev c or reapira	nera Vern Itory arrect	24b. W	Approximinterval B Onaet and COMI
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit Teach Tea	OUE TO DU	t coused the dese on each line (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not a 28. PLAC ER/Outpettent 3 INJURY 19, Year)	COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF):	the underlying the un	Tranco S Ritch ode of dying, sur	Part I. 24 N	S Fury Several Section	TOPSY ED?	24b. WAREO	Approximinterval B Onset and COMI
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit Teach Tea	or complications that re. List only one cau a. OUE TO DUE	COR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF): COUENCE OF):	the underlying the un	Tranco S Ritch ode of dying, sur	Part I. 24 Part I. 24 Part I. 24 Part I. 24	S Fur y Sev c or reapira	TOPSY ED?	24b. WAREO	Approximinterval B Onset and COMI
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Reach Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2-NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not determined	or complications that re. List only one cau a. OUE TO DUE	COR AS A CONSE (OR AS A CONSE	COUENCE OF: COUEN	22. NAME / B a 49 / 49 / 49 / 49 / 49 / 49 / 49 / 49	Tranco Sritch Ode of dying, such a Dying cause given in UNCERTAI Dying 5 Raidence JURY AT ORK? YES 2 NO	Part I. 24 N	S Fury Sets C or reapiral a. WAS AN AL PERFORM VES 2 DON (Street and own, State)	TOPSY ED?	1 H (a p l) et, 24b. W	Approximinterval B Onset and COMI
ETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Reach Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 27. MANNER OF OEATH 1 Nitural 5 Pending Investigation 29 Accident Suicide 8 Could not determined 29a. CERTIFIER (Check only	or complications that re. List only one cau a. OUE TO DUE	(OR AS A CONSE (OR AS A CONSE	COUENCE OF: COUEN	22. NAME / B a 49 / 49 / 49 / 49 / 49 / 49 / 49 / 49	Tranco Sritch Ode of dying, such a Cause given in UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI	Part I. 24 N	S Fury Sets Sets or reapiral Penforming Types 2 Down, State)	TOPSY ED? NO URY OCCU	1 H (a p l) et, 24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxim Interval B Onset and COMI Approxim Interval B Onset and COMI Approximation of the Number.
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condit Reach Fallure DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 27. MANNER OF OEATH 1 Nitural 5 Pending Investigation 29 Accident Suicide 8 Could not determined 29a. CERTIFIER (Check only	or complications that re. List only one cau a. OUE TO DUE	(OR AS A CONSE (OR AS A CONSE	COUENCE OF: COUEN	22. NAME / B a 49 / 49 / 49 / 49 / 49 / 49 / 49 / 49	Tranco Sritch Ode of dying, such a Cause given in UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI UNCERTAI	Part 1. 24 N	S Fury Sets Sets or reapires o	TOPSY ED? NO URY OCCU	1 H (a p l) et, 24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxim Interval B Onset and COMI Approxim Interval B Onset and COMI Approximation of the Number.

wife

Street Balt mid

STORY COURT IN STREET S

Lauxence (3) 31. Date Filepithenth 2017-1995



BALTIMORE, MARYLAND 21215-0020

BOX 68760, P.O.

DIVISION OF VITAL RECORDS,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DU 8:13 DID 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BITTH (Month, Day, Year) 9/4/1902 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreig Country) MONTHS DAYS HOURS 1 M 2 - F 302-10-6728 YRS Ohio permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Air Convalescent Center Bel Air Harford RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Street 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 4400 Madonna Road 21154 U.S.A. after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 WNO 1 Never Married 2 Married ВY 1 YES 2 NO Specify. 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Maryland Elementery/Secondary (0-12) College (1-4 or 5+) 11 Representative Blue Cross at once 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Charles Douglas Hooton BE Susan Kenisell notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Margaret L. Hooton #10 same as þe 20a_METHOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 5 Other (Specify) Gardens em Bel 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY

Kurtz Funeral Home Jarrettsville, Maryland the medical attending physician and completely filled in by intal Hygiene prior to burial, cremation, or remo 23. PART I. Enter the diseases, or complications that/caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cauge on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Dasth the disesse or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lasding to immediata cause. Entar UNDERLYING OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 10 the attend Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO any COMPLETION OF CAUSE Shows 2 1 TYES 2 TINO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has by Dept. PHYSICIAN: ន 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA Ing Home 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, Natural Pending 1 YES 2 NO ВҮ After t death 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 8 Could not be determined COMPLETED DIRECTOR: / 4 Homicide 28 tem 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I within 72 h HOSPITAL TO THE FUNERA be filed within 72 IMPORTANT: IN MEDICAL EXAMINER: exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND 29d. DATE SIGNED (Month, Day, Year) TITLE OF CHRTIFIER 29c. LICENSE NUMBER 뿐 8 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) NO ne 14ct 101

REGISTRAN'S SIGNATURE

31. DATE FILED (Month, Day.

JUL 24 1995

7/2

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the hours after death. Page 6 may be retained by the hospital or attending physician.

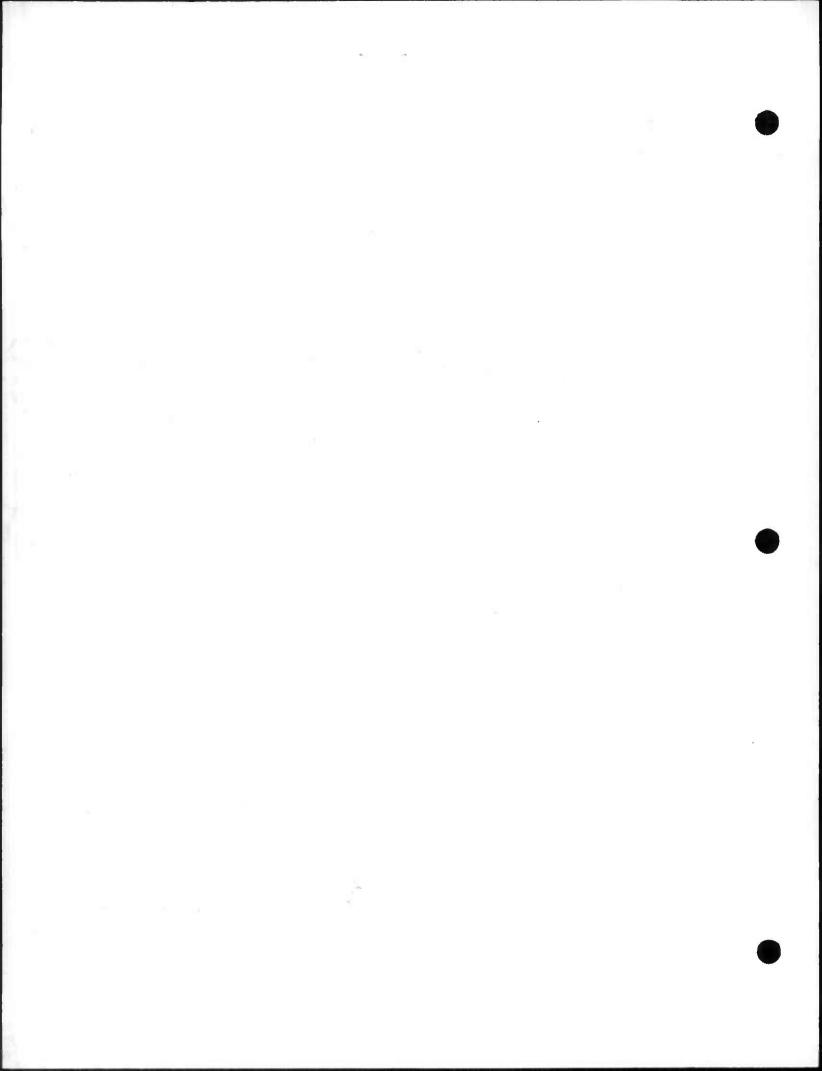
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR				CERTIF	ICALE	JE DEAL	П	REG. NO			
	1. DECEDENT'S NAME (First,	Middle, Last)						1	2. DATE OF DEATH	A.W	WE45	3. TIME OF DEATH
	WILLIAM NM	N HOF	RSFIELD						7 23 b	" 9	5 ^{YEAR}	7:10AM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 Y	AR IF UNDER 2	24 HRS. 7	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	163189018		1 M 2 - F	75	YRS.	MONTHS D/	YS HOURS	MIN.	(Month, Day, Year) 7/28/19		Sco	otland
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	,,,		9b. CITY, TO	WN OR LOCATIO	N OF DEAT		9c. COU	NTY OF D	
<u>د</u>	Perry Point	VA Mod	Rical Con	tor		Perry						
۲,	RESIDENCE OF DEC	EDENT	icai cen	cer		relly	POINC,	Ma.	21902	Ce	cil	
<u></u>	10a. STATE	10b. COUNTY	r		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
DIRECTOR	Maryland	H	arford		A	berdee	n			1 Devers 2 □ N		
FUNERAL	10e. STREET AND NUMBER							THAT COUNTRY?				
	104 Old Po	ost Ro	ad				21	1001			U.S.	Α.
5	11. MARITAL STATUS		12. WAS DECEDEN						ORIGIN? (Specify Yes	or No—	14. RACE	- American Indian, , White, etc.
	1 Never Married 2 💢		FORCES? 15 IF YES, GIVE W				s, specify Cuben, YES 2 NO		Puerto Rican, etc.)		Specif	
B	3 Widowed 4 Divo	rced	WW II &	Korea		1	A 100 100 100 100 100 100 100 100 100 10	ороспу			W	hite
	15. DEC	EDENT'S EDU	CATION completed)	16a.	DECEOENT'S	USUAL OCCU	PATION g most of working		16b. KIND OF BUS	SINESS/INE	USTRY	
4	Elementary/Secondary (0-12) College (1-4 or 5+)					se retired.)	g most or working	,				
<u> </u>	12	***************************************							U.S.	Army		
COMPLETED	17. FATHER'S NAME (First, Middle, Last) William Horsfield						18. MOTHE	ER'S NAME	(First, Middle, Maiden	Sumame)		
BE							Ţ	JNK				
0	19a. INFORMANT'S NAME (7)						eet and Number o	or Rural Rou	ite Number, City or Tow	n, State, Zip	Code)	
=	Mrs. Hanal	ko Hor	sfield		104 O	ld Pos	t Road.	Abe	rdeen, Ma	rvla	nd :	21001
	20a. METHOD OF DISPOSITI				CEAND DATE	OF DISPOSITIO	N (Neme of		DATE 20c LO	CATION —	City or Ton	wn. State
						Memori	al Gard	lens	7/26 Aber	deen	. Ma	rvland
- 1	21. SIGNATURE OF FUNERAL		22. NAN	E AND ADDRESS	S OF FACIL	ITY						
							ring-Ca	argo	Funeral H land 210	Iome,	P.A	•
	Care	K.A		ran								
	23. PART I. Enter the di	seases, or c	complications that List only one cau	caused the	death. Do r	ot entar the	mode of dyln	ig, such s	as cardiec or respi	retory an	rest,	Approximate
	IMMEDIATE CAUSE (Fin		ender damy date date	ou on outin	intro.							Interval Between Onset and Death
	disease or condition resulting in death)	→	LUNG C	ANCER		(months)						Months
	rosaning in cautily				SEQUENCE O							776 7770
2			HYPERT	ENSION	1	1101 30						
2	Sequentielly list conditi if any, leading to immed				SEQUENCE OF	EQUENCE OF):						
HILICATION	cause, Entar UNDERLY! CAUSE (Disease or Inju	NG	□ DEHYDR	ATION								
፲	that initiated events	"										
	resulting in death) LAS		d									
3	PART II. Other significe	nt condition	e contribution to	donth hut n	nt	l- 40						
DICAL DICAL	TALL III OLIO SIGNIFO	- CONGILION	contributing to	death but h	or reenting	in tha under	lying ceuee gi	ven in Pa	ert I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
5									_ 1 _ YES 2	X NO		COMPLETION OF CAUSE OF DEATH?
Σ L									_			1 _ YES 2 _ NO
PHYSICIAN:	DID TOBACCO U		RIBUTE TO CA	JSE OF D	EATH YE	S NO	☐ UNCE	RTAIN				
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. P	LACE OF DEAT		one)					
2	1 TES 2 NO		1 X Inpetient 2	ER/Outpatient	3 DOA	OTHER:	Home 5 - Reel	idence 6	Other (Specify)			
E	27. MANNER OF DEATH		28a. DATE OF (Month, Da		28b, TIM		. INJURY AT WORK?	7	8d. DESCRIBE HOW II	NJURY OC	CURED	
2		Pending nvestigation		y,	100		YES 2	NO				
_	2 Culatela	Could not be	26e. PLACE OF	INJURY — At	t home, farm, s	treet, tectory,	office	20	Bf. LOCATION (Street a	ind Number	or Rural A	oute Number,
9		letermined	ounding,	нс. (эреспу)					City or Town, State)			
۱ ۲	29a. CERTIFIER 1 X7 CERT	FYING PHYSI	CIAN: To the heat of	my knowledge	death server	el et the time	data and alare					
COMPLE									the cause(e) end man			and manner se stated.
3					- Investigatio	it, in my opini	m, death occured	a at the tim	ie, dare and place, an	a gue to th	e cause(e)	and manner se stated.
N I	29b. SIGNATURE AND TITLE			132	29-			ISE NUMBE	ER .			(Month, Day, Year)
2	Mirza A. Ba	_					D4311	TD		> /	/23/9	95
-	30. NAME AND ADDRESS OF									91654		
	Mirza A. Ba					ledica]	Center	c, Pe	rry Point	, Md	., 2.	1902
	31. DATE FILEO (Month, Pay,	195	32. REGISTRAI	S SIGNATUR	E							
	OUL AT I	100	faira d'avel	AN DONG	all							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

Vausto 31. DATE FILED (Month, Day, Year)

	1, 2,	
	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, filter death with the State Deut, of Health and Mental Hydere prior to burial, cremation, or removal.	
	permit	
an.	transit	
physic	burial-	
ending	as the	
or att	or use	
hospita	sched f	eś
by the	be det	at one
tained	should	tiffed
y be re	age 5	be no
6 ma	ector, p	must
h. Pag	eral dir	niner
ter deat	the fun	exal
ours af	d in by	medic
ENDING PHYSICIAN: The law requires that the death certificate be executed with the country after death. Page 6 may be retained by the hospital or attending physician.	R: After this certificate has been signed by the attending physician and completely filled in by the fer death with the State Deut, of Health and Mental Hydlene prior to burial, cremation, or removal.	is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ed with	ompletal. crem	event
execut	n and of	matic
cate be	Mysicia e prior	er trau
1 certifi	Hyajen	or oth
e death	he atte	jury,
that th	ed by t	any in
equires	en sign of Heaf	hows
we law	has be Dept.	n 23 s
IAN: T	rtificate re State	or Her
PHYSIC	this ce	rked,
NDING	r death	ls ma
	RECTOF ars after	m 28
SPITAL OR AT	RAL DII	If ite
HOSP	FUNE	STANT
TO THE	TO THE	IMPO
		- 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH do ried (ewis 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign July 8, 1935 248-48-9509 1 XM 2 - F 60 South Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 9005 Florin Way Upper Marlboro Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Upper Marlboro Maryland Prince George's 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9005 Florin Way 20772 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WIR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married if yes, specify Cuben, Maxicen, Puerto Ricen, etc.) 1 TES 2 NO BY Specify: Specify: 3 Widowed 4 N Divorced Caucasian 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig (Give kind of work done during life. Do NOT use retired.) mentary/Secondary (0-12) College (1-4 or 6+) N/A Fire Chief Andrews Air Force Base 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Meiden Sumame) Hill Wilson Woodrow Mattie Blanche Hughes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20903 2 Janet C. Hill 9737 Mt. Pisgah Road Apt 1205 Silver Spring Md. 20b. PLACE AND DATE OF DISPOSITION (Name of July 27, 1995 Artington National Cemetery 20c. LOCATION — City or Town, State Arlington Virginia 4 Donation 6 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, Md 20735 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition comer reaulting in death) DATE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 700 1 PHYSICIAN: UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA Home 5 Residence 6 - Other (Specify) 4 Nun 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending м 1 YES BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINEP: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H

AUSE OF DEATH (ITEM 27) (Type,

32. REGISTRAR'S SIGNATURE

ods

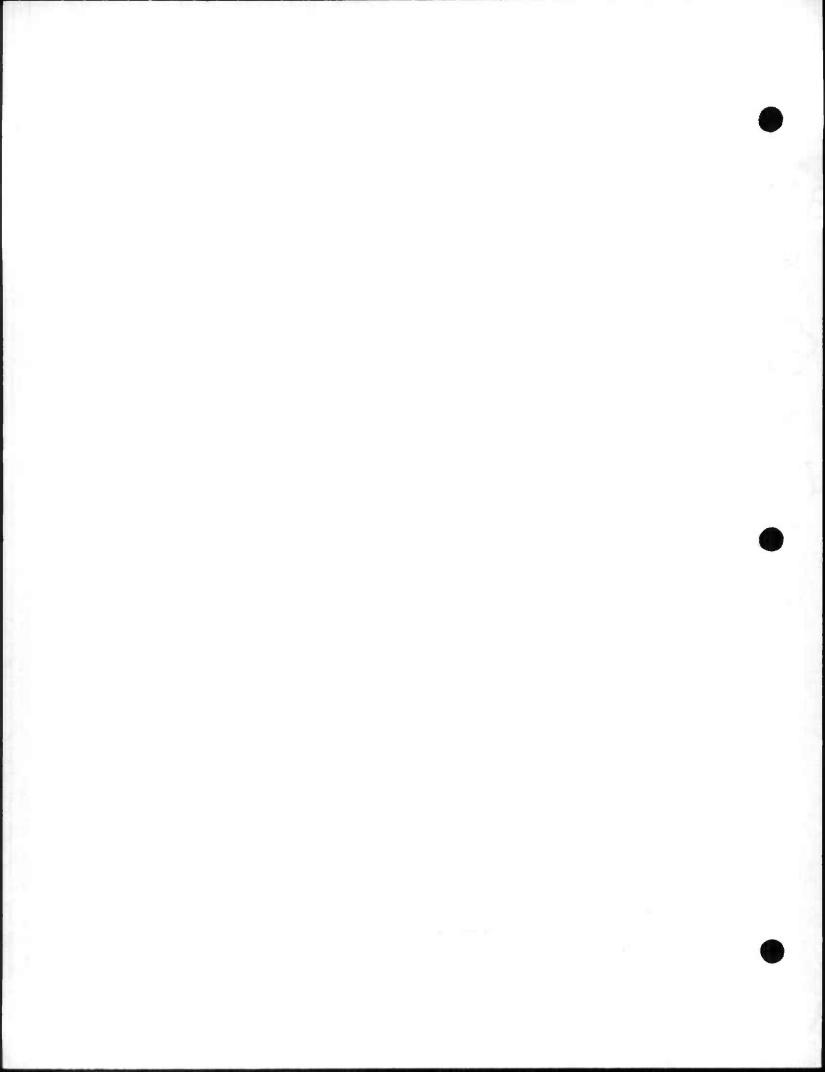
1995

3	
0	
7	
1	320
	9
X	215
4	21/
1	9
12	A
4	ĭ.≺I
1	A
0	≥,
2	Ä
0	LTIMOR
5	Ē
2	AL
0	m
#	
	Œ
26	90
2	87
7	X 6
1	80
	0
	3, P.O.
	V)
	ORD
	ö
	R
	AL
	/IT
	OF VITA
	O
	7
	ON
	DIVISION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incompletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH			3. TIME OF DEATN
	Harry Howard Hammo	ond				50	174 2	21	995	0130H
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH onth, Day, Year)		8. BIRTNP	LACE (State or Foreign
	107 12 7707	M 2 □ F	85 YRS.	-			ber 27	1909		yland
œ	9a. FACILITY NAME (If not institution, give street			b. CITY, TOWN	OR LOCATION OF E			9c. COUN	TY OF DE	ATN
ō	Union Hospital of	Cecil Coun	ty		E1kto:	n			Ceci	.1
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION				Ti	10d. INSIGE CITY
	Maryland (Cecil		North	East					LIMITS?
AL	10e. STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·		10	H. ZIP CODE			10g. CITIZ	EN OF WH	IAT COUNTRY?
FUNERAL	277 Irishtown Road	d			2	1901		Uni	ited	States
2	11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEOENT EVER IN FORCES? 1 X YES		13, WAS DE	CENCENT OF HISPA	ANIC ORI	GIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
B≺	3 Wildowed 4 Discovered	ARMY WWII			S 2 NO Spec		to mount, etc.)			White
15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTR							ICTEV			
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5 +)	(Give kind of wor life. Do NOT use i	k done during m	est of working		US Gove			Armv
Explosives Operator Proving										
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S N	AME (Fire	st, Middle, Maiden			
	George Washington Hammond Elsie Ma									
198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Marilyn H. Spence 31 Jesse Lane, North East, MD 21901									
	1 N Buriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	I from State 20b	PLACE AND DATE OF the letery, crematory or other cast orth East	OISPOSITION (N	ame of	D	ATE 20c. LOC	CATION C	ity or Town	n, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	orth East	Method 122, NAME A	IST Cem.	ACII ITY	/25 No	rth E	ast,	Maryland
	111.81	/1.7.1		Crouc	n Funera	1 Ho				
-	MOVED 1.	(Muy)		127 S	outh Main	n St	reet, N	orth	East	, MD 21901
	23. PART I. Enter the diseases, or com shock, or heart failure. List	t only one cause on e	the death. Do not ach line.	enter the m	ode of dying, su	ch as c	ardiac or respir	ratory arre	est,	Approximate Interval Between
1	IMMEDIATE CAUSE (Finel disease or condition	PHO ALLIS	10	v- 0.	14.20.		1.50	54		Onset and Death
- 1	resulting in death) a	CHRONIC C	CONSEQUENCE OF):	rk rc	CMONAR	ZY_	UISEAS	E		
Z	b									
ST	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST	50E 10 (011 A5 A	CONSCOURNCE OF J.							
	d									
¥	PART II. Other significant conditions of			the underlying	g ceuse given in	Part I.	24a. WAS AN / PERFORI			VERE AUTOPSY FINDINGS
MEDIC	ALZHEIMER'S	DISEASE					1 - YES 23	NO NO		OMPLETION OF CAUSE OF DEATH?
×	DID TODA CCO HCT CON TRUE								1	YES 2 NO
AN	DID TOBACCO USE CONTRIB		F DEATH YES 26. PLACE OF DEATH			ΝЦ				
PHYSICIAN:	EXAMINER?	OSPITAL:		THER:						
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME C	F 28c. IN	ne 5 🗆 Rasidence		ther (Specify) DESCRIBE HOW IN	JURY OCCI	JRED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		ORK? YES 2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic	ia .	201, L	OCATION (Street ar	nd Number o	or Rural Rou	rte Number,
H	4 Homicide detarmined		,			~	Ity or Town, State)			
<u> </u>	29a. CERTIFIER (Check only	N: To the best of my knowl	edge, death occurred a	it the time, date	and place, and du	e to the	ceuse(a) and mani	ner aa state	d.	
COMPLETED	One) 2 MEDICAL EXAMINER: 0	on the basis of axemination	and/or investigation,	n my opinion,	feath occured at the	time, di	eta and placa, and	due to the	cause(a) a	ind manner as stated.
BE	296. SIGNATURE AND TITLE OF ERTIFIER	luna and	٨		29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	forth, Day, Year)
2	XANOUS	Man bu			345	344		>7/	241	95
	30. NAME AND ADDRESS OF PERSON WHO CO						,			
	SURESH DHANTS	NIMD, 2	O CRAIGTA	NEW A	D. PERI	RYVI	LUE 1	10 21	903	
	JUL25 1995 July	32 REGISTRAR'S BON	LUI .		/		7			
- 1	00 LN 0 1000 Am									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

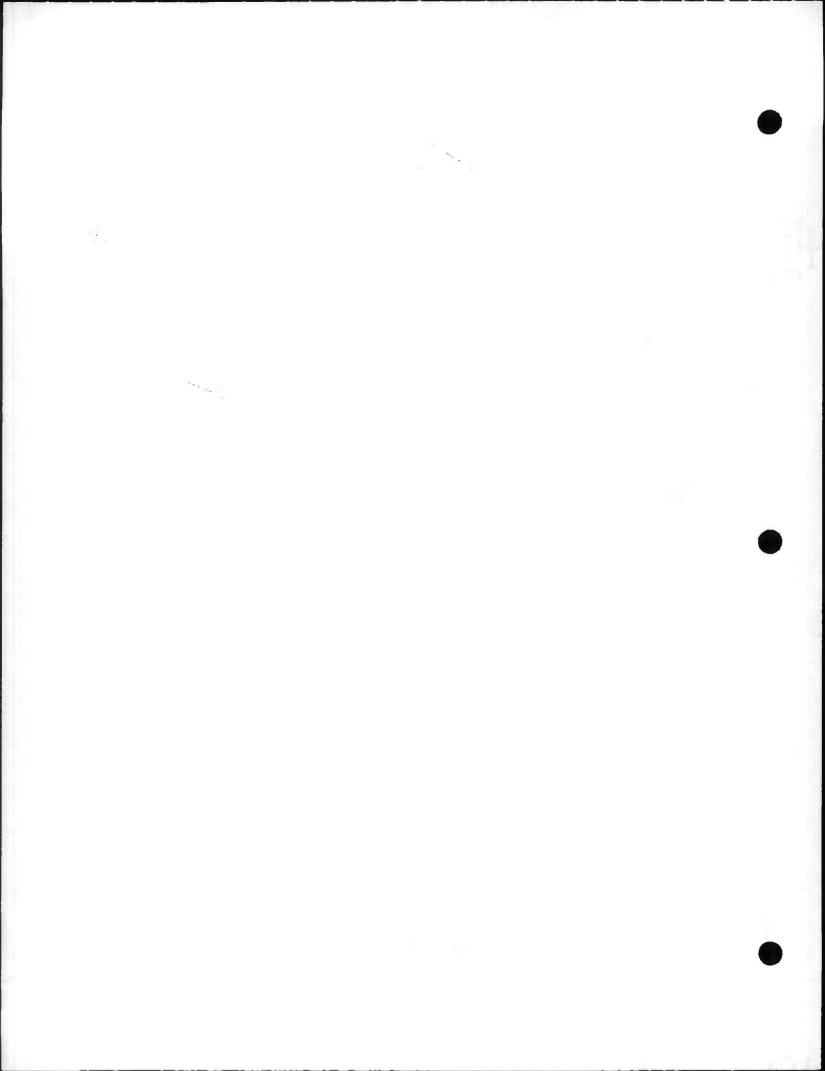
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	REGISTRAR		CERTIF	ICALE	JE DEATH		RE	G. NO.		
			MAN,	JR.			DATE OF OF ONE	DAY	1995 YEAR	12:35 P M
	4. SOCIAL SECURITY NUMBER 292-16-9622	1 1 2 F 7	(In yrs. lest birthday)	IF UNDER 1 YE	YS HOURS MH	m. De	DATE OF BIF (Month, Day,			OTHPLACE (State or Foreign Intry) Klahoma
TOR	96. FACILITY NAME (If not institution, give some sounty Green of December 1)		tal		on location o Columbia	F DEATH		9c.	HOW	
ပ္ပ	10a. STATE 10b. COUNT	v		1000000000						
L DIRECTOR		Arundel	10c. CI	Y, TOWN OR L	napolis					10d. INSIDE CITY LIMITS? 1 CES 2 NO
FUNERAL	170 Green Stre				101. ZIP CODE 214	101			d States	
BY FU	11. MARITAL STATUS 1	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR 1	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGINS (Specify Ven or No						CE — American Indian, ack, White, atc.
	3 Wildowed 4 Divorced			F						White
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durin	PATION most of working		16b, KINO	OF BUSINES	S/INDUSTRY	
MPL		Defer	ice				ed Sta			
BE CO	17. FATHER'S NAME (First, Middle, Last) George R. Haym	ian			18. MOTHER'S			Meiden Sumer		ile
TO B	19e. INFORMANT'S NAME (Type/Print)	No.	19b, MAILING	AODRESS (Str	set end Number or Ri					
-	Barbara Hayman	_		Street Ar						
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	b. PLACE AND DATE metery, crematory or o		I (Name of		DATE	20c. LOCATIO	N — City or	Town, State	
	21-SIGNATURE OF FUNEBAL SERVICE LIC	22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral								
	23. PART I. Enter the discesses, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	IMMEDIATE CAUSE (Final	List only one ceuse on a	each line.						y arrest,	Approximate interval Between Onset and Death
		DUE TO (OR AS	A CONSEQUENCE O	ENCE OF):						
NOI	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O	OTIC CARDIOVASCULAR DISEASE						years years
CERTIFICATION			A CONSEQUENCE O							Years
ERTI	resulting in death) LAST	d								
4	PART II. Other algnificent condition	a contributing to death i	but not resulting	In the under	ying cause given	in Part		MAS AN AUTO		Ib. WERE AUTOPSY FINDINGS
EDICAL								YES 2 THE		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTI	DIBLITE TO CALIEF O	OF DEATH V	. T. NO		440.				1 TYES 2 THO
IAN	25. WAS CASE REFERRED TO MEDICAL	RIBOTE TO CAUSE C	26. PLACE OF DEA			AIN L	4			
PHYSICIAN:	EXAMINER? 1 PYES 2 NO	HOSPITAL: 1 Inpetient 2 FR/Out	patient 3 🗆 DOA	OTHER:	fome 5 - Residen	ice 8 🗆	Other (Speci	(ly)		
	27. MANNED OF OEATH 1 Netural 5 Periding	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	28d.	DESCRIBE	HOW INJURY	OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y At home, farm,			281.	LOCATION ((Street end Nu	mber or Rura	I Route Number,
Ē.										
COMPLET	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of my known. R. On the beele of examination.	viedge, death occum on end/or investigation	ed at the time, on, in my opinio	date and place, end n, death occured at	due to the	e cause(e) e date end pi	nd menner ed ace, end due	ataled.	(e) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	-ms ita	wavel a	ME	29c. LICENSE	-	3	29d.	-	LY 20 95
	20. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE			16 CONZ	- um	Y E	un'ar	TC17.	4 21646
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE				-			
	JUL 2 6 1995	State d'hurde	or Randall							



Approximate interval Between Onset and Death months

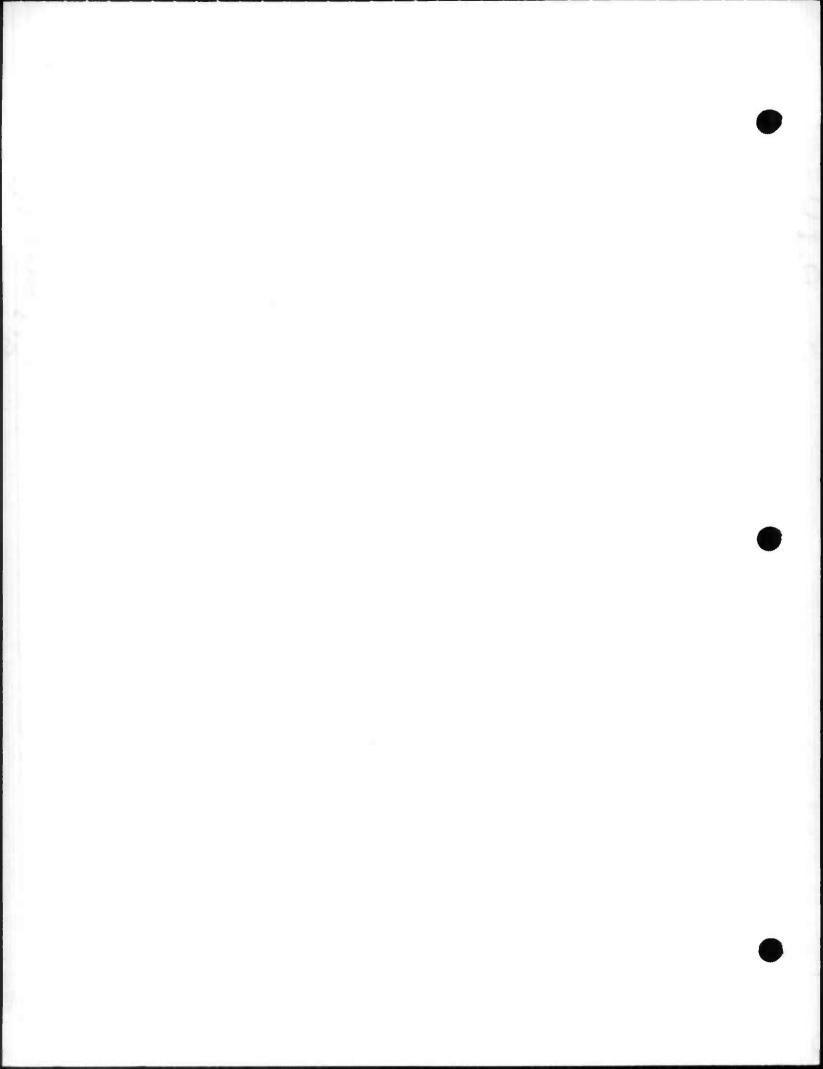
24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

•			1. DECEDENT'S NAME (First	as C	. Hoer	1 n eq 6. AGE/(In)	- foot	history of T					2. DATE OF MONTH	20	2	S')	3. TIME OF DEATH
	should		318-20-3955	30	1 🔀 M 2 🗌 F	70	73. AUST		MONTHS		В Н	OURS MIN.	7. DATE OF I (Month, Da May 4	y, Ybar)		Countr Il	linois
	2. 3	CTOR	Manor Care	Nursi		habil	lita	atio		eth		da	EATH		Mont	TY OF D	
	permit, Pages 1,	DIREC	10e. STATE	10b. COUNTY				Wash									10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	is.	FUNERAL	100. STREET AND NUMBER 3124 Quesa	da St 1	NW	10f. ZIP CODE 20015								HAT COUNTRY?			
5-0020	by the hospital or attending physician. be detached for use as the burial-transit at once.	ВУ	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA WWI	X YES	2 N	IED O	13	If yee,	specify	DENT OF HISPAN y Cuben, Mexica NO Specify	NIC ORIGIN? (Specify Yee or No— 14. RACE — America Black, White, atc. Specify: Wh.:				, White, atc.
21215	of or aftend for use as	ETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUC y highest grade	completed) (Give kind of work done of life. Do NOT use retired.)			during most of working			D OF BU	SINESS/IND	USTRY				
AND	he hospita detached once.	COMPL	17. FATHER'S NAME (First, M	iddle, Last)	5+		Chenist 16. MOTHER					S. MOTHER'S NA			e Ins	titu	ution
ARYL	5 should be notified at	BE	George Free		Hoering	70	19b.	MAILING	ADDRES	S\$ (Stree		Clara E	bel			Code)	
	2 0 2	5	Martha Hoe				3	124 Ç	ues	sada	s St	NW/Wa		on D	.C. 2	20013	
OR	e 6 may ector, p must		20a. METHOD OF DISPOSITI 1 Burlel 2 Crematic 4 Donation 5 Other	n 3 🗆 Remo	ovel from State	cemete	ry, cren	nd DATE Of	er place	9)			7/23		cation — (-	
ALTIMOR	by the formoval.		21. SIGNATURE OF FUNERA ► M JULIO	DAC	tropolitan Crematory 7/23 Alexandria 22. NAME AND ADDRESS OF FACILITY Advent Memorial Services Annapolis MD 21401						VA.2						
00			23. PART i. Enter the di	seesea, or c	omplications that	caused th	ne des	th. Do no	t ente	or the n	mode	of dying, auci	214UI	or reapi	ratory arm	est,	Approximate
909	within E4 ripletely fille cremation, vent, the		iMMEDIATE CAUSE (Findisease or condition resulting in death)		a. Me. DUE TO (0			+ /	3 re	2/1	`	Tumo	r				onset and Dea
BOX	to ceam certificate be executed the attending physician and com Mental Hygiene prior to burial, ijury, or other traumatic et	CERTIFICATION	Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injust that initiated events resulting in desth) LAS	diate NG ry	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
ORD	any ir	MEDICAL CE	PART II. Other eignifice		contributing to d						ring cs	auee given in		WAS AN PERFOR	. /	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IL R	certificate has been the State Dept. of 1, or Item 23 sho		DID TOBACCO U		RIBUTE TO CAU		-	H YES				UNCERTAIN	10				
VITAL	or Item	/SICIAN:	EXAMINER? 1 YES 2 NO	, medical	HOSPITAL:				ОТНЕ	R:		☐ Residence	6 Other (Sp	ecify)			
NOF	With Will	ву РНУ		Pending Investigation	26e. DATE OF II (Month, Day			26b. TIME INJU	OF RY M	٧	INJURY WORK? YES		26d. DESCRIE	BE HOW I	NJURY OCC	URED	
DIVISION	DIRECTOR: After the hours after death them 28 is mar			Could not be determined	28e. PLACE OF building, et	INJURY — tc. (Specify)	At hom	e, ferm, st	reet, fed	ctory, of	ffice		26f, LOCATIO City or To	N (Street e wn, Stete)	and Number	or Rural A	oute Number,
۵	382	COMPLETED			CIAN: To the best of m												end menner ee stated.
i.	TO THE FUNERAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	H	296. SIGNATURE AND TITLE	> pa	1	m					29	c. LICENSE NUM	3357)	29d. DATE	SIGNED	(Month, Day, Year)
		2	Lee Jon	altin	Mush	- 1	m		rint) Ze	l	N	SCANFIN		. (Chem	, C	Love me
			31. DATE FILED (Month, Day, JUL 24		32 REGISTRAR	'S SIGNATU	Rand	all									
																	DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an analysis of the forest. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

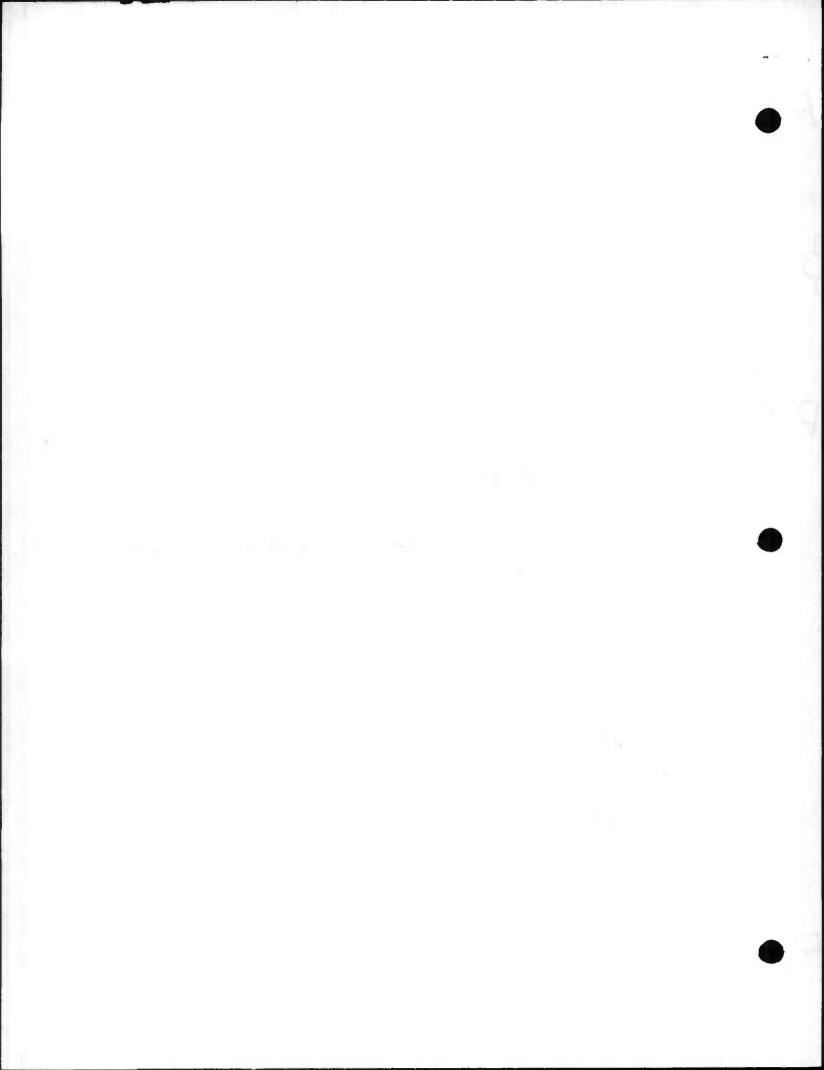
	REGISTRAR	CE	ERTIFIC	ATE O	F DEATH	REG. N	Ο.			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF OEATH	DAY	YEAR	3. TIME OF OEATH	
	HARVE'	***************************************		ORSEM/	AN	JULY 2	3 1	995	3:40 PM M	
		i. SEX 8. AGE (In yrs. las		F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH	IPLACE (State or Foreign	
	214-20-00/0		YRS.	JATTAS DAT	S HOOKS MIN.	SEPT 15	1927		, LAND	
~	9e. FACILITY NAME (If not institution, give stree	· ·	91	b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COL	INTY OF D	EATH	
2	23233 PAUL BENTON (CIRCLE		WENC	NA		SO	MERSE	ET	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, T	TOWN OR LO	CATION				10d, INSIDE CITY	
E	MARYLAND SOMERS	SET	WE	ENONA					LIMITS?	
	10e. STREET AND NUMBER		,,,,	1101111	10f. ZIP CODE		10g. CIT	IZEN OF Y	WHAT COUNTRY?	
ER/	23233 PAUL BENTON (CIRCLE			21821			J.S.		
FUNERAL	11. MARITAL STATUS 1:	2. WAS DECEDENT EVER IN U.S. AR	MED	13. WAS 1	DECENDENT OF HISPAN	IIC ORIGIN? (Specify		14. RACE	— American Indian,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10		specify Cuban, Maxica (ES 2 NO Specify				c, White, etc.	
		WWII						WH.	ÎTE	
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (Gi	CEDENT'S US ive kind of work Do NOT use n	k done during	ATION most of working	18b. KIND OF I	USINESS/IN	DUSTRY		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	STODIA			BOARD	OE ED	LICAT	TON	
M	17. FATHER'S NAME (First, Middle, Last)	000	TODIA	4	18 MOTHED'S NA	ME (First, Middle, Maid		OUAT.	TON	
ŏ	HOWARD HORSEMAN					WEBSTER	m surrieme)			
BE	19a. INFORMANT'S NAME (Type/Print)	198	b. MAILING AD	ODRESS (Stre	et and Number or Rural I		own, Stata Zi	n Code)		
유	NANCY HORSEMAN				BENTON CIR				1821	
	20s. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremetion 3 □ Remove	20b. PLACEA	NODATEOF	DISPOSITION	(Name of		OCATION -			
	4 Donation 5 Other (Specify)	ST. PA	AULS U	.M. C	EMETERY	7/26 WENONA, MARYLAND				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			AND ADDRESS OF FA	CILITY				
	Q. Kin	L M00295	5		MAN FUNERA NCESS ANNE		050			
	23. PART I. Enter the diseees, or con	nplicetione that caused the de	eth. Do not	enter the	mode of dying, auc	h as cerdlec or red	piratory er	reet,	Approximata	
	shock, or heart fellure. Lie	of only one ceuee on eech line							Interval Between Onset and Death	
	disease or condition resulting in deeth)	Gliphlas	mot	7) 2	Jean Tu	mar			13/95	
İ		OUE TO (OR AS A CONSEC	DUENCE OF):	0 1	7.16	1	-		7111	
NO	Sequentially list conditions,	Insulin Dipon	dent	Wint	elus Mell	1005				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC								
E	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CONSEC	MIENCE OF						-	
E	resulting in death) LAST	Char I Mac	ie -Tr	enther	Type I	A Alexander	0		į	
	DADT II On a standing of a standing									
DICAL	PART II. Other eignificent conditions of	ontributing to deeth but not re	eeulting in t	the underly	ring ceuse given in		IN AUTOPSY ORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă						1 YES	2 7 NO		OF DEATH?	
M	DID TORACCO LICE CONTROL	NITE TO CALICE OF DEAT	711 1/50			. >=			1 TYES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTRIE		E OF DEATH			1 2				
<u> </u>	EXAMINER?	IOSPITAL:	_ 0	THER:						
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c.	ome 5 Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOY	INJURY OC	CURED		
L III	1° Natural 5 Pending	(Month, Day, Year)	INJUR	Υ	WORK? YES 2 NO	NIG				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At hor	me, term, stre	et, tactory, o	ffice	28t. LOCATION (Street	t end Numbe	r or Rural A	loute Number,	
Ĭ	4 Homicide determined	building, atc. (Specify)	5			City or Yown, Sta	(e)			
밁	29e. CERTIFIER (Check only	N: To the best of my knowledge, dea	oth occurred a	it the time, d	ete and place, and due		enner ee ete	ted.		
COMPLETED	and the second s	On the besis of exemination end/or is) and menner as stated,	
	296/SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				(Month, Day, Year)	
H	1 slook	M.M other			D412	X6,	▶ *:	1/24	195	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEN	1 27) (Type, Pri	int)	10101	, 0		147	113	
	Yanl C. Yest, M	D. SboRiner	abi	Gire	Salikhur	MARIL	801			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		MY V			V - 1			
_ 11	JUL 25 1995								1)	

الم الم

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		HEGISTHAN		CE	- CIII	ICATE	PEAIH	REG. NO	1.			
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	AV VE	3. TIME OF DEATH		
			ford Sylv			oper		July 30	7, 1995	5 2:45A M		
		4. SOCIAL SECURITY NUMBER		GE (In yrs. lest	birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign Country)		
목		220-16-3326	1 🔀 M 2 🗆 F	68	YRS.			(Month, Day, Year) 4-25-192	27 M	aryland		
Should	~	9a. FACILITY NAME (if not institution, give s 107 Schaeffer					N OR LOCATION OF D		9c. COUNTY			
2,	DIRECTOR	RESIDENCE OF DECEDENT	Ave			wes	stminste	r	Car	roll		
S	E	10a. STATE 10b. COUNTY	γ		10c. CITY	Y, TOWN OR LO	CATION			10d, INSIDE CITY		
Pag.	뜸	Maryland	Carroll				tminster			LIMITS?		
permit. Pages		10e. STREET AND NUMBER					10f. ZIP CODE		10a, CITIZEN	1 ▼ YES 2 NO OF WHAT COUNTRY?		
-55	FUNERAL	107 Schaeffer	Ave				21157	7	J.S.A.			
020 physician. burial-transit	2	11. MARITAL STATUS	12. WAS DECEDENT EVE					NIC ORIGIN? (Specify Yes	or No 14.	RACE — American Indian,		
5-0020 nding physic is the burial	BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YI		10		specify Cuban, Mexica (ES 2 X NO Specific			Black, White, etc. Specify: White		
as th				II			1 1			WILLES		
2121 al or atte	ETED	15. DECEDENT'S EDUI (Specify only highest grade	ccmpleted)	(Gh	CEDENT'S ve kind of w Do NOT us	USUAL OCCUPA work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY		
D pital	ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)			Oper						
AN he hos detach	COMPL	17. FATNER'S NAME (First, Middle, Last)				_	18 MOTNEP'S NA	ME (First, Middle, Malden	Comment			
RYLAND ed by the hospituld be detached		David W.	Hooper					B. Wadd				
MAR retained 5 should notified	David W. Hooper 19a. INFORMANT'S NAME (Type/Print) Pighard I on Dollagandale					ADDRESS (Street		Route Number, City or Tow		e)		
MA be retained ie 5 shou	٢	Richard Lee 1	Dellospeda	ale	107	Schae	effer Av	e. Westm:	inster	, Md. 21157		
RE, may be		20a. METNOD OF DISPOSITION 1 Method 2 Cremetion 3 Remo				F DISPOSITION	(Name of	1995 20c. LO	CATION City	or Town, State		
MORI ge 6 may lirector, p		4 Donation 5 Other (Specify)		Beth	netory or ot any	Cemet	ery		w Wind	sor, Md.		
ALTIN death. Pag tuneral dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fletcher Funeral H										
		Nancy X.	El athen			254	E. Main	St., West	tminst	er, Md.2115		
		23. PART i. Enter the diseasea, or cahock, or heart failure.	omplications that coul	sed the dea	ath. Do n	ot enter the r	mode of dying, suc	h as cerdiac or respi	ratory errest,	Approximata		
70 - 70		IMMEDIATE CAUSE (Final	List only one cause on	n each line.						interval Between Onset and Death		
- A 45 -		disease or condition resulting in death)	. CARCI	NON	11	01-	1_ UNG	S WITH.	META	STACIC IVERE		
executed with and complete o burial, crem		Section 10 may 2	DUE TO (OR A	ARCINOMA OF LUNGS WITH MI						ZIII I I I I I I I I I I I I I I I I I		
P.O. BOX 68 h certificate be execut ending physician and c Hygiene prior to buria or other traumatic	NO N	Sequentisity list conditions,	DUE TO (OR A									
OX OX is be a lician rior to	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	00E 10 (0N A.	S A CONSEC	OENCE OF	<i>;</i> :				j		
O. B. certificate ding physical sygiene principle of the court of the	띮	CAUSE (Disease or injury that initiated events	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):								
P.O. th cert ending I Hygis	F	resulting in death) LAST	4.									
dear att		DADT II Other significant condition										
CORDS, ires that the deal signed by the att lealth and Menta we any Injury,	EDICAL	PART II. Other significant condition	s contributing to death	n but not re	sulting i	n the underly	ing cause given in	Part i. 24s, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
Signed Health a								1 _ YES 2	□ NO	OF DEATH?		
RE requi	Σ	DID TORACCO LISE CONTE	DIDLITE TO CALICE	OF DEAT	THE ME					1 YES 2 NO		
23 test	AN	DID TOBACCO USE CONTE	GIBUTE TO CAUSE			N (Check only or		1				
OF VITAL PHYSICIAN: The fav this certificate has with the State Dep	SICI	EXAMINER?	HOSPITAL:			OTHER:						
OF V HYSICIA his certif with the ked, or	-	27. MANNER OF DEATH	28a. DATE OF INJUR		28b. TIME		ome 5 Residence	8 Other (Specify) 28d. DESCRIBE NOW II	HILIDY OCCUPE			
〇 芒 芸 革 る	P	1 Netural 5 Pending	(Month, Day, Year		INJU	JRY	WORK?	200. DESCRIBE NOW II	NORT OCCURE			
ION NDING I I: After r death	D BY	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJU	RY — At hon	ne, farm, si			28f. LOCATION (Street a	and Number or Ru	Iral Route Number.		
A after a start a star	E	4 Nomicide determined	building, etc. (S)	ipecify)				City or Town, State)				
DINE DIRECT HOURS	7	290. CERTIFIER (Check only	CIAN: To the best of my kin	owledge, des	th occurre	d at the time, di	ete and place, and due	to the cause(s) and man	not so stated			
HOSPITAL FUNERAL within 72	OMPL									se(a) and menner as stated.		
E HOSPI' FUNER I within	Ö	296. SIGNATURE AND TITLE OF CENTIFIER					79c. LICENSE NUN			MED (Month, Day, Year)		
TO THE HOSP! TO THE FUNER be filed within	0	Acinio 1	11/0001	42	M	D-	TTIL	491	トアン	105		
FFAS	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATN (ITEM	27) (Type,	Print)	912 10	MCH.A.	2 1 111	100		
		DANIEL I	NELI	454	=2	MD	ME	c+m-n	5-19-1	200		
		31. DATE FILED (Month, Day, Year)	32. REGISTRARIS SIG	GNATURE		1-1	TA Par		11/21	21157		
	- 1	JUL3 1 1995 / W	I IN MOUNTAIN	44								



YEAR

916 Maryland

10g. CITIZEN OF WHAT COUNTRY?

USA

Specify:

14. RACE — American Indian, Black, White, alc.

Harford

3. THE OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

white

Approximata

Onset and Death

MONTHS

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

630

2. DATE OF DEATH

STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BALTIMORE, MARYLAND 21215-0020

68760
BOX
P.0
CORDS
L RE
OF VITA
DIVISION

JULY AlbeRT WILSON JOHNSON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 217-09-2157 DAYS HOURS 1 1 F 78 1916 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give str 96. CITY, TOWN OR LOCATION OF DEATH Fallston General Hospital Fallston DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION Maryland Harford Bel Air permit. 10e. STREET AND NUMBER FUNERAL 103 Crescent Drive funeral director, page 5 should be detached for use as the bunial-transit 21015 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIYE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) Railroad Trainman Railroad 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname Albert Clarence Johnson Helen Jeanette Mahan BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia L. Wagner 103 Crescent Drive, Bel Air, Maryland death. Page 6 may be 99 20e. METHOD OF DISPOSITION

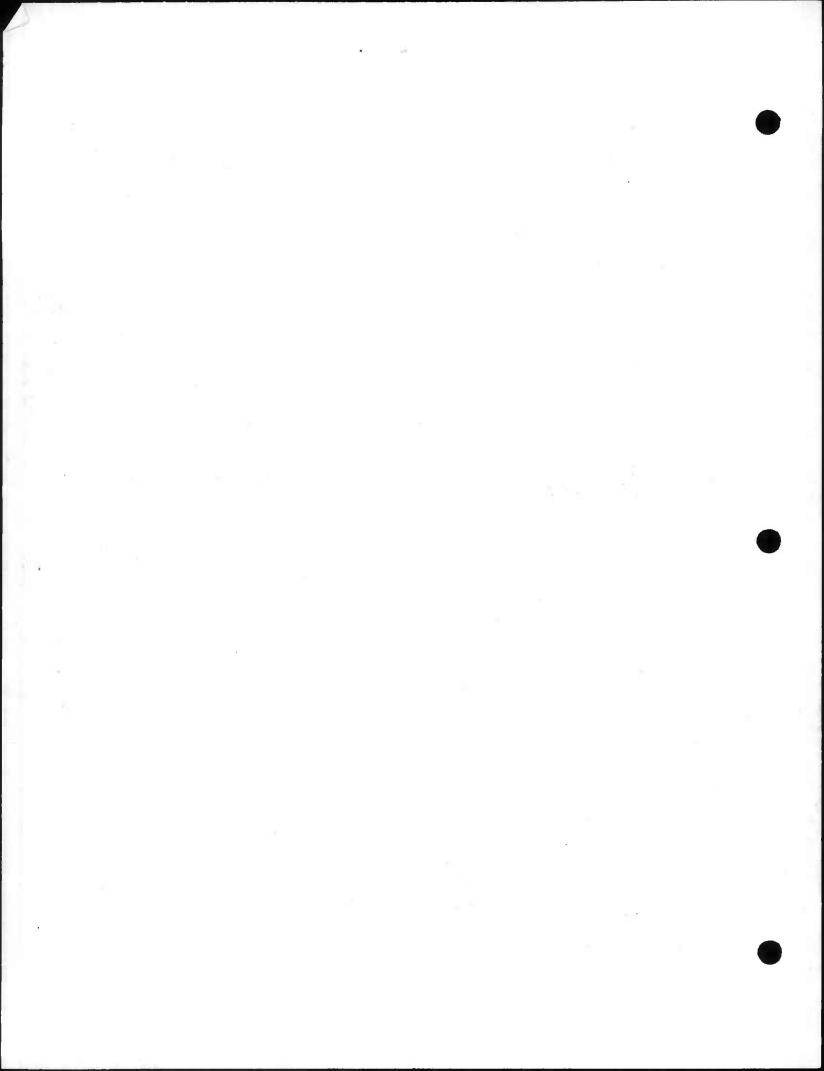
1) Burial 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Donation 8 Other (Specify) Air Memorial Cardens 7-24-95 Bel Air, Maryland 21. SIGNATURE OF FUNERAL SERVICE examiner Howard K. McComas III Funeral Home, P.A. 1 Ou 1317 Cokesbury Road Abingdon, MD completely filled in by the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuee on each line. 0 IMMEDIATE CAUSE (Final the disease or condition 14ELOPROLIFERATUE DISORDIER event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed bunal. traumatic CERTIFICATION attending physician and Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 been signed by the atte PART II. Other algoliticant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY AGULO that any 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has b 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I OTHER: 1 YES 2 NO ATTENDING PHYSICIAN: Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED with this 1 Natural 5 Pending м 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 0.0 ETED 8 Could not be 4 Homicide 28 OR 29e. CERTIFIER COMPL best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIEED WITHIN 72 ho restigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29h SIGNATURE AND TITLE OF CORT E) 29c. LICENSE NUMBER 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OA

Davidson Randall

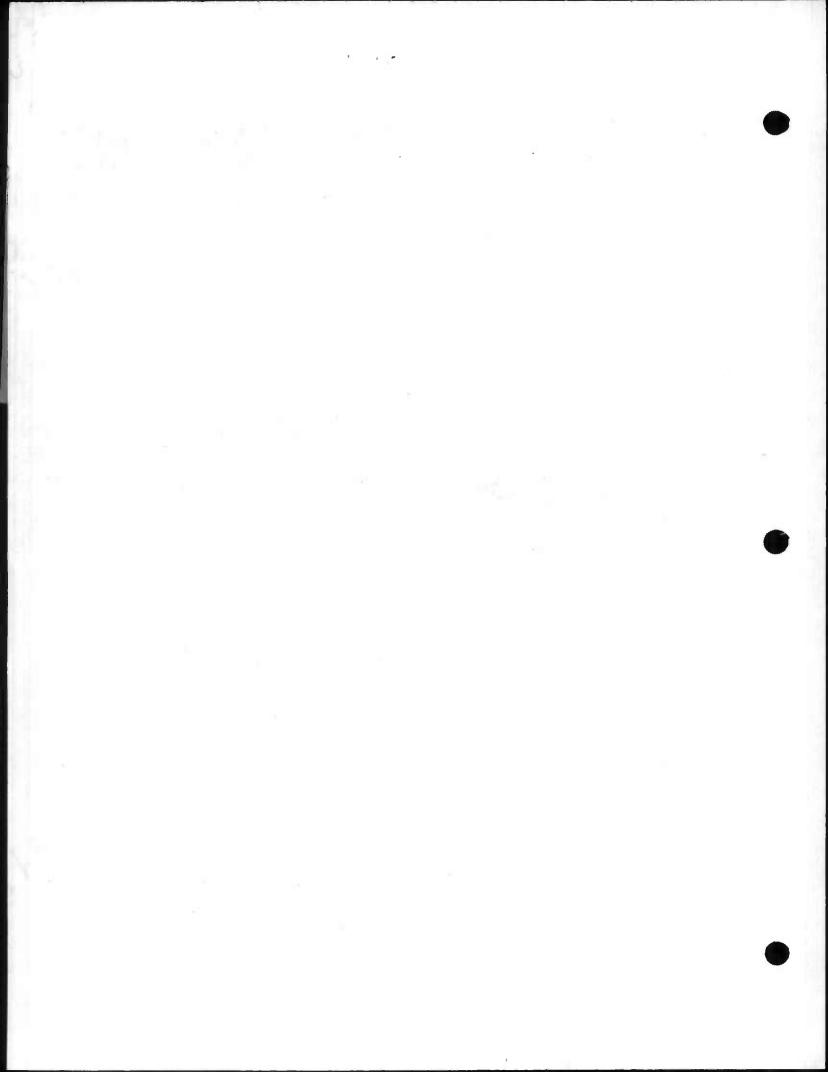
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-18 Rev 1/89



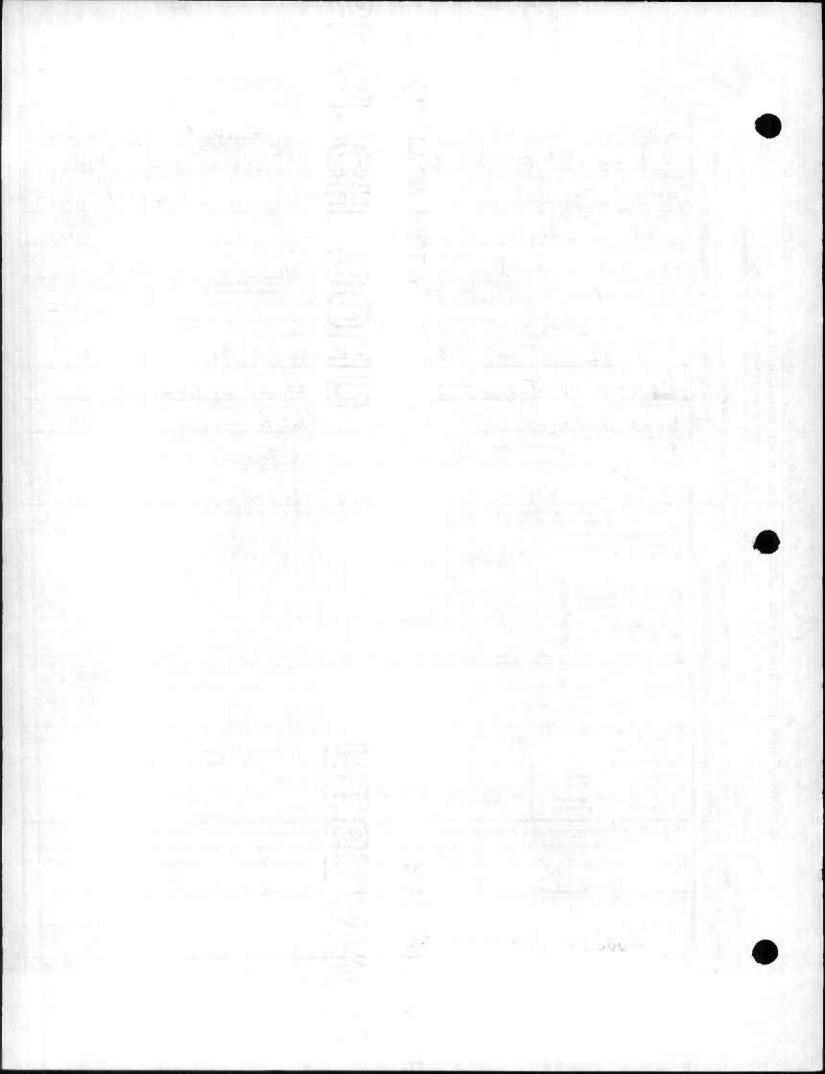
		1 - FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		IENTAL HYGIE REG. N					
		1. DECEDENT'S NAME (First, Middle, Lest) Frankly	Paul		man		2. DATE OF DEATH	1995 V	S. TIME OF DEATH			
3 should			X м 2 □ F 78	YRS.	F UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN (IF UNDER 24 HRS, HOURS MIN. OR LOCATION OF DEJ	7. DATÉ OF BIRTY (Month, Day, Year) Oct 19,		BIRTHPLACE (State or Foreign Country) ashingtonDC OF DEATH			
1. 2,	CTOR	Prince George Hospital Cheverly Prince Geroge's										
obysician. burlal-transit permit. Pages	DIRECTO		e George		town on Locat	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
in. ransit perr	FUNERAL	10e. STREET AND NUMBER 2014 Fernwood				20743		Unit	ed States			
1	B⊀	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ZNO	If yes, sp	ENDENT OF HISPANI ecity Cuban, Mexicen 2 XIXO Specify:	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No— 14	RACE — American Indian, Black, White, etc. Specify: White			
	LETED		pleted) ollege (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)	st of working		BUSINESS/INDUS	TRY			
the hospital of detached for the detache	COMPL	5th 17. FATHER'S NAME (First, Middle, Lest)	-	Beer D	istrub		OWN		f/ Employed			
retained by 5 should be notified at	TO BE	Paul Cooke Jackr	nan			and Number or Rural R		own, State, Zip Co	de)			
ay be		Betty Gargano 20s. METHOD OF DISPOSITION 1X Auriel 2 Cremetton 3 Removal	from State 20b. P		DISPOSITION /Na	man Cour	209 TE 7 079	EDCATION — CIT	ad, Md 20640			
sath. Page uneral din		4 Donation 5 Other (Specify) 21. SIGNATIONE OF PUNERAL SETIVICE LICENS	Fo	rt Line	22. NAME AF		LITYLee F	ineral	ood, Marylan Home,Inc Road, Clint			
executed within 24 hours after di and completely filled in by the f o burial, cremation, or removal. matic event, the medical ex	z	23. PART Lenter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, above, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO for AS A CONSEQUENCE OF):										
th certificate be ending physician in Hygiene prior to or other traus	ERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
E SE E		PART II. Other aignificant conditions of	ontributing to deeth but	not resulting in	the underlying	g ceuse given in F	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
he law requires that has been signed to Dept. of Health a 23 shows any	Σ	DID TOBACCO USE CONTRIB				UNCERTAIN			1 TES 2 NO			
- F 2 2 3	YSICIAN:	1 TYES 2 NO	26 OSPITAL: Inpatient 2 ER/Outpati		OTHER:	e 5 🗆 Residence 8	Other (Specify)					
F in the F	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HO	Y INJURY OCCUR	ED			
TTENDI TOR: A after d	ETED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, etc. (Specify	- At home, term, sti	reet, factory, offic	281. LOCATION (Stre City or Town, Sta	181. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
Z ZZ =	COMPLE		t: To the best of my knowled in the basis of examination a						euse(s) and manner as stated.			
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIER	diffuez pr	n		29c. LICENSE NUM	BER	29d DATE S	GNED (Month, Day, Year)			
F F Q 4	입	30. MAME AND ADDRESS OF PERSON WHO CO	DMPKETED CAUSE OF DEAT	H (ITEM 27) (Type, 1	9 Lay	burn Ca	Ca Sn	s. Mis	20748			
		31. DATE FILED (Month, Aley, (ber))	SA MEGISTRAR'S SIGNAT	yago hardall	1 /		10	1.00				



			0
Many (11/10/10/11/20) 1/4 GWETTO	BALTIMORE, MARYLAND 212/5-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	DAI DIRECTOR that has been signed by the attending physician and completely filled in by the fundament of several filled to detached to use as the burief through parameter of a
MADLE CLINION	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 212/5-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled

Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with. Abours after death, P TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to builal, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinal control of the control of

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	NTAL HYGIENE REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest) Clinton M. Jaquette, Jr.	DATE OF DEATH	95 2/:05 M								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. E 7 YRS. MONTHS DAYS HOURS MIN.	DATE OF BIRTH Month, Day, Year) Q-1 23, 1922	BIRTNPLACE (State or Foreign Country)								
a.	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN	9c. COL	INTY OF DEATH								
CTO	RESIDENCE OF DECEDENT										
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 □ YES 2 Ø NO										
FUNERAL	100. STREET AND NUMBER 263 Red Pump Rd 21911 USA										
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC O II yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify:	RIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc. Specify:								
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Service Station - Owner	Automotiv	DUSTRY								
BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Clinton M. Jaquette 18. MOTHER'S NAME (First, Middle, Moldon Surramo) Ethel C. Racine										
10	190. INFORMANT'S NAME (Type/Print) Reba G. Jaquette 263 Red Pump Rd. Ris		D 21911								
	20s. METHOD OF DISPOSITION 1 DK Burlel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, gremetory of other place) GIPIN MANOR MEM. Park 7/18	PATE 20c. LOCATION -	City or Town, State								
CARTILLE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILIT	Gee Fune EIKton M	ral Home 0 21921								
CERTIFICATION	23. PART I. Enter the design of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or hard feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
	resulting in death) LAST										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part	I, 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 PNO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? COTHER:	nly one)									
IVSI	1 YES 2 NO 1 Topatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6	Other (Specify) DESCRIBE NOW INJURY OF	VIIDED								
ВУ Р	1 Paturel 6 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation Investigation										
ETED	3 Suicide 8 Could not be datarmined 28e. PLACE OF tNJURY — At home, Isrm, street, factory, office building, etc. (Specify)	LOCATION (Street and Number City or Town, State)	r or Rural Route Number,								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.										
TO BE	296. SIGNATURE AND THE OF CEREBERS JOHN JOHN HERE HUMBER D. 3.56.	53 P	TE SIGNED (Month, Day, Year)								
	1 700 Shellows are will be										
	31. DATE FILED WORTH SON 18995 July Develor hardel										
			DHMH-t6 Rev 1/89								



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

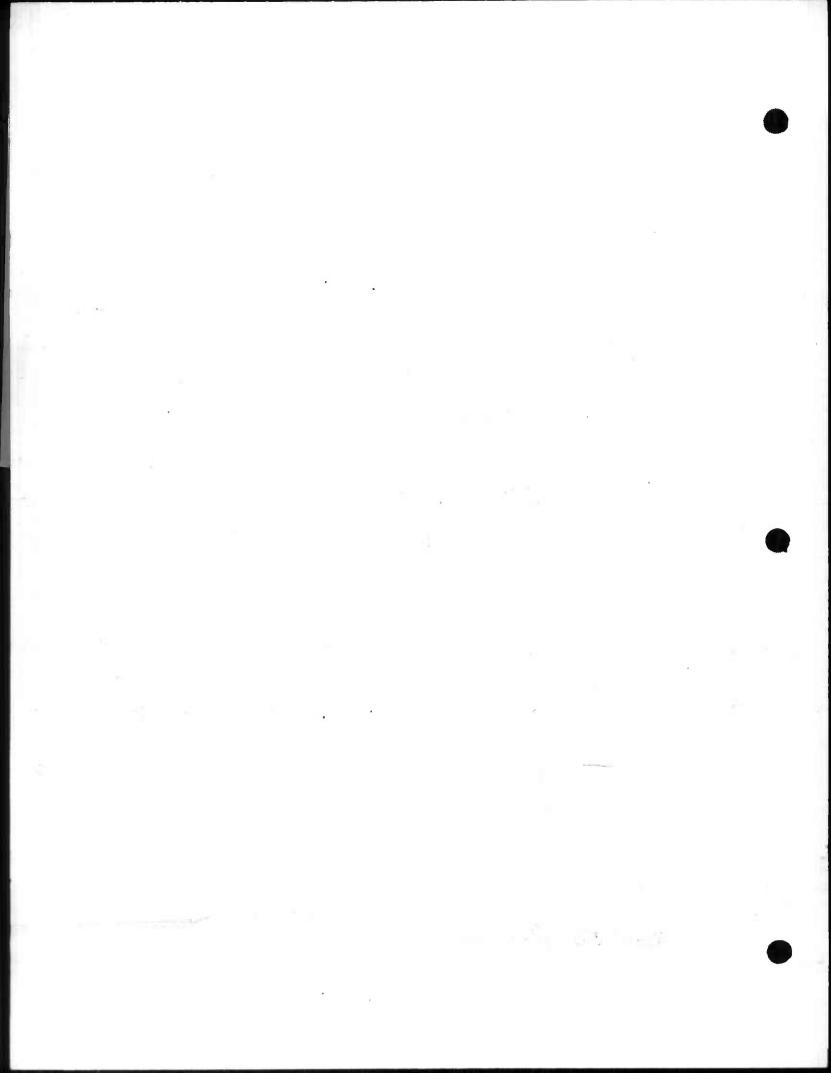
IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

IIEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-726 8/28/95 t.t

	1 - STATE REGISTRAR		SIAIE UF M	IANTLA					DEAT		MENTA	IL HYGIE REG. N	_			
- 1	t. DECEDENT'S NAME (First, A	Middle, Last)			-				DLA	-	2. DAT	E OF DEATH		-	3. TIME OF DEA	TH
- 4	WAYNE D	T.										1995		AM		
- 1	4. SOCIAL SECURITY NUMBE		5. SEX		yrs. leet birth	not birthday) IF UNDER 1 YEAR IF			IF UNDER			OF BIRTH	J	O. BIRTI	HPLACE (State or I	
	221-42-986	5	1√[]/M 2 [] F	90.1	39 Y	RS.	MONTHS	DAYS	HOURS	MINI.	(Mor	4-195	6	GOO	rgia	
	9a. FACILITY NAME (If not inst	titution, give st	neet and number)				96, CITY	, TOWN	OR LOCATIO	ON OF D	_			UNTY OF D		
5	UNIVERSITY HOSPITAL BALTIMORE CITY															
DIRECTOR	RESIDENCE OF DECEDENT															
2		10b. COUNTY			100		Y, TOWN		HON						10d. INSIDE CIT LIMITS?	Υ
	Delaware	Si	issex				Mil.	ton							1 XXYES 2	NO
FUNEHAL	100. STREET AND NUMBER 601 Bennett Street 19968										1112	US	WHAT COUNTRY?			
5	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN	U.S. ARMED		13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIGI	N? (Specify Y	es or No-	14, RAC	E — American Ind	llen.
10	1 Never Married 2 X Vivi 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	YES AR OR DAT	2 NO				ecify Cubar 2 ∑ NO			Rican, etc.)		Spec	k, White, etc.	
3	15. DECE	OENT'S EDUC	ATION	1	18e. DECEOE	ENT'S	USUAL O	CCUPATIO	ON .		16	b. KIND OF B	JSINESS/II		n wegn	0
COMPLEIED	(Specify only i Elementary/Secondary (0-1		Completed) College (1-4 or 5+	-	(Give kir life. Do h	nd of w VOT us	vork done e retired.)	during mo	st of working	g				197,0-7,0-7		
	12				Spin	ni	na i	Mac	h Op	en	T	extil	e-D	поац	t Co	
5	17. FATHER'S NAME (First, Mid-	dle, Last)										Middle, Maids				
	Wilmer Je	Khens	son						0.000			Seymo				
4	19e. INFORMANT'S NAME (Typ	oe/Print)			19b. MA	JLING	ADDRESS	S (Street e	nd Number	or Rural	Route Nun	nber, C/ty or To	wn. State.	Zio Code)		
2	Mrs. Lavon	ne M.	Jeffe	rson	60	1	Ben	net.	t St	ree	t M	iltor	. D	elaw	are. 19	968
	Mrs. Lavonne M. Jefferson 601 Bennett Street Milton, Delaware 19968 200. METHOD OF DISPOSITION DATE 200. LOCATION - City of Town. State															
	MMurrei 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) People's Memorial Park 7/29 Lewes, Delaware															
- 1	ML#27 22. NAME AND ADDRESS OF FACILITY MILLER FUNERAL HOME															
- 1	West.	11/1	om'	01	arcae e		$ _{\mathcal{D}}$	0	Ray	86	0 W	:00.1	0 5 0	n.	19966	
┪	23. PART I. Enter the dis-	eases, or c	omplications that	caused t	the death	Do n	ot enter	the mo	de of dul	0 0	b se ce	disc or me	O NO	, ve		
1	ahock, or has	art failure. 1	lat only one caus	se on aac	ch iina.									irrest,	Approxin	Between
1	iMMEDIATE CAUSE (Fina disease or condition	i i								OF CO	DRONA	RY SINU	S		Onset an	d Death
	resulting in death) a. COMPLICATING BIOPSY OF THE HEART DUE TO (OR AS A CONSEQUENCE OF):															
	h															
	Sequentially list conditions, If any, leading to immediate DUE TO (DR AS A CONSEQUENCE OF):															
į	cause. Entar UNDERLYIN	G													į	
	CAUSE (Disease or injury that initiated events	' \ '	DUE TO	OR AS A C	CONSEQUEN	CE OF	7:								-	
	resulting in death) LAST		L													
- 11	DADT II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT															
	PART ii. Other significant	conditions	contributing to	death but	t not reaul	ting i	n tha ur	dariyin	g cause g	iven in	Part I.	24s. WAS A PERFO	N AUTOPS	Y 24b	. WERE AUTOPSY I	TO.
	-											1 TES	2 🗌 NO		COMPLETION OF OF DEATH?	CAUSE
															1 YES 2	NO
	DID TOBACCO US		IBUTE TO CAI			-			. UNC	ERTAI	ИП					
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		B. PLACE OF		H (Check									
	1 X XES 2 □ NO		XXInpetient 2 -	ER/Outpet	tient 3 🗆 D	OA			o 5 □ Rei	sidence						
	27. MANNER OF DEATH 1 Netural 5 Pe		28e. DATE OF (Month, Da	y. Year)	286	MIT .c		28c. INJ WO	URY AT RK?		28d. DE	SCRIBE HOW	INJURY O	CCURED S	UBJECT DI	ED
		restigation	7/25/95				7 /M	1 🗆 ')(NO		NG BIOP				
- 111		ould not be	28e. PLACE OF building, o	INJURY -	- At home, fr	arm, a	treet, fact	ery, offic				CATION (Street or Town, Stet				
	4 Homicide de	etermined	UNIVE	HAT WE CONTROL OF THE								LTIMORE, MD. 21201				
		YING PHYSIC	IAN: To the best of	my knowled	dge, death o	CCUITE	d at the t	lme, date	end place,	end due	to the ca	ruse(e) end m	onner ee si	tated.		
	one) 2 X MEDIC	AL EXAMINE	R: On the besis of ex	amination (end/or Invest	ligation	n, in my o	pinion, d	eath occure	ed at the	time, dat	e end place, e	nd due to	the ceuse(e) end manner ee	stated.
· II	296 SIGNATURE AND TITLE	CERTIFIER	11 00						29c. LICE	NSE NUI	MBER		29d. D/	ATE SIGNED	(Month, Day, Year,)
	Wallete !	Thec	Mull						0.0	C.M	. E		7.00		26,199	
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEAT	TH (ITEM 27)	(Туре,	Print)								•	
	MANYDOUGHS	12.10	offun) 1:	11 Pe	eni	n St	ree	et, I	Bal	timo	ore,	Mary	land	1 2120	1
	31. DATE FILED (Month, Day, Ye ALIC 0 8 19	őr .	22. RECUSTRAS						-							
- 11	AHGUXT	47	MIN WRUGE	MAN SHAW	PER ALBA											

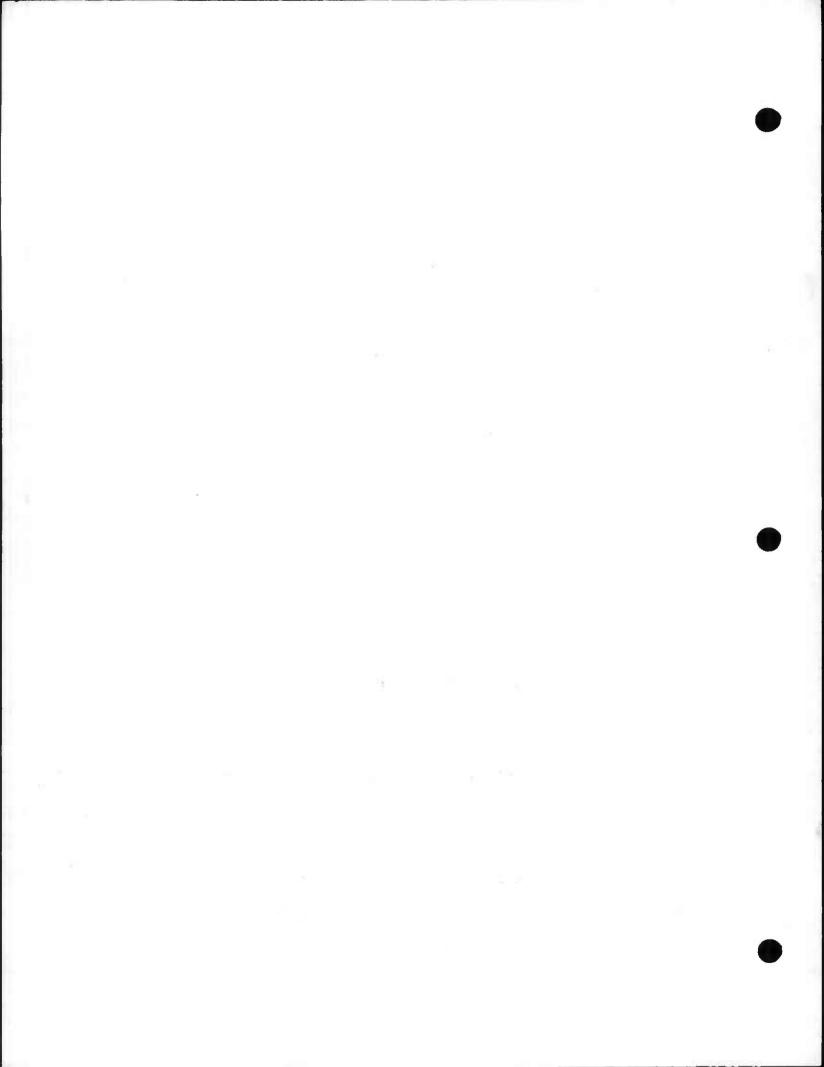


TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

	REGISTRAR		CERTIF	ICATE (OF DEATH	REG. NO	_					
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		- 1:	. TIME OF DEATH			
	PAUL JO	HNSON				JULY 7, 1995			0733 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (in yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.				LACE (State or Foreign			
	217-50-9719 9e. FACILITY NAME (If not institution, give stree	1 M 2 D F	45 YRS.		YS HOURS MIN.	OCT 1 19		MÄRŸI	LAND			
~				96. CITY, TO	WN OR LOCATION OF D	EATH	9c. COUR	NTY OF DEA	ТН			
0	1190 TYLER AVENUE ANNAPOLIS ANNE ARUNDEL											
DIRECTOR	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR L	OCATION			T	od. INSIDE CITY			
H	MAADVIAND ANNE	ADIMDEL		ANNAP					LIMITS?			
	MAARYLAND ANNE	ARUNDEL		ANNAF					YES 2 NO			
FUNERAL	1190 TYLER AVENUE	₹			21403		US		AT COUNTRY?			
5		2. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indien, White, etc.			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 XNO Speci			Specify:				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S	USUAL OCCU	PATION	16b. KIND OF BUS	SINESS/INO		J.K.			
Щ		College (1-4 or 5+)	(Give kind of life. Do NOT u	work done durin se retired.)	g most of working							
4	12th	0	PARKI	NG ATT	ENDAANT	GOTTS	PARK	ING (GARAGE			
ō	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)					
	THOMAAS HOHNSON,	SR				LINE CROMW						
8	19e. INFORMANT'S NAME (Type/Print)	OI.	19b. MAILING	ADDRESS (St		Route Number, City or Town		Codel				
5	JUNE JOHNSON					. S 3 ANNA			21403			
	20a. METHOD OF DISPOSITION	1,	0b. PLACE AND DATE					City or Town				
	1 Sp Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	il from State	emetery, cremetery or of ANNAPOLIS	ther nienal		/13/95 AN						
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ANNAPOLIS		E AND ADDRESS OF F		NATUL	113, E	10.			
	Zanny H. Rog	20		REE	SE & SONS	MORTUARY, ANNAPOLIS,		21/0				
	23. PART i. Enter the diseases, or cor	nolications that caus	sed the death. Do i						Approximate			
	ahock, or heert fallure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	CONTACT	r Gunst	tor w	own of		, ,		Interval Betwee Onset and Daar			
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE O	F):								
일	CAUSE (Disease Or Injury C.	DUE TO /OR AS	A CONSEQUENCE O									
Ē	that initiated events resulting in death) LAST	50E 10 (011 AS	A CONSEQUENCE O	r).					i			
9	d								-			
	PART II. Other significant conditions of	contributing to deeth	but not resulting	in the under	ying ceuse givan in	Part I. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS			
DICAL						PERFOR			WAILABLE PRIOR TO OMPLETION OF CAUSE			
						1 X YES 2	□ NO	0	F DEATH?			
ME	DID TOBACCO USE CONTRIE	DITE TO CALISE	OF DEATH VI	C D NO	T UNICEPTAL			1	PES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	BUTE TO CAUSE	28. PLACE OF DEA			N L L						
를 디	EXAMINER?	IOSPITAL:		OTHER.								
ΥS	X X ES 2 □ NO 1 27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/O			Home XX Residence							
	1 Natural 5 Pending	(Nonth, Day, Year) INJ	URY	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCC	URED				
ВҰ	2 Accident Investigation		200		YES 2 NO	SUBJECT S	SHOT	SELF	5			
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, atc. (S)	Decify)_a	itreet, fectory,	offica	281. LOCATION (Street e City or Town, State)	nd Number	or Rural Rou				
	To home of the home		HOME			1190 TYLER	- AVE	ANNI	tpous MI			
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of	reledge, death occurre	ed at the time,	data and plece, end due	to the cause(e) end man	ner as atate	id,	200			
COMPLETED	MEDICAL EXAMINER:								nd manner se stated.			
U U	296. SIGNATURE AND TITLE OF CERTIFIER	V MA	4)		29c, LICENSE NU				onth, Day, Year)			
0	/ IXUM	Dallet	H Λ		O.C.M.				,1995			
유	38 MAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	SEATH (ITEM 27) (Tons	Print)	1 0.C.M.		- 00	11 /	,1000			
	MARIO 7 GOLLE	median and a second			ot Pal	timoro M	274.7	and	21201			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG		1 SUL	sec, bal	timore, M	атул	.anu	21201			
	JUL 24 1995	Julia David										
- 1	ししていましい	HILLY DILLING	LAN MANDELL									



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760 TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Norman To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED BY

BE

2

William J.

1995

31. DATE FILED (Month, Day Year)

						•	4						
											(95	24215
	1 - FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH AND I	MENTAL HYGIEN			
ij	1. DECEDENT'S NAME (First	, Middle, Last)							DEATH	2. DATE OF DEATH			3. TIME OF DEATH
	Sylva	Stel	.la	Kim	ble					July 23,	1 995	YEAR	2:06 PM
	4. SOCIAL SECURITY NUMBER 577-40-556		5, SEX		(In yrs. last		IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) May 10,191	1.0	Count	HPLACE (State or Foreign
1	9a. FACILITY NAME (If not in		- 21	/	6	rna.							ginia
	Southern Ma		and a second	7				lint	R LOCATION OF DE	EATH		INTY OF E	
	RESIDENCE OF DEC		ПОЗРІСА					.1.1.11	OII		LT TI	ice G	eorge's
	10a. STATE	10b. COUNTY		-1-		10c. CITY			ION				10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Prin	ce Georg	e's		(Clin						1 TYES 2 NO
١		() 	1					101	ZIP CODE				WHAT COUNTRY?
1	6415 Spri	ngbroo						Ц.	20735			J.S.A	
	1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X N	IED D		If yes, sp		IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.) ':	or No—		E — American Indian, k, Whita, atc. "UCasian
	15. DEC	EDENT'S EDUC y highest grade	CATION		16a. DEC	EDENT'S L	JSUAL O	CCUPATIO	ON .	16b, KIND OF BU	SINESS/IN		
١	Elementary/Secondary (0		College (1-4 or 5	F)	life.	Do NOT use	retired.)	during mo	st of working				
ı	8th		N/A		Hom	emake	er				Home	2	
	17. FATHER'S NAME (First, M									ME (First, Middle, Maiden	Surname)		
	William		rd Mull	enax						die	Lan		
	19a. INFORMANT'S NAME (7)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		19b.					Route Number, City or Tow			
	Galen R.	Kimb								Edgewater			
	20a. METHOD OF DISPOSITI 1'E Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	ION on 3 □ Rame (Specify)	oval from State	20b cem	PLACE AND RESU	ND DATE OF ALL O	F DISPOS per plece) CLON	Cen	med July etery	26919950c. LO			ryland
	21. SIGNATURE OF FUNERIA	SERVICE LIC	ENGER/	//						Lee Fu	nera	I Ho	me. Inc.
	· //sa	m M					6	633	Old Alex	andria Fer	ry R	d Sl	inton, Md
1	23. PART I. Enter the di	sesses, or c	openications the	caused	the dea	th. Do no	ot enter	the mo	de of dying, suci	n as cardlec or respi	iratory ar	reat,	Approximate
ı	immediate cause (Fin	eert minute	Cist only one cau	ise on e	ech line.				Λ Α		-		interval Between Onset and Death
	disesse or condition resulting in death)	→		Cas	rdus	als	un	A	lunk				
İ	resulting in death)		DUE TO	(OR AS A	CONSEQ	UENICE OF	-	1)	4 /				
ı	Convention that constan		b	Co	nug	let	e t	rec	ut b	lach			Mules
	Sequentially list conditi if any, leading to immed	diate	DUE TO	A BA ROI	CONSEG	JENCE OF	10	A	-1				mules
	cause. Enter UNDERLYi CAUSE (Disease or inju		C. DUE 70	S	lies	nic	tre	art	aisea	re			Lukenan
	that initiated events resulting in death) LAS	т	DUE TO	(UH AS A	CONSEC	JENCE OF):						
			d										

1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO LUNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 Accident
3 Suicide 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 16 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ition and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(s) and manner as stated, 29c. LICENSE NUMBER 29d. DATE SIGNED (Monthy Day, Year) 93 WHIL COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Oetgen M.D. 9131 Piscataway Road #600 Clinton, Md 20735

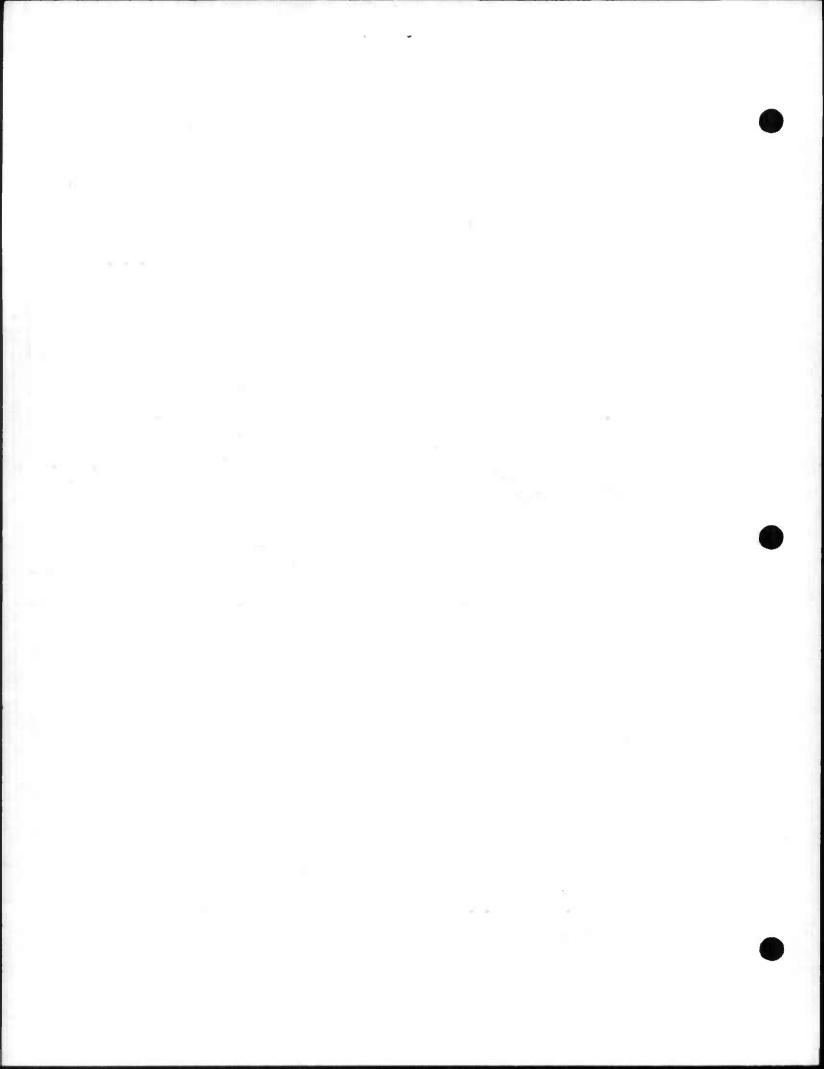
PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i.

32. REGISTRAN'S SIGNATURE
Jalia d'Author Ravdall

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

24a. WAS AN AUTOPSY PERFORMED?

1 TES 2 NO



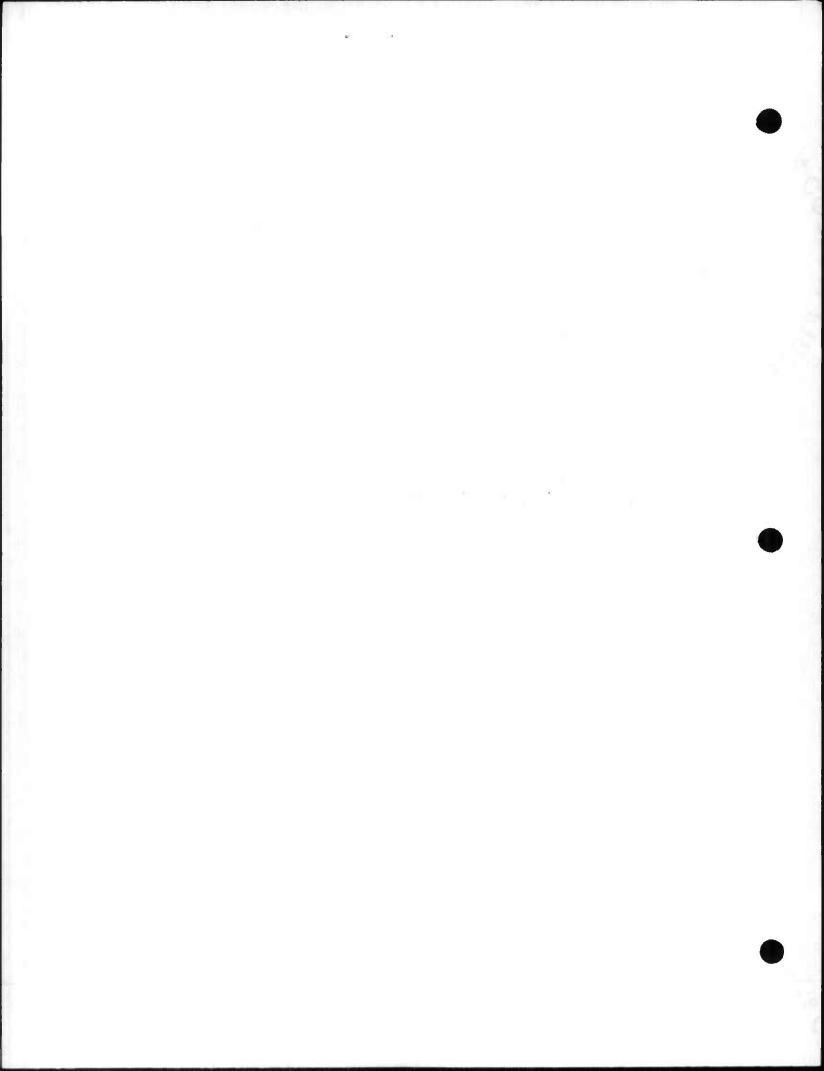
			1 - STATE REGISTRAR	STATE OF MARYLAND
			1. DECEDENT'S NAME (FIRST, MIGGIG, LAST) DOYLE Edw 4. SOCIAL SECURITY NUMBER 156 - 58 - 7852	oard Kaval
	2, 3 should	OR	90. FACILITY NAME (IT not Institution, give s 152 White P	insect and number) INE Circle
	t. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 10b. COUNT C E	26.1
	ı. Insit permi	FUNERAL	100. STREET AND NUMBER 152 White	Pine Circle
-0050	hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, or removal. medical examiner must be notified at once.	BY FUN	11. MARITAL STATUS 1 Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 _ YES 2 N IF YES, GIVE WAR OR DATES
1215	or attend	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)
ND 2	ched for	MPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)
YLAI	by the 1 be deta		17. FATNER'S NAME (First, Middle, Last) Robert K	avanaugh
MAR	e retained e 5 should notified	TO BE	190, INFORMANT'S NAME (Type/Print) Robert Kava	, 1
ORE,	ector, page		20e, METHOD OF DISPOSITION 1 DA Burlei 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State 20b. PLACE cometery, ci
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hor bed in by the funeral director, page 5 should be detact or removal. medical examiner must be notified at once.	24	21. SIGNATURE/OF EMNERAL SERVICE LIC	CENSEE
	ation at		23. PART I. Enter the diseases, of shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Self infle
DS, P.O. BOX 68760	the death certificate be executed within the attending physician and completel Mental Hygiene prior to burial, crema injury, or other traumatic event,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b
-	~ 86.	A	PART II. Other eignificent condition	d
VITAL REC	PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health riked, or Item 23 shows an	PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE OF DE/ 26. PLA MOSPITAL: 1 Inpatient 2 ER/Outpatient
DIVISION OF VITAL RECOR	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha THE FUNERAL DIRECTOR: After this certificate has been signed tified within 72 hours after death with the State Dept. of Heath a PORTANT: If Item 28 is marked, or Item 23 shows any	COMPLETED BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined	28a. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (28a. PLACE OF INJURY — At houldding, atc. (Specify)
DIV	RAL DIRECT TZ hours	MPLE	one)	CIAN: To the best of my knowledge, d
	TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	
	FFA	2	1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)		. /		2. DATE OF O	EATN DAY	YEAR 3. TIME OF DEATH				
	Doyle Edward Navanaugh July 21 95										
	156-58-7852 18M2 OF 25		MONTHS DAY		7. DATE OF BI (Morith, Day)	ATBYOF BIRTH B. BIRTHPLACE (State Country) TODER 10, 1969					
œ	9a. FACILITY NAME (If not institution, give street and number) 152 White PINE Circle			ON OR LOCATION OF		9c. COU	NTY OF OEATN				
DIRECTOR	RESIDENCE OF DECEDENT		EIN	LTON			ecil				
IRE	100. STATE 10b. COUNTY CECI		TOWN OR LO				10d, INSIDE CITY LIMITS?				
	10- CERCET AND MINURER	E	IKto	10f. ZIP CODE			1 _ YES 2 NO				
FUNERAL	152 White Pine Circle			21921			IZEN OF WHAT COUNTRY?				
BY	11. MARITAL STATUS 1										
旦	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ECEDENT'S L	SUAL OCCUP	ATION most of working	16b. KINO	OF BUSINESS/INC	DUSTRY				
COMPLETED	12 4 Me			ENgiNee	1	utomo	tive				
BE CO	17. FATNER'S NAME (FIRST, Middle, Lost) Robert Kavanaugh			18. MOTHER'S N	AME (First, Middle,	Meiden Surname) Emer	rick				
10	Robert Kavanaugh		homa	s St. Cl	i fts N,	NJ. O	0 Code)				
	1 Debutial 2 Cremation 3 Removal from State cemetery, ci	and DATE OF remetory or oth QCu a	FOISPOSITION	Name of 7	126 95 M.	20c. LOCATION -	Moutclair, NJ. Neval Home				
2.5	21. SIGNATURE OF BUNERAL SERVICE LICENSEE		22. NAM	AND ADDRESS OF F	ACILITY	Gee Fu	weral Home				
	The M. Sel		259	E. Mais	st. 日大·	DM. MD.	21921				
	23. PART I. Enfer the diseasea, or complications that ceused the dishock, or heart fellure. List only one ceuse on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSE	e.					rest, Approximeta Interval Between Onset and Death				
NO	Sequentially list conditions b.										
CATI	If any, leading to immediate cause. Enter UNDERLYING	OUENCE OF)	•								
CERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in death) LAST	QUENCE OF)	:								
Ü	d										
MEDICAL	PART II. Other eignificent conditions contributing to death but not	resulting in	the underly	ring cause given is	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
					10	YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
ž	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEA	ATH YES	□ NO	UNCERTA	N D		1 TYES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLA EXAMINER?	CE OF DEATH	Check only o								
is i	1		4 ☐ Nursing h	iome 5 Presidence		-	7				
BY PI	CURED										
3-Suicide 6 Could not be determined determined determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)											
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, d EXAMINER: On the basis of examination and/or										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MI)	29c. LICENSE NU			E SIGNED (Month, Pay, Year)				
۵	30. NAME AND ADDRESS OF PERION WHO COMPLETED CAUSE OF DEATH (ITE	EN 27) (Type, F	Print) /L	x (1)	111	- 1	0				
H	31. DATE FILED (Month, Day, 1941) 32, BEGISTRAR'S SIGNATURE	-404	1/9	poc	ec/ C	0 / 1					
	31. DATE FILED (Month, Def.) 32, BEGISTRAR'S SIGNATURE 7 2 (9 JUL 2 4 1995	Julia	Structure	Randell							

	CONTRACTOR DE PRINCIPAL MANAGEMENT DE CONTRACTOR DE CONTRA
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host
DAL LIMONE, MARTLANT	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	AND MEI	NTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH	
	DAVID	BLAIR KEIM					6, 1995	10:00 PM	
DIRECTOR	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)			DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign	
	216-44-1229		2 YRS.	MONTHS DAYS HOURS	mental.	ec. 26,	4 - 4 -	Maryland	
	9e. FACILITY NAME (If not institution, give	and the second		96. CITY, TOWN OR LOCATE	ION OF DEATH		9c. COUNTY OF	DEATH	
	#2 Banyan Cour	t		Es	sex		Bal	timore	
	10a, STATE 10b, COUN	TOWN OR LOCATION				10d. INSIDE CITY			
	Maryland	Baltimore			Essex			LIMITS?	
3AL	10a. STREET AND NUMBER	220		10f, ZIP COD				WHAT COUNTRY?	
FUNERAL	#2 Banyan Co				21221			JSA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT (en, Maxican, Pu		or No— 14. RA Bis	CE — American Indien, ck, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 ☐ YES 2 🎇 NO	Specify:		Spe	white	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S U	SUAL OCCUPATION ork done during most of working		16b. KINO OF BU	SINESS/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	ng :				
MP	9			Disabled			Disable	ed	
	17. FATHER'S NAME (First, Middle, Last) David Blair Ke:	im				First, Middle, Maiden			
BE	19e. INFORMANT'S NAME (Type/Print)	Litt	195 MAILING	DDRESS (Street and Number		Margare			
2	Franklin J. Eva	ans		Ranelagh Ro				Land 21162	
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE OF	DISPOSITION /Name of		DATE 20c LO	CATION City or	Town State	
	1 X Buriel 2 Cremetion 3 Ret 4 Donation 5 Other (Specify)	1	Bel Air M	emorial Gar	dens 7	/31/95	Bel Air	, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	TEN'SEEN KC	/ /	Howard K.	SS OF FACILITY	Υ			
	Mourand	K IIIV sol	mid						
	23. PART f. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,								
	interval Between								
	disease or condition resulting in death)	· COYDY	219 0	CC/1514	2 2		Im	medizite	
_	disease or condition resulting in death) a. (1) YAN 2 YN (1) (1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1) 1								
0	Sequentially list conditions, Due To (or as a consequence of):								
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) CAST	d							
AL	PART II. Other aignificant condition	na contributing to death b	ut not recuiting in	the underlying ceuse of	given in Part	i. 24s. WAS AN		b. WERE AUTOPSY FINDINGS	
						PERFOR	meo!	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								OF DEATH?	
Ä	DID TOBACCO USE CONT				ERTAIN [ן כ			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	(Check only one)					
ΤΥS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	atlent 3 DOA 4	☐ Nursing Home 5 ☐ Re					
	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME INJUI	RY WORK?		DESCRIBE HOW I	NJURY OCCURED		
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	— Af home, farm, str	M 1 YES 2		LOCATION (Street a	and Number of Rumi	Boute Number	
TED	4 Homicide 8 Could not be determined	building, stc. (Spec	Hy)			City or Town, State)	- To Trust of Trust	Trode Harrison,	
7	290. CERTIFIER (Check only	BICIAN: To the best of my knowl	edge, death occurred	at the time, date end place,	, and due to the	e cause(e) end mar	oner ee stateri.		
COMPLET	one) 2 MEOICAL EXAMIN	ER: On the basic of examination	and/or investigation,	In my opinion, death occur	red at the time,	date end place, en	d due to the cause	(e) end manner se stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICE	ENSE NUMBER		29d, DATE SIGNE	D (Month, Day, Year)	
TO B	William	16. 12	an	M.D. 171	1175	2	►7-Z	7-95	
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type, P		>		COL)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	UL DE	adshawi	Ed.	Kingsu	rile		
	JUL 2 8 19	95 Julia Dave	Gor Rardall		•				
الــــا									



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within E4 hours after death. Page 6 m	TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,		IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner musi
200	Pag.	ral dir		iner
	death	fune		BXam
3	after	by the	movai	icai
	NOURS	U P	9	med
	E	y file	rtion.	the
,	with	pletel	Creme	ent,
;	urted	E03	nal.	ic ev
	exec	n and	00	ımat
)	rte be	ysicia	prior	trai
	rtifica	dd br	Hene	other
	ath ce	tendi	e T	10
	e de	the at	Ment	Juny.
	that th	d by	and	ny li
	lires	Signe	Healt	WS a
	v regi	peen	0	sho
1	e law	has	Ded	n 23
	E S	ficate	State	Hen
	SICIA	Certi	ne c	1, 0
)	PHY	this	DIM U	arke
	DING	Affe	deat	S m
	UTEN	JOR.	affer	28
	OR A	DIRE	Nours	tem
	MIA	R	1/2	11 3
	HOSE	FUNE	De hied within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	TAKT
	표	置	plied	POR
	2	2.	8	X

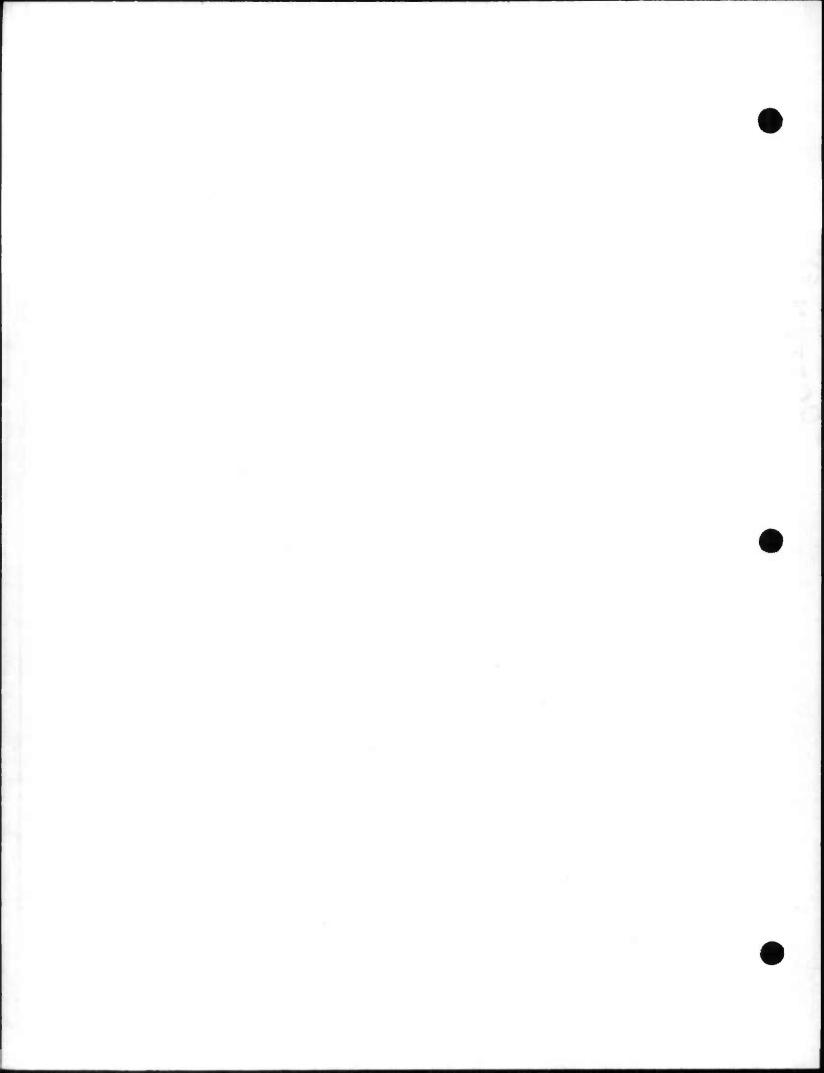
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	NELLIE M				2. DATE OF D MONTH	DEATH DAY	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 264-14-0572	1 D M 2 DE 73		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	IRTH 8.	BIRTHPLACE (State or Foreign Country) Orgia	
DIRECTOR	Washington Co. Hosp. Besidence of Decement Besidence of Decement								
	10a. STATE 10b. COUNTY	nklin 28	10c_CIAY.	cersbi	Davis urg Pa	Rd 236		10d. thisoe city LIMITS? 1 YES 2 NO	
RAL	100. STREET AND NUMBER 18255 Ft. Day	ria Da			ZIP CODE			N OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO		17236 ENDENT OF HISPA scify Cuban, Maxic 2 NO Speci	an, Puarto Rican,	atc.)	A	
TEO	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S US	k done during mos		16b. KIND	OF BUSINESS/INDUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Regis	tered	Nurse	Hea	alth		
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Thon	nas					, Maiden Surname)		
TO B	Glen H. Lathrop		19b. MAILING AI 102 Mer	cersbi	Davis Paris	Rd 1723	ty or Town, State, Zip Co	ode)	
	20a METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remod 4 Donation 8 Other (Specify)		PLACEAND DATE OF REPLY, Cremetory or other Lingto	n Nat.	cem.	OATE	Arlingt		
	21. SIGNATURE OF FUNERAL SERVICE LICE	U. Lin	inger	22. NAME AN	DADORESS OF ELL NO OF ELL NO APK	ries I	uneral lercerab	Home	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (OR AS & CONSEQUENCE OF): Approximate interval Between Onset and Death Studies of Consequence of Conse								
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): di.								
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?								
AN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN								
SICI		HOSPITAL:		THER:	5 🗆 Residence	8 Other (Sne	c/fv)		
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJU	JRY AT		E HOW INJURY OCCUP	NED	
ED BY	Pending Pend							Rural Route Number,	
PLET	29s. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occurred t	st the time, data	and place, and due	to the cause(a)	and manner as stated.		
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, i	in my opinion, de	ath occured at the	time, data and p	place, and due to the c	euse(s) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTREER	Weden			29c. LICENSE NUI	WBER V66	29d. DATE S	IGNEO (Month, Day, Year)	
10	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	thou .	Au	Hus	ISTEN.	kd 30, 75	
25.00 25	31. DATE FILEO (Month, Day, Year) AUG 0 4 1895	PEGISTRAR'S SIGNA				(Wo)	- 1000	7	

- 6 and the state of t

0	
9/	
68	
×	
80	
Ö	
σ.	
Ś	
ĕ	
00	
Ш	
RECORDS,	
TALF	
⋖	
Ξ	
Ö	
7	
Õ	
<u>~</u>	
=	
\leq	

DIVISION OF VITAL RECORDS, P.O. BOX 68/601 BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death, Page 6 may be retained by the hospital or attending physician,	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEN			
	1	1. DECEDENT'S NAME (First, Middle, Last) S'ARAH	LANTER				2. DATE OF DEATH D	AY YE	3. TIME OF DEATH S 3. TIME OF DEATH	
	ŀ	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR		7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign	
	- 11	216-14-3620	1 M 2 M F	91 YRS.	ONTHS DAYS		April 7,		Country) [taly	
ECTOR		99. FACILITY NAME (If not institution, give street and number) CITIZEUS NURSING HOME HAVRE-DE-GRACE HARFOR RESIDENCE OF DECEDENT								
DIREC		10a. STATE 10b. COUNTY	Y	10c. CITY, 1	TOWN OR LOCAT	ON			10d. INSIDE CITY	
	- 10-	Maryland	Cecil	Nort	h East				1 TES 2 1 NO	
FUNERAL		31 Shelter Cove D	rive		101.	2190	1		OF WHAT COUNTRY?	
N S	-	II. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC	ENDENT OF HISPANIC			d States RACE - American Indian,	
BY F	111 '	Never Married 2 ☐ Married S Wildowed 4 ☐ Divorced	FORCES? 1 YES			cify Cuban, Mexican, 2 NO Specily:	Puerto Rican, etc.)		Black, White, etc. Specify: White	
	- 11	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b, KIND OF BUS	RINESS (INDI IST	DV .	
once.	F	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life, Do NOT use n	done during mos	l of working	IOL KIND OF BOX	3ME33/MD031	ni	
S S	L	7		Homemaker	r			n Home		
E S	1	7. FATHER'S NAME (First, Middle, Last) Anthony Cartelli					ta Coca	Sumeme)		
Med a	1	90. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AD	ORESS (Street at	d Number or Rural Rou		n. State. Zin Con	6)	
To a		Constance L. Gibs	on			ve Drive,				
ts l	1	0e. METHOD OF DISPOSITION ☑ Burlal 2 □ Cremetion 3 ☒ Reme	oval from State 20b	PLACE AND DATE OF	DISPOSITION (Nat	ne of	DATE 20c. LO	CATION — City	or Town, Stata	
E	-	Donation 5 Other (Specify)	A CENSEE	letery, cremetory or other II Saints			7/25 New	ark, D	elaware	
examiner must be notified at once. TO BE COM		Crouch Funeral Home 127 South Main Street, North East MD 21901								
edica	1	23. PART I. Enter the diseases, or o shock, or heart fallure.	complications that caused List only one cause on a	tha daath. Do not	antar the mod	la of dying, auch a	s cardiac or reapi	ratory arreat,	Approximate	
or other traumatic event, the medical	interval Detw								Onset and Death	
atic ex	1.									
r other traumatic	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Finer INDERLYING									
를 E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERT	1	resulting in death) LAST								
Injury.	PARTI II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY							AUTOPSY	24b. WERE AUTOPSY FINDINGS	
- 2		CHIMIL OBSTAND	MB DWIMMI	my MISE	ME		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
<u>Θ</u> Σ		11 THEMEN'S	DISCHE]	OF DEATH?	
A N	-	DID TOBALCO USE CONTR				UNCERTAIN				
Si de	1	EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (THER:	6 E B 11 11				
	27	7. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU		Other (Specify) Bd. DESCRIBE HOW IF	IJURY OCCURE	D	
marked, BY PH	1	Natural 5 Pending Investigation		INJURY	M 1 🗆 Y					
28 is TED	L	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree fly)	et, factory, offica	20	Bf. LOCATION (Street e City or Town, Stete)	nd Number or Ri	ural Route Number,	
MP F	29		CIAN: To the best of my knowl R: On the basis of examination						use(s) and manner se stated	
BE COI	26	DE SQUATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE		29d. DATE \$IG		
TO B	30	NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	70) 8	9464	1	► 7 ·	23 95	
	31	DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGN	M	MAR	pe	GHLE	my	2/078	
	L	JUL25 1995	Juli Davides Ra							



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

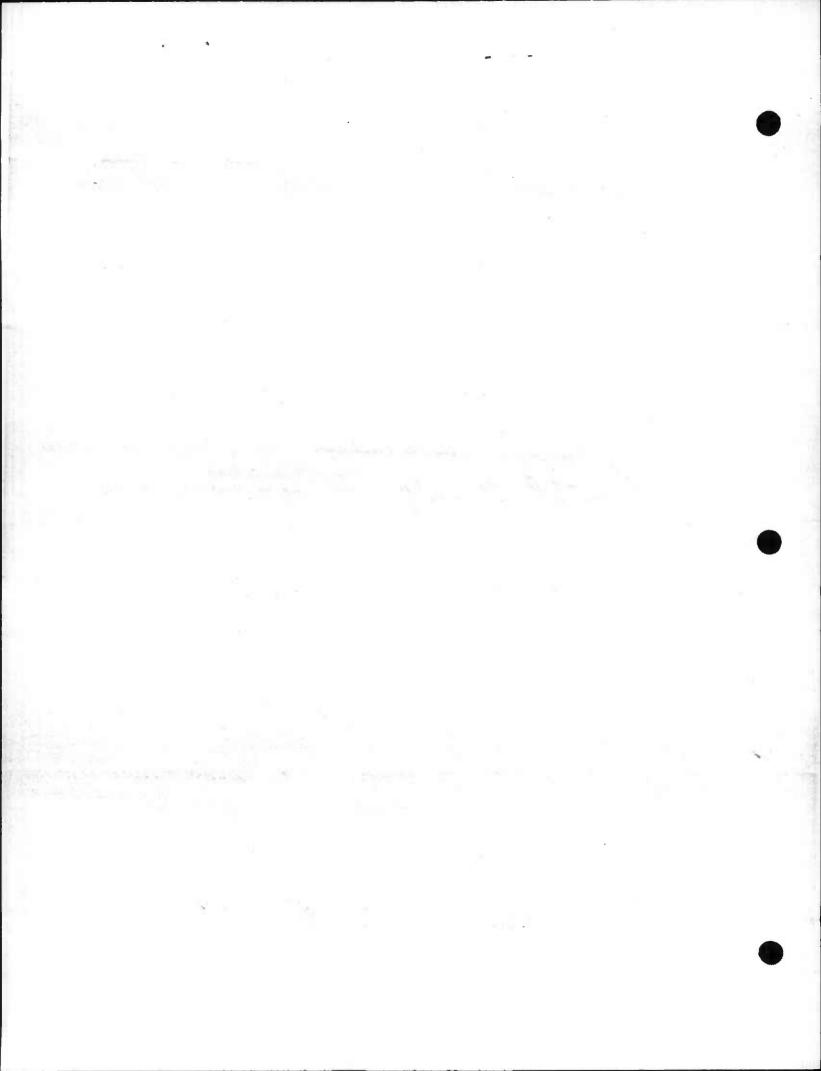
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)					_			REG. NO			
						2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH	
MARILYN Z		MUGGLEY			4		1,19		6:50 P		
4. SOCIAL SECURITY NUMBER 449-78-0898	5. 9EX	6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	th, Day, Year)		B. BIRTI	HPLACE (State or Foreign lry)
		44	YRS.					y 1 19		Tex	
#10 WEST END A							EATH				
	TY		10c, CIT	Y, TOWN OR	LOCATI	ION					10d. INSIDE CITY
Maryland Don	rchester			Ca	ambi	ridge					LIMITS?
10s. STREET AND NUMBER					_				10g. CI	TIZEN OF	1. /1
10 West	End Ave.					216	513				
11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	YES 2		H y	res, spe	cify Cuban, Mexico	ın, Puerto	N? (Specify Yes Rican, atc.)		14. RAC Blac	E — American Indian, k, White, etc.
3 Widowed 4 Divorced		AN ON BAILD		''	_ TES	Z NO Specii	у.			Spec	"y: white
15. DECEDENT'S EDI (Specify only highest grad	UCATION fe completed)		(Give kind of s	work done dur	UPATIO	N It of working	16	b. KIND OF BUS	SINESS/IN	DUSTRY	-
Elementary/Secondary (0-12)	College (1-4 or 5 +	1	life. Do NOT us	se retired.)				autom	ohi 1	0 20	ency
47 FATHERIO MANE (F) - A ALLE A - A			Saics	терге	-301					c ag	ency
17. PATHER'S NAME (First, Middle, Last)	Jacob	Muggl	OV			18. MOTHER'S NA				le C	
19a, INFORMANT'S NAME (Type/Print)	Odeob			ADDRESS /	Direct or			-			
	V		505 S	tirman	Π.	Corpus	Chri	sti TX	784	11	
20a. METHOD OF DISPOSITION		20b. PLAC									own. State
1 X Burlei 2 Cremeilon 3 Removel from State Camelory or other place)											
21. SIGNATURE OF BONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Thomas Funeral Home											
23. PART i. Enter the diseases, or	complications that	ceused that	death. Do r	Ot enter th	U LO	ocust St	b se cer	mbridg	e MD	216	
ahock, Dr heart fallure.	List only one cau	se on each li	na.			io or dying, ado	11 44 001	diec or reaps	ratory at	reat,	Approximata interval Between
disease or condition	- /								Onset and Dea		
resulting in death)	EQUENCE OF	F):									
											j
Sequentially list conditions, if any, leading to immediate	EOUENCE O	F);									
CAUSE (Disease or injury		IENAS AD									
that initiated avents OUE TO (OR AS A CONSEQUENCE OF):											
	d										
PART ii. Other significent condition	ns contributing to	deeth but not	reaulting	n the unde	rlying	ceuse given in	Part I.			24b	WERE AUTOPSY FINDING
											AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								1 YES 2 NO			
DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DE	ATH YE	S NO	O Ø	UNCERTAIL	N				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	28. PL	ACE OF DEAT		y one)						
XXVES 2 NO	ER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home X Reale					XXResidence	ce 8 Other (Specify)				
27. MANNER OF DEATH					Bc. INJU WOR	HY AT	28d. DE	SCRIBE HOW II	JURY OC	CURED	
2 Accident Investigation				100		ES 2 NO	Subject hanged SelF				
3. Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify)								1 -		ROUTE Number, RNP Ave
29a. CERTIFIER 1 CERTIFYING PHYS	RICIAN: To the best of	ma karanta a	7707	VILL					age	2 m	d
(Check only one) 2 MEDICAL EXAMIN	BICIAN: To the best of ER: On the basis of an	aminuson and/o	oumn occurre	n. In my onle	i, data a	ind place, and due	to the ca	use(a) and man	nor aa ata	ned.	i) and manner as stated.
			gatto			occurred at fills	raine, Galli	PIECE, BIN	UNI IO I	110 CHUSS(8	ı, airu manner aa stated.
296. SIGNATURE AND TITLE OF CERTIFIE	-	1,			_	29c. LICENSE NUR					(Month, Day, Year)
	98. FACILITY NAME (If not institution, give #10 WEST END APPREDICT END APPRICE OF DECEDENT 109. STATE 109. COUN 109. STREET AND NUMBER 10 WEST 11. MARITAL STATUS 11. MARITAL STATUS 12. Mever Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S ED (Specify only highest grace Elementary/Spechagray (0-12) 17. FATHER'S NAME (First, Middle, Lest) 199. INFORMANT'S NAME (First, Middle, Lest) 190. METHOD OF DISPOSITION 11. Burlel 2 Cremation 3 Rate 1 Donation 8 Other (Specify) 201. SIGNATURE OF BÜNERAL SERVICE L. 23. PART I. Enter the diseases, or shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or condition resulting in death) 24. Characteristic of the disease of cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 28. MAS CASE REFERRED TO MEDICAL EXAMINER? 29. NO 27. MANNER OF DEATH 21. Natural 5 Pending Investigation 3 Salucide 8 Could not be could not be	Se. FACILITY NAME (If not institution, give street and number) # 10 WEST END AVENUE RESIDENCE OF DECEDENT 10e. STATE	9a. FACILITY NAME (if not institution, give atreet and number) #10 WEST END AVENUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland 10c. COUNTY Maryland 10c. COUNTY Maryland 11c. MARITAL STATUS 11c. Married 2	9a. FACILITY NAME (if not institution, give arrest and number) #10 WEST END AVENUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Dorchester 10 West End Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 YES ALDNO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION IF YES, GIVE WAR OR DATES 16. DECEDENT'S EDUCATION IF YES, GIVE WAR OR DATES 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (First, Middle, Last) 19b. MAILING 505 S 20a. METHOD OF DISPOSITION 17. Barried 2 Gremation 3 Ramovel from Stata 18. Buriel 2 Gremation 3 Ramovel from Stata 19b. MAILING 505 S 21. SIGNATURE OF BÖNERAL SERVICE LICENSEE 22. PART I. Enter the diseases, or complications that caused the defin. Do respectively and the sease of condition in the cause of each line. IMMEDIATE CAUSE (Finst) DIE TO (OR AS A CONSEQUENCE OF CAUSE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY 19b. TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY 19b. TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY 19b. TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY COULD TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY COULD TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY COULD TO (OR AS A CONSEQUENCE OF DEATH YES) 25. WAS CASE REFERRED TO MEDICAL BANNEROY COULD TO (OR AS A CONSEQUENCE OF DEATH YES) 1 Inspetion 2 ERVOUPPETAL: 1 Inspetion 2 ERVOUPPETAL: 1 Inspetion 2 ERVOUPPETAL: 1 Inspetion 2 ERVOUPPETAL: 1 Inspetion 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETIOR 2 ERVOUPPETAL: 1 INSPETI	98. FACRILTY NAME (If not institution, give street and number) #10 WEST END AVENUE RESIDENCE OF DECEDENT 190. STREET AND NUMBER 10 West End Ave. 11. MARITAL STATUS 10. Nover Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED PONCES 1 VES ALDINO IF VES ALDI	98. FACRUTY NAME (if not institution, pive street and number) #10 WEST END AVENUE RESIDENCE OF DECEDENT 108. STREET AND NUMBER 10 West End Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 VES AND DETECTION OF LOCATION 13. MARITAL STATUS 14. MARITAL STATUS 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION 17. FATHER'S NAME (First, Micdia, Last) 17. FATHER'S NAME (First, Micdia, Last) 18. METHOD OF DISPOSITION 18. METHOD OF DISPOSITION 18. METHOD OF DISPOSITION 18. METHOD OF DISPOSITION 18. BURIES 2 Chromation 3 Removal from Stata 19. MALLING ADDRESS (Street at Thomas:	Se. FACILITY NAME (if not institution, give street and number) # 10 WEST END AVENUE **REGIDENCE OF DECEDENT** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATE** **Ine. STATUS** **In. Maryland** **In. Maryland** **In. Maryland** **In. Maryland** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free, Give wall on Dates** **In. Decedent** Seduction in Free wall on Dates** **In. Decedent** Seduction in Seduction in Free wall on Dates** **In. Decedent** Seduction in Free wall on Dates** **In. Decedent** Seduction in Free wall on	BB. FMCBLITY NAME (if not institution, pive sheet and number) #10 WEST END AVENUE REBIDENCE OF DECEDENT Was STATE BB. COINTY Maryland Dorchester 100. STREET AND NUMBER 10 West End Ave. 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES #2 DNO 11. YES #2 DNO 11. WAS DECEDENT OF HISPANIC ORDINA IT YES #2 DNO 11. WAS DECEDENT'S USUAL OCCUPATION (Closely only highest grains considered) 12. WAS DECEDENT'S USUAL OCCUPATION (Closely only highest grains considered) 13. WAS DECEDENT'S USUAL OCCUPATION (Closely only highest grains considered) 14. BECEBERT'S USUAL OCCUPATION (Closely only highest grains considered) 15. METUDE O EXPONENT 16. DECEDENT'S USUAL OCCUPATION (Closely only highest grains considered) 16. DECEDENT'S USUAL OCCUPATION (Closely only highest grains considered) 17. FATHER'S MAME (Final, Micsia, Last) 18. MOTHER'S NAME (Final Allosse, Last) 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Number or Rural Revole Num 19. MARILHOA ADDRESS (Street and Nu	Se. FACILITY NAME (if not aventusion, give sines and number) #10 WEST END AVENUE RESIDENCE OF DECEDENT 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 10 WEST END AVENUE 10 WEST END END AVENUE 10 WEST END AVENUE 1	Se. PROLITY NAME (if not institution, give sinest and number) # 10 WEST END AVENUE # 10 WEST	Se. PROBLITY NAME (if not institution, give sinest and number) # 10 WEST END AVENUE Secontry of the propert

31. DATE FILED (Month, Day, Year)

JUL 2 7 1995

32. REGISTRAR'S SIGNATURE



Pages 1, 2, 3 should

permit.

vunial-transft

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH Clarence Meekins W 995 July 21. 1:00 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-34-9721 84 une 12, 1911 XX M 2 D Maryland YRS. 9e. FACILITY NAME (If not institution, give street end number 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mallard Bay Nursing Home Cambridge Dorchester RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10h. COUNT 10d. INSIDE CITY
LIMITS? Maryland Dorchester Fishing Creek FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2117 Fishing Creek Road 21634 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 21/2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: White 3 Wildowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Waterman Seafood 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Emory Meekins BE Susie Vernie Foxwell 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Eugene W. Tolley, Sr. 106 Vue de L'Eau St. Cambridge, Maryland 21613 20w/METHOD OF DISPOSITION

1 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Norme of 20c. LOCATION - City or Town, State
Fishing Creek, Md. 4 Donation 5 Other (Specify) 21. RICHATURE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Thomas Funeral Home, P.A. 700 Locust St. Cambridge, Maryland 21613 23. PARTy. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate ahock, or heert fallure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ Ney movia resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Tas 7 CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST cuecinoma - lunu 49mous cel PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO seak COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 NO | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 __ MEDICAL EXAMINER On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED-(Month, Day, Year) BE Harris 0-4370 Tosemu 25 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

408 Byrn St.

Cambridge MD

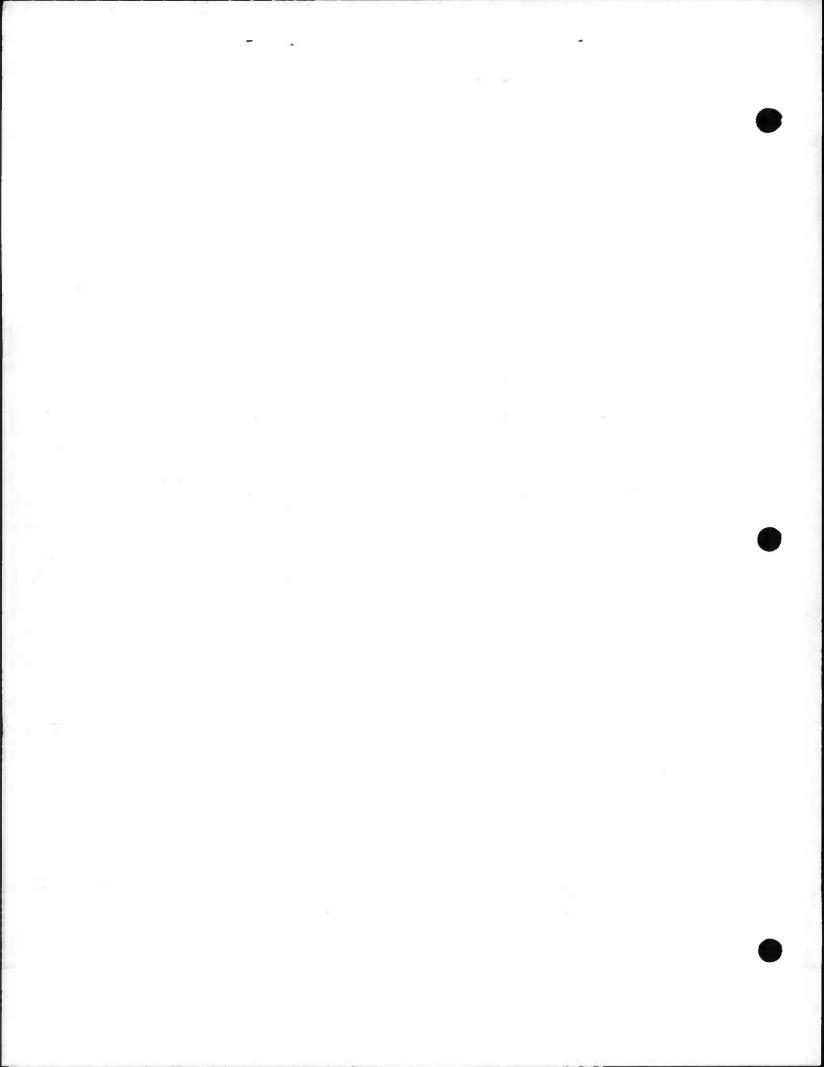
21613

Rosemary M. Harris, MD

32. REGISTRAR'S SIGNATURE

Stevelson Rardall

31. DATE FILED (Month, Day, Year)



_	1
	í
5	100.
9	7
8	-
9	-
BOX 68760	3
8	90
0.0	- Side
	40
'n	4
	o de
<u>~</u>	9
N.	9
RECORDS	commission
3	
VIIAL	9
	F
>	ARI
1	9
)	'n
Z	9
2	Š
n	E S
>	A
DIVISIO	C
	COUNTY OF ATTENDED DUNCTORS, The Party of the state of th

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2/2/horson David Thorles 4/4 22 4. SOCIAL SECURITY NUMBER fi. SEX 6. AGE (In yrs. last birth 7. DAVE OF BIRTH IF UNDER 24 HRS. a. BIRTNPLACE (State 213-24-7926 1 XM 2 | F 67 NOV: 014 1927 Virginia permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Southern Maryland Hospital DIRECTOR Clinton Prince George's RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Brandywine 1 TES 2 NO Prince George's 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 15985 Woodlark Drive 20613 U.S.A. the funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced 1949-1961 Caucasian COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) N/A Systems Analyst Government 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surn Fairfax Luther Miskell Genevive Stallings BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)
15985 Woodlark Drive Brandywine MD. 20613 2 Nettie Miskell Раде 6 тау ъе P 20. METHOD OF DISPOSITION
1. Description 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Uly 26, 1995 20c. LOCATION - City or Town, State must 4 Donation 6 Other (Specify) Maryland State Veterans Cem Cheltenham, Maryland examiner 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. hours after death. 6633 Old Alexandria Ferry Rd Clinton, Md medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac of respiratory arrest, and completely filled in by burial, cremation, or remo Approximate ahock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Finel Onset and Death** the diseese or condition comied resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate the attending physician Mental Hygiene prior to prior cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST ö PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL and t shows any signed l 1 YES 2 AND OF DEATH? 1 YES 2 NO Deen : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Reeldence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED marked, 28b. TIME OF 28c. INJURY AT WORK? this 1 Maturel 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 28 29e. CERTIFIER

(Chack not)

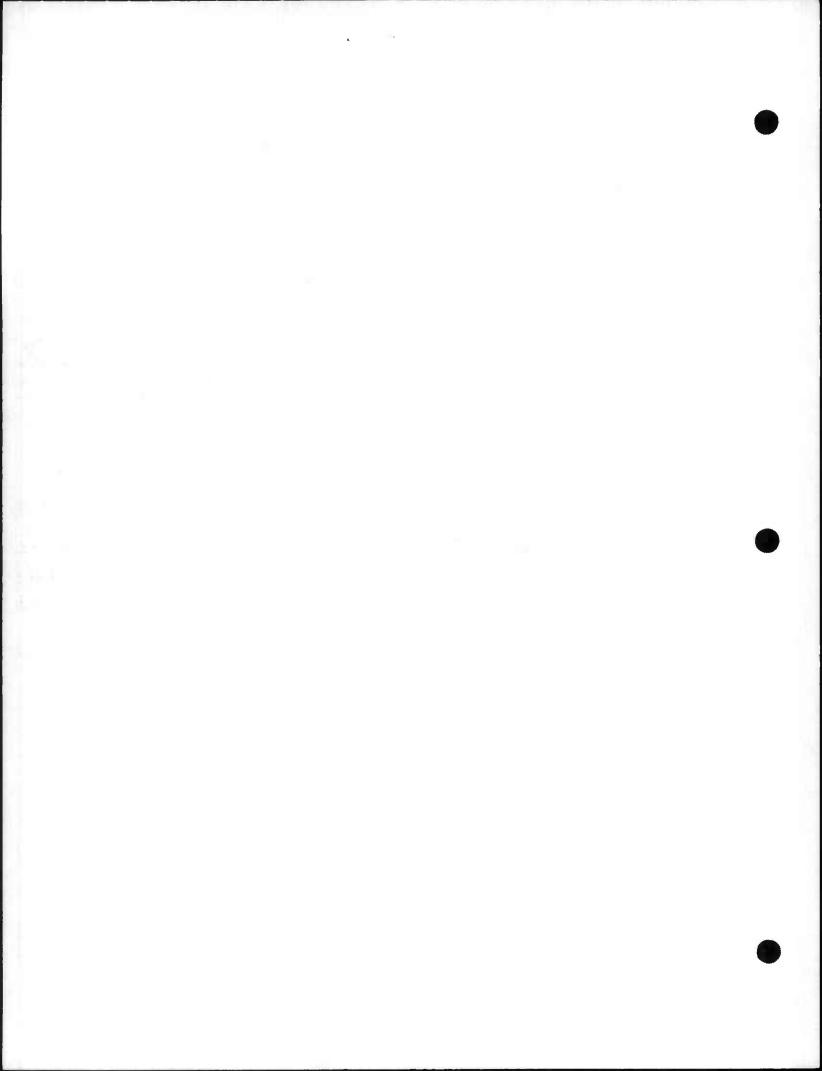
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) end menner es stated. MA LICENSE NUMBER BE 0 Film DRUBLER Randall

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		02.1111110		PEAIII	2. DATE OF DEATH		3. TIME OF DEATH		
	Joan	Roslyn		Marko		July 23	1995	AR		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign		
	170-30-0905	1 M 2 X F 60 YRS. MONTHS DAYS HOURS MIN. 6 1 10 1 10 3 5								
Œ	On. FACILITY NAME (If not institution, give st		1		R LOCATION OF DE	EATH	9c. COUNTY			
CTO	Physicians Mem				<u>lata</u>		Ch	arles		
DIRE		rles		rown or Locat Plata	ION			10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL DIRECTOR	1 Magnolia Dr	•		101	20646			of what country?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 2NO	It yes, sp	ENDENT OF HISPAI ocity Cuben, Mexica 2 NO Specifi	NIC ORIGIN? (Specify Yee in, Puerto Riceri, etc.) y:	or No- 14.	RACE — American Indian, Black, White stc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work Hie. Do NOT use in Residen	k done during mo etired.)	st of working	Real	(27 M 000 CO.)			
COM	17. FATHER'S NAME (First, Middle, Last) William Jerz				18. MOTHER'S NA	ME (First, Middle, Maiden lovak Je:	Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Janet Nosel		196. MAILING AD 2305 P	ocaha:	ntos Dr	Houte Number, City or Town	n, State, Zip Cod anics v	ville,MD 20		
	Janet Nosel 200. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE C. ELL MO	00945	PARE	Box 56	HOLS FUN	ERAL H	HOME, INC.		
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, ahock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition Pilot to Taylor Daylo									
	resulting in death) / a	aulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, If any, leading to immediate ASPINATION DUE TO (OR AS A CONSEQUENCE OF): 3We									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Inter UNDERLYING (Disease or Injury lated events Due to (or as a consequence of):								
AL CE	PART II. Other algnificent conditions	contributing to death by	ut not resulting in 1	the underlying	cause given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICA	MALN	ART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO DE								
PHYSICIAN: MEDIC								YES 3 NO		
Š.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
YSIC	1 TES 2 NO	HOSPITAL: 1 It inpatient 2 - ER/Outpi		THER:	5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	288. DATE OF INJURY (Month, Day, Year) 280. TIME OF INJURY AT WORK? 280. DESCRIBE HOW INJURY OCCURED								
BY	2 Accident Investigation	26e. PLACE OF INJURY — At home, term, street, factory, office								
TED	3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)							oral riode righton,		
COMPLETED		IAN: To the best of my knowle Cn the basis of examination						use(a) and manner as etelad		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			BNEO (Month, Day, Year)		
O BE	1/Mal	M			D-4443		▶ 7	123/95		
임	30. NAME AND ADDRESS OF PERSON WHO Ashvinkumar Pat				Road Su	ite 207 1	lalda-	f. Md 2060		
	31. DATE FILEO (Month, Dey, Year) JUL 2 6 1995	32 REGISTRAR'S SIGNA	TUHE		Source ou	<u> </u>	ALUON	<u> </u>		



hospital or attending physician. trached for use as the burial-transit permit. Pages 1, 2, 3 should ND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

⋖	E e	de	
Z	3	8	
r	8	Ba	
⋖	tain	sho	
2	90	5	
щĨ	A	Age	
Y	E	26	
2	9	ecto	
≥	8	è	
_	F.	eral	
7	leat	fu.	
BALTIMORE, MARYLA	Tel.	the	Mal
	200	3	ЭШЭ
	DQ.	Ë)r n
	4	Filed	n.
	2.1	Y	atio
0	Vith	Sete	rem
9	2	E	L. C
œ	CE	OP	uria
-	8	an an	00
5	2	ciar	50
n	ale	SE	0
-	THE PER	9 0	ien
~	8		HVO
_	eath	atte	rtai
2	6 9	he	Me
7	it th	10	P
5	Ē	b	th a
ر	ires	sign	leal
ĥ	Do	en	10
	M	8	Of.
₹	9	has	De
	Ξ	cate	State
>	NA.	rife	he
-	S	S C6	E E
_	품	5	I WI
DIVISION OF VITAL RECORDS, P.O. BOX 68/60	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
0	TEN	98.	fter
>	A	EG	Sa
5	8	DIR	hour
	MI	¥	2
	SPI	NER	Pid
	HC	2	×
	THE	본	Fled
	2	2	Pe

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Vidyasagar
31. DATE FILED (Month Day Yes

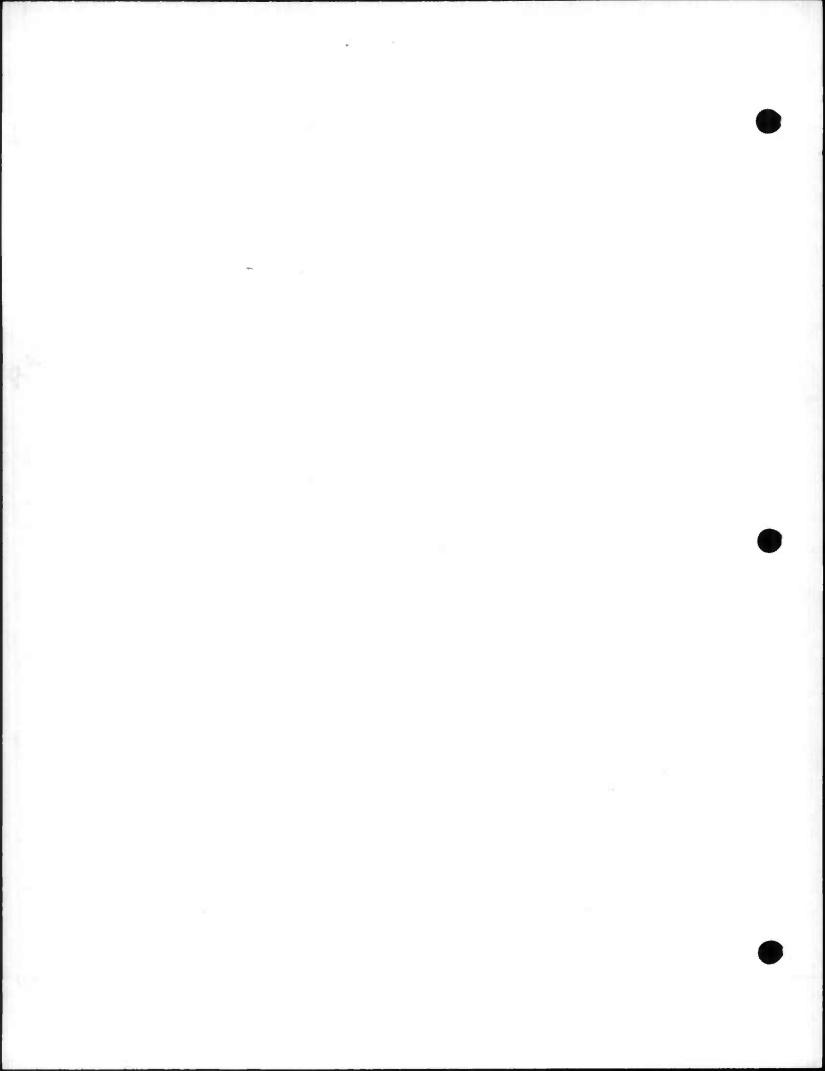
Anmangandla, MD.

32 REGISTRAR'S SIGNATURE

FOR 1 STATE		STATE OF M	ARYLAN				MENTAL HYGIEN	ΙE		
REGISTRAR				CERTIF	ICATE O	F DEATH	REG. NO	١.		
1. DECEDENT'S NAME (First	, Middle, Lest)						2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
Evelyn			Eliz	abeth	Mι	ırray	July 21			11:25P M
4. SOCIAL SECURITY NUM	BER	5. SEX		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	LACE (State or Foreign		
220-16-51	20	1 M 2 F	/	75 _{YRS.}	MONTHS DAYS	HOURS MIN.	4/17/17/11/9/20		Country	MD
9a. FACILITY NAME (If not in	natitution, give stre-	et and number)			96. CITY, TOWI	OR LOCATION OF DI	EATH	9c. COU	INTY OF DE	ATH
Charles Co	o. Nur	sing Ho	ome		LaPl				arle	
10a. STATE	10b. COUNTY			10c CIT	Y, TOWN OR LOC	ATION				and this inc diety
Maryland	Charl.	0.6								10d. INSIDE CITY LIMITS?
10a. STREET AND NUMBER	Chart	<u> </u>		Ве	1Altor					YES 2 NO
						10f. ZIP CODE		10g. CIT	IZEN OF WI	IAT COUNTRY?
88730 Spari						20611			S.A	
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.	S. ARMED	13. WAS D	ECENDENT OF HISPAI specify Cuben, Mexica	NIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian, White, alc.
1 Never Married 2 3 Widowed 4 X Divo		IF YES, GIVE W	AR OR DATE	sX		ES 2 NO Specifi				Black
										DIACK
(Specify onl	EDENT'S EDUCA y highest grade co		16.	(Give kind of a	VOIK done during		16b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (6	3-12)	College (1-4 or 5+)		Ille. Do NOT us	se retired.)					
9				Homem	aker		Hor			- D'a
17, FATHER'S NAME (First, M	liddle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
George Mui	Lay					Mary	M. Thomas	s Mu	rray	
19a. INFORMANT'S NAME (ype/Print)			19b. MAILING	ADDRESS (Stree	t and Number or Rural	Route Number, City or Tow	n State Zie	n Code)	
Joan Woodl	and						lton.MD			
20a. METHOD OF DISPOSIT			Tank BI		DOX 3					- September 1
1 Denial 2 Crematic	n 3 🗆 Removi	al from Stata	cemeter	y, cremetory or o	ther place)	Name of	DATE 20c. LO	CATION —	City or Tow	n, Stata
4 ☐ Donation 6 ☐ Other 21. SIGNATURE OF FUNERA		ueee	ISE.	<u> Igna</u>	tius (hurch C	em. 7/25	/95	Chap	el Pt. MD
21. SIGNATORE OF FUNERA	L SERVICE LICE	1966			22. NAME	AND ADDRESS OF FA	CILITY			
/ /					ARRE	ADT_ECU	OT C PINTE	DAT	HOME	TNO
Nthings	6	Elial	M	100945	AREH	ART-ECH	OLS FUNE	RAL	HOME	, INC
23. PART I. Enter tha d	iseasea, or con	mpilications that	ceused th	e death. Do r	P.O.	Box 56	OLS FUNE	a MD	206	46
î e e e e e e e e e e e e e e e e e e e	eart fallure. L.id	mplications that of only one cause	ceused th	e death. Do r	P.O.	Box 56	OLS FUNE	a MD	206	, INC 46 Approximata Interval Between
immediate cause (Fir	eart fallure. L.id	et only one caus	ceused the	e death. Do r illna.	P.O.	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	46 Approximata
anock, or n	eart fallure. L.id	et only one caus	ceused the	e death. Do r illna.	P.O.	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
iMMEDIATE CAUSE (Fir disease or condition	eart fallure. L.id	et only one caus	ceused the	e death. Do r illna.	P.O.	Box 56	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
immediate cause (ri disease or condition resulting in death)	eart tallure. Lin	et only one caus	ceused the	e death. Do r ilina.	P.O.	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
anock, or n iMMEDIATE CAUSE (fill disease or condition resulting in death) Sequentially list condit from, leading to imme	ions, diate	DUE TO	ceused the on aach	e death. Do r ilina.	P.O. not anter than	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
anock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY	ions, diate	DUE TO	ceused the on aach	e death. Do r	P.O. not anter than	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
anock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	a	DUE TO (Ceused the on aach	e death. Do r	IP.O. not anter than	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
anock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inju	a	DUE TO (Ceused the on aach	e death. Do r i lina. PNSEQUENCE OF	IP.O. not anter than	Box 56 node of dying, auc	OLS FUNE: 7 LaPlata h aa cardiac or reap	a MD	206	Approximata Interval Between
snock, or n immediate CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY. CAUSE (Disease or inju that initiated events resulting in death) LAS	eart feiture. Lie	DUE TO (Ceused the on asch	NSEQUENCE OF	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNEI 7 LaPlats h as cardiac or reapi RUS	a MD	206	Approximata Interval Between
anock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	eart feiture. Lie	DUE TO (Ceused the on asch	NSEQUENCE OF	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNEI 7 LaPlata h aa cardiac or reapi RUS	a MD iratory ar	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS
snock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or inju- that initiated events resulting in death) LAS	eart feiture. Lie	DUE TO (Ceused the on asch	NSEQUENCE OF	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNEI 7 LaPlats h as cardiac or reapi R U S	AUTOPSY	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRON TO OMPLETION OF CAUSE
snock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or inju that initiated events resulting in death) LAS	eart feiture. Lie	DUE TO (Ceused the on asch	NSEQUENCE OF	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNEI 7 LaPlata h aa cardiac or reapi RUS	AUTOPSY	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
snock, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY; CAUSE (Disease or inju- that initiated events reaulting in death) LAS PART II. Other aignifice	ions, diate ing true conditions of conditions	DUE TO (Ceused the con aach	INSEQUENCE OF	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNE 7 LaPlata h aa cardiac or reapi RUS Pert I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE
snock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or inju that initiated events resulting in death) LAS	dions, diate ing try	DUE TO (Ceused the see on aschool on as a cooperas a	DEATH YE	IP.O. not anter the n	Box 56 node of dying, suc	OLS FUNE 7 LaPlata h aa cardiac or reapi RUS Pert I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
snock, or h IMMEDIATE CAUSE (Fit disease or condition reaulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY, CAUSE (Disease or inju- that initieted events reaulting in death) LAS PART II. Other aignifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER?	eart failure. Lie a. ions, diate NG IT C. ont conditions SE CONTRII O MEDICAL	DUE TO (DR AS A CO OR AS A CO OR AS A CO UNITED THE CONTROL OF	INSEQUENCE OF THE PLACE OF DEATH YE	IP.O. not anter tha n OF F): The (Check only on OTHER:	Box 56 node of dying, suc	OLS FUNE 7 LaPlata h aa cardiac or reapi RUS Pert I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY	206 reat,	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
snock, or n immediate Cause (Fit disease or condition reaulting in death) Sequentially list condit if any, leading to imme- cause. Enter UNDERLY; CAUSE (Disease or inju- that initieted events reaulting in death) LAS PART II. Other aignifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	eart failure. Lie a. ions, diate NG IT C. ont conditions SE CONTRII O MEDICAL	DUE TO (Ceused the see on aschibe on aschibe on aschibe on aschibe on as a coordinate of the see	DEATH YE	IP.O. not anter tha n OF F: The content of the interval of	Box 56 node of dying, auc UTE	OLS FUNE 7 LaPlata h aa cardiac or reapi R U S Pert I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY NED?	206	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) Sequentially list condition reaulting in death) CAUSE (Disease or injusted initiated events reaulting in death) LAS PART II. Other aignifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	eart failure. Lie a. ions, diate NG IT C. ont conditions SE CONTRII O MEDICAL	DUE TO (Ceused the on aschibe	DEATH YE PLACE OF DEATH 1 3 DOA 1 28b. TIM	in the underly S NO OTHER: 4 Nursing Me E OF UNY 28c. II	Box 56 node of dying, suc UTE Ing ceuse given in UNCERTAIN BY BY BY BY BY BY BY BY BY B	OLS FUNE 7 LaPlata h aa cardiac or reapi RUS Pert I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY NED?	206	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injurity and injurity list initiated events resulting in death) LAS PART II. Other aignifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 5	eart failure. Lie a. ions, diate NG IT C. ont conditions SE CONTRII O MEDICAL	DUE TO (1) DUE TO (1) DUE TO (2) DUE TO (3) DUE TO (4) DUE TO (4) DUE TO (4) DUE TO (6) DUE TO (6) DUE TO (7)	Ceused the contact of	DEATH YE PLACE OF DEATH YE PLA	in the underlying the second of the second o	Box 56 node of dying, suc UTE Ing ceuse given in UNCERTAIN BY BY BY BY BY BY BY BY BY B	OLS FUNE 7 LaPlata h aa cardiac or reapi R U S Pert I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY NED?	206	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initied events reaulting in death) PART II. Other aignification of the sequential of the sequen	ions, diate ing transfer of the ing transfer o	DUE TO (1) DUE TO	Ceused the contact of	DEATH YE PLACE OF DEATH YE PLA	in the underly S NO OTHER: 4 Nursing Me E OF UNY 28c. II	Box 56 node of dying, suc UTE Ing ceuse given in UNCERTAIN BY BY BY BY BY BY BY BY BY B	Pert I. 24a, WAS AN PERFOR 1 YES 2	AUTOPSY MED?	206 reat,	Approximata Interval Between Onset and Death Onset and Death Vere Autopsy Findings Mallable Prior To Completion of Cause of Death?
Sequentially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initied events reaulting in death) PART II. Other aignification of the sequential of the sequen	seart failure. Literate and the search failure. Literate and search failur	DUE TO (1) DUE TO	Ceused the see on aach per see	DEATH YE PLACE OF DEATH YE PLA	in the underlying the second of the second o	Box 56 node of dying, suc UTE Ing ceuse given in UNCERTAIN BY BY BY BY BY BY BY BY BY B	OLS FUNE 7 LaPlata h as cardiac or reapi R U S Part I. 24a. WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY MED?	206 reat,	Approximata Interval Between Onset and Death Onset and Death Vere Autopsy Findings Mallable Prior To Completion of Cause of Death?
Sequentially list condit if any, leading to immediate austing in death) Sequentially list condit if any, leading to immediates. Enter UNDERLY. CAUSE (Disease or injut that initioted events resulting in death) LAS PART II. Other aignifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 5 0 28. MAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 29. MANNER DF DEATH 1 Natural 5 0 20. Accident 3 Suicide 8 0 4 Homicide	s. lions, diate ing c. ont conditions SE CONTRII Pending investigation Could not be detarmined	DUE TO (1) DUE TO	Ceused the contact of	DEATH YE PLACE OF DEAT At home, farm, a	IP.O. not enter the n OF: The control of the contr	Box 56 node of dying, suc U T E Ing ceuse given in W UNCERTAIN BY BY BY BY BY BY BY BY BY B	OLS FUNE 7 LaPlatz h aa cardiac or reapi R U S Part I. 24a, WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d, DESCRIBE HOW II 281, LOCATION (Street of City or Town, State)	AUTOPSY NO NJURY OC	24b. V	Approximata Interval Between Onset and Death Onset and Death Vere Autopsy Findings Mallable Prior To Completion of Cause of Death?
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. Enter UNDERLY cause. DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Natural 5	eart failure. Lit a. lions, diate ING IT T SE CONTRII O MEDICAL Pending Investigation Could not be datarmined	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (2) Contributing to contributing t	Ceused the contact of	DEATH YE PLACE OF DEAT At home, farm, a	IP.O. not enter the n	Box 56 node of dying, suc U T E Ing ceuse given in W UNCERTAIN Ing the state of	Part I. 24a. WAS AN PERFOR 1 YES 2 N Other (Specify) 28d. DESCRIBE HOW 8 City or Town, State)	AUTOPSY amed?	24b. V	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LAS PART II. Other algnifice DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER DF DEATH 1 Netural 5 OCT. 2 Accident 3 Suicide 8 OCT. 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	seart failure. Lit a. lions, diate ING IT T SE CONTRII O MEDICAL Pending Investigation Could not be detarmined IFYING PHYSICIA CAL EXAMINER:	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (2) Contributing to contributing t	Ceused the contact of	DEATH YE PLACE OF DEAT At home, farm, a	IP.O. not enter the n	Box 56 node of dying, suc U T E Ing ceuse given in W UNCERTAIN Ing the state of	OLS FUNE 7 LaPlatz h aa cardiac or reapi R U S Part I. 24a, WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d, DESCRIBE HOW II 281, LOCATION (Street of City or Town, State)	AUTOPSY amed?	24b. V	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last (Dispersion of Last Park III) DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	seart failure. Life a. lions, diate ing int conditions SE CONTRII O MEDICAL Pending Investigation Could not be detarmined IFYING PHYSICIA CAL EXAMINER: OF CERTIFIER	DUE TO (1) DUE TO	Ceused the contact of	DEATH YE PLACE OF DEAT At home, farm, a	IP.O. not enter the n	Box 56 node of dying, such that the second of dying, such that the second of dying, such that the second of dying, such that the second of dying, such that the second of dying and place, and due the second of the	Part I. 24a. WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW 8 City or Town, State) to the cause(e) and mar time, data and place, an IBER	AUTOPSY MED? NJURY OC and Number	24b. V	Approximata Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last condition resulting in death) DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? EXAMINER? A Coldent Solicide	SE CONTRIL Pending Investigation Could not be detarmined UFYING PHYSICIA CAL EXAMINER:	DUE TO (1) DUE TO	Ceused the con aach per ceused the con aach per ceused the con aach per ceused the control of the ceused the c	DEATH YE PLACE OF DEAT At home, farm, a	IP O not enter the n	Box 56 node of dying, such that the second of dying, such that the second of dying, such that the second of dying, such that the second of dying, such that the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying and the second of dying, such that the second of dying and dying and dying a	Part I. 24a. WAS AN PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW 8 City or Town, State) to the cause(e) and mar time, data and place, an IBER	AUTOPSY MED? NJURY OC and Number	24b. V	Approximata Interval Between Onset and Death VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO

Route 5 and

Charlotte Hall, Maryland 20622 Golden Beach Road P.O.Box282

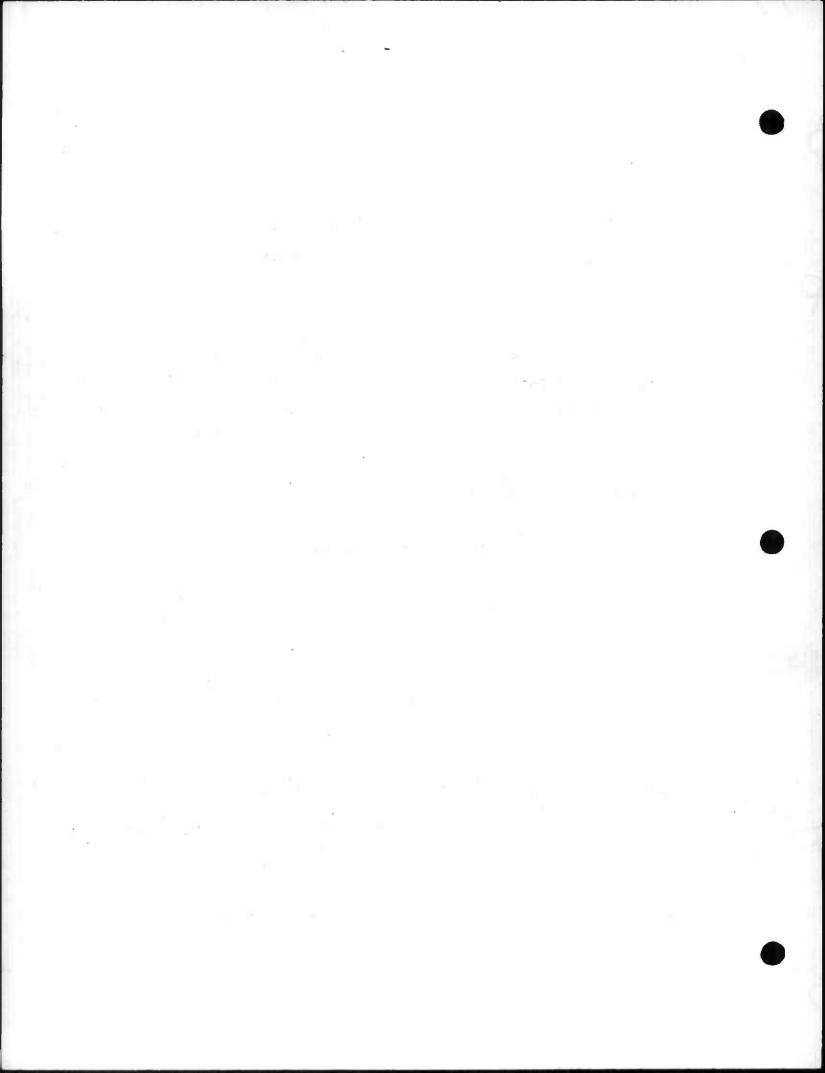


	nsit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

2 6"1995

7				-		41					JU	6466)
	1 - FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	TMENT	OF H	EALTH AI DEATH	ND ME	NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Leat) JAMES	KENNETH			MURI			2.	DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE O		YEAR	3. TIME OF OEATH 2:30 P.	м
	4. SOCIAL SECURITY NUMBER 213-80-8067	5. SEX	6. AGE (In yrs. lest	2 6 YRS. FUNDER		1 YEAR DAYS			DATE OF BIRTH	a Biotis		HPLACE (State or Foreign fry) nington DC	n
)R	9a. FACILITY NAME (If not institution, give 8880 FREDERICI	street and number)	20	,		6. CITY, TOWN OR LOCATION OF GEAT			1	DEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	oward			y, town o kric		ION				WARD	10d. INSIDE CITY	
FUNERAL DI	10e. STREET AND NUMBER		151			ZIP CODE			10g. CI	TIZEN OF Y	1 YES 2 NO		
Ä	7104 Ducketts Lane #202						212	27		Un	ited	States	
BY FUI	11. MARITAL STATUS Never Married 2 Married	Never Married 2 Married FORCES? 1 YES 2			1	f yee, spe		fexican, Pr	ORIGIN? (Specify Yea uerto Rican, etc.)	or No-		E - American Indian, ck, White, atc.	
	15. DECEDENT'S EO	JCATION			USUAL OC				16b. KIND OF BUS	SINESS/IA	1		
COMPLETED	(Specify only highest grad	College (1-4 or 5 +	·)	Do NOT us	se retired.)		ent		Stude	nt			
BE CON	5+ College Student Student 17. FATHER'S NAME (First, Middle, Last) James Edward Murphy 18. MOTHER'S NAME (First, Middle, Meilden Surregre), Sandra Roberta White Murphy												
TO B	198. INFORMANT'S NAME (Type/Print) James & Sandra Murphy 190. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8307 James Street, Upper Mariboro, Md 20772												
	20a. METHOD OF OISPOSITION 1 Burlai 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of July 20TF 196 Socation - City or Town, State cemetary, crematory or other place) Resurrection Cemetery Clinton, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, 1								Md				
	Clarles	L. Bel	langer									ome,Inc	or
	23. PART I. Enter the diseeses, or ehock, or heart failure.	complications the	t caused the dec	th. Do r	not enter	ths mo	de of dying,	such se	cerdisc or respi	ratory a	rrest,	Approximate	
	immediate cause (Fine) disease or condition recuiting in death) a. Carbon Manufiele Intoxication								Interval Between Onset and De				
NOI	Sequentially list conditions,	b	(OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CON		r):								
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST												
	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL									PERFOR	MEO?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: N	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN												
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 yyes 2 NO	HOSPITAL:			OTHER	1:	S □ Bootde	4 63	Other (Specify)				
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26a. DATE OF (Month, De	INJURY	28b. TIM		28c. INJU WOI	IRY AT	280	d. OESCRIBE HOW II	TREE		NSIDE CAR	,
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28a. PLACE O	F INJURY — At hore atc. (Specify)	no, term, s		ory, office		281	City or Town, State)	nd Number	or Rural R	Route Number,	_
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ICIAN: To the best of ER: On the basis of as	my knowledge, dear	th occurre	d at the til				he cause(a) and man			manyland	
BE CO	29b. SIGNATURE AND TITALE OF CERTIFIE				my 04		29c. LICENSE O.C.M			29d, DA	TE SIGNED	(Month, Day, Year)	1.
2	3d, NAME AND ADDRESS OF PERSON WI	O COMPLETED CALE	E OF DEATH (ITEM	27) (Type,	Print)					JU	LY 20	0, 1995	

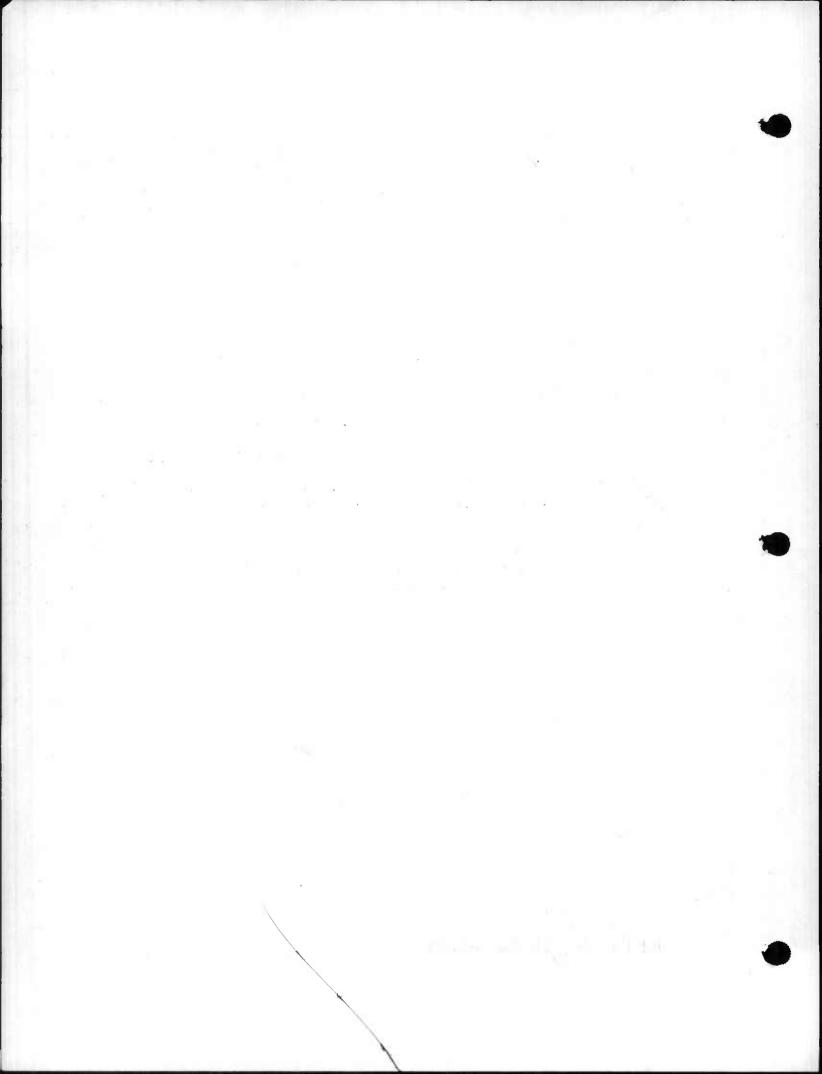
111 Penn Street, Baltimore, Maryland 21201



age 6 may be retained by the hospital or attending physician. TIMORE, MARYLAND 21203-3146

BALLIMORE, MARTLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	REGISTRAR		CE	RHE	ICALE	: OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	Di	AY	YEAR	3. TIME OF DEATH
	Robert L. 1							Jul	y 16,	199	5	7:55a.m. M
1	4. SOCIAL SECURITY NUMBER 234-40-7673	5. SEX 6.	AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month). June	Day, Year)	926	Count	NPLACE (State or Foreign ty) t Virginia
	9a. FACILITY NAME (If not institution, give a	treet and number)			96. CITY,	TOWN C	R LOCATION OF DI				INTY OF E	DEATH
DIRECTOR	27 Laffyette Ave				Rising Sun							
REC	10e. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
	MD Cec	il		Ris:	ing S	Sun						1 TES 2 NO
FUNERAL	10a. STREET AND NUMBER 27 Laffyette Ave						21911			10g. cm US		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X N							or No—	Spec	. *
	15. DECEDENT'S EDUCATION 18e. DE				USUAL O	CCUPATIO	ON	16b. P	UND OF BUS	SINESS/IN		ite
ETE	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5+)			ve kind of v Do NOT us	work done o	during mo	st of working					
COMPLETED	12		E1	ectr	ical	Lin	eman	E1	ectri	c		
SO	17. FATHER'S NAME (First, Middle, Last)				_		18. MOTHER'S NA					
BE	Robert L. Morehe	ad					Maude I	Higg	inbot	ham		
TO E	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural					
	Opal Morehead						Ave Risi	ng su				
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	eco)			mty 7-19	19-1995 Rising Sun, MD						
	21. SIGNATURE OF EUNERAL SERVICE LI	CENSEE	7	10			. Foard		al Ho	me,	P.A.	
	23. PART I. Enter the diseases, or complications that saying the greth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate											
	IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. Aden	on each line	C C ST	on	<u>-</u>	flu	ng				Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.											
	PART II. Other significent condition	ns contributing to de	esth but not r	esulting	in the un	dertyln	g ceuse given in	Part I.	1 I. 24s. WAS AN AUTOPSY			b. WERE AUTOPSY FINDINGS
: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.								PERFO	-		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C)	heck only one,				
SIC	EXAMINER?	FIOSPITAL: 1 Inpatient 2 E	R/Outpatient 3	□ DOA	OTHE	R: sing Hon	no 5 Masidence	8 Other	(Specify)			
r PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 8 Pending Investigation	28a. DATE OF IN (Month, Day,		28b. TIN		28c. IN.	URY AT	_	RIBE HOW	NJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I	INJURY — At ho c. (Specify)	me, farm,	street, fact	tory, offic	•	28f. LOCA City of	TION (Street Town, State)	and Numb	er or Rural	Route Number,
COMPLETED	need.	ICIAN: To the best of m										(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CONTINUE	Itun n	W				29c. LICENSE NU Dala	a5	3	29d. DA	TE SIGNE	Marth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W											21237
	Dr. Larry Wils 31. DATE FILEO (Month, Day, Year)	JE GISTRAR'	S SIGNATURE	klin	Sq	uar	e Drive	, Su	ite	205	Bal	timore, MD
	JUL 1 9 1995	Juli Dhudso	· Rardell									



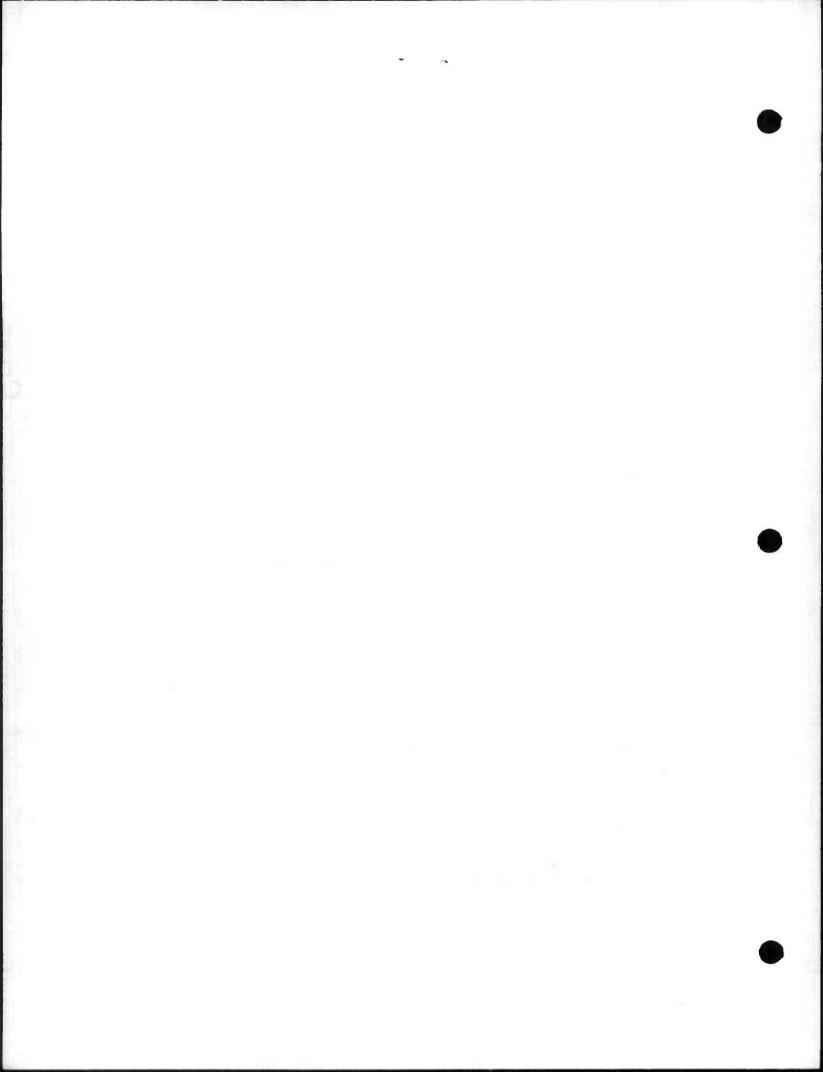
by the hospital or attending physician.

be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

dsoc	che	ej
2	det	0
6	200	76
peui	Noch	fled
reta	55	noti
8	age	Pe
E	, por	ust
90	lirect	E
S.	Tal C	line
leath	fune	хап
ther o	the sea	9
IS 3	n by	po
ğ	bell	E
	ation	Ē
WITH	plete	ent
Page	COTT	2
DOCC	and and	nati
2	clan or to	une.
cate	thysile a	T T
ertifi	ng p	\$
E	tendi	0
dea	Aeritz	uny.
the	to you	E
tha	th a	any
uires	Sign	W.
req	Deen	48
WE G	Dept	23
E.	tate	te
M	he S	0
NSI(is ce	Đ,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Bent, of Health and Mental Hodere prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NION	. Aft	5
TEA	HOT.	28
JR A	NIREC NUIS	E
AL C	AL D	=
SPIT	NER.	Ë
웃	E W	H.
F	工品	2
0	2 %	: ≊

	1 - FOR STATE REGISTRAR	E OF MARYLAND / DEPARTM CERTIFIC	ENT OF HEALTH AND M	ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH				
	Sarah Beatri	ce Mat	thews	July 23, 199	5 11:59 A M				
	4. SOCIAL SECURITY NUMBER 5. SEX		UNDER 1 YEAR IF UNDER 24 HRS.		. BIRTHPLACE (State or Foreign Country)				
	220 16 5275 1 M 9e. FACILITY NAME (If not institution, give street end not	XX 85 YRS.		ovember29190					
DIRECTOR	Physicians Memoria	l Hospital	La Plata	Char					
3EC	10a. STATE 10b. COUNTY		OWN OR LOCATION		10d. INSIDE CITY				
	Maryland Charles	Hugh	nesville		LIMITS?				
FUNERAL	10. STREET AND NUMBER		101. ZIP CODE	10g. CITIZE	N OF WNAT COUNTRY?				
Ä	13759 Burnt Store		20637	Unit	ed States				
5	11. MARITAL STATUS 1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED CES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican,	ORIGIN? (Specify Yes or No.— 14 Puerto Rican, atc.)	I. RACE — American Indian, Black, White, stc.				
BY	3 Wildowed 4 □ Divorced IF YE	S, GIVE WAR OR DATES	1 TES TONO Specify:		Specify:				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USU	AL OCCUPATION	16b, KIND OF BUSINESS/INDUS	Black				
ET.	(Specify only highest grade completed) Elementary/Secondary (0-12) College	(Give kind of work life. Do NOT use rel	done during most of working ired.)	-18-400 -1110 March 4400					
4PL	12th	Homema	ıker	Domestic					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			E (First, Middle, Melden Surname)					
BE	William Countiss		Mary Th	omas					
2	190. INFORMANT'S NAME (Type/Print) Joseph E. Matthews		oress (Street end Number or Rural Rock ox 1222, Mech	ute Number, City or Town, State, Zip Co	MD 20659				
ľ	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF DI							
	1 Buriel 2 Cremation 3 Removel from 1 Donation 5 Other (Specify)	State cemetery, crematory or other p	Catholic Ch	7 / 27 / 95 Press	ntown, state				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	oc mary s	22. NAME AND ADDRESS OF FACIL	ury	ilcowii, Fib.				
	Loud m	Estep)	Adams Funer	al Home, Aqua	asco, MD.				
	23. PART I. Enter the diseases, or complicet	lone that caused the deeth. Do not o	enter the mode of dying, such	as cerdiac or respiratory arres	t, Approximate				
	anock, or neart failure. List only	one ceuse on each line.	,	_	Interval Between Onset and Death				
	disease or condition resulting in death) Due 30 (OR AS A CONSEQUENCE OF): Cardiac arrhythmic								
		DUE TO (OR AS A CONSEQUENCE OF):	and the	e e					
N	Sequentially list conditions,		arrayana	a					
ATI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):							
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE OF):	,						
CERTIFICATION	resulting in death) LAST	Coronary a	ertery dis	ene					
	PADT II Other significant conditions contrib								
CAL	PART II. Other algnificant conditions contrib	uting to deeth but not resulting in tr	ie underlyling cause given in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
PHYSICIAN: MEDIC				1 TYES 2 NO	OF DEATH?				
M	DID TOBACCO USE CONTRIBUTE	TO CALISE OF DEATH VEC	T NO THE UNICEDIAIN	_	1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (C							
SIC	EXAMINER? 1 YES 2 NO 1 Inpa	ITAL: OT	HER: Nursing Home 5 Residence 6	□ Ott (O#1					
НХ		DATE OF INJURY 28b. TIME OF	28c. INJURY AT 2	Ed. DESCRIBE NOW INJURY OCCUP	RED				
ВУ Р	1 Political 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY	M 1 YES 2 NO						
	- Laboration	PLACE OF INJURY — At home, ferm, stree building, etc. (Specify)	t, fectory, office 2	281, LOCATION (Street end Number of City or Town, Stete)	Rural Route Number,				
COMPLETED									
MP	(Check only 1 CERTIFYING PHYSICIAN: To the	he best of my knowledge, desth occurred at							
00		beels of exemination end/or investigation, in	my opinion, death occured at the tin	ne, date end place, and due to the o	tause(s) and manner es stated.				
BE	266. SIGNATURE AND TITES OF CERTIFIER	- Kill Thered	29c. LICENSE NUMBI	ER 29d. DATE S	13 L 95				
5	30. NAME AND ADDRESS OF PERSON WIND COMPLE	TED CAUSE OF DEATN (ITEM 27) (Time Drin	1	- //	2- 673				
	The state of the s		·/		-				
		•			1				
	31. DATE FILED (Morith, Day, Year) JUL 2 7 1995	REGISTRAR'S SIGNATURE							



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

once.	
To or	i
otified	
200	
Ē	
ner	
exam	
Ca	j
Mec	

DIRECTOR FUNERAL BY ETED COMPL BE 6 CERTIFICATION MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

31. DATE FILEO (Month, Day, Year)

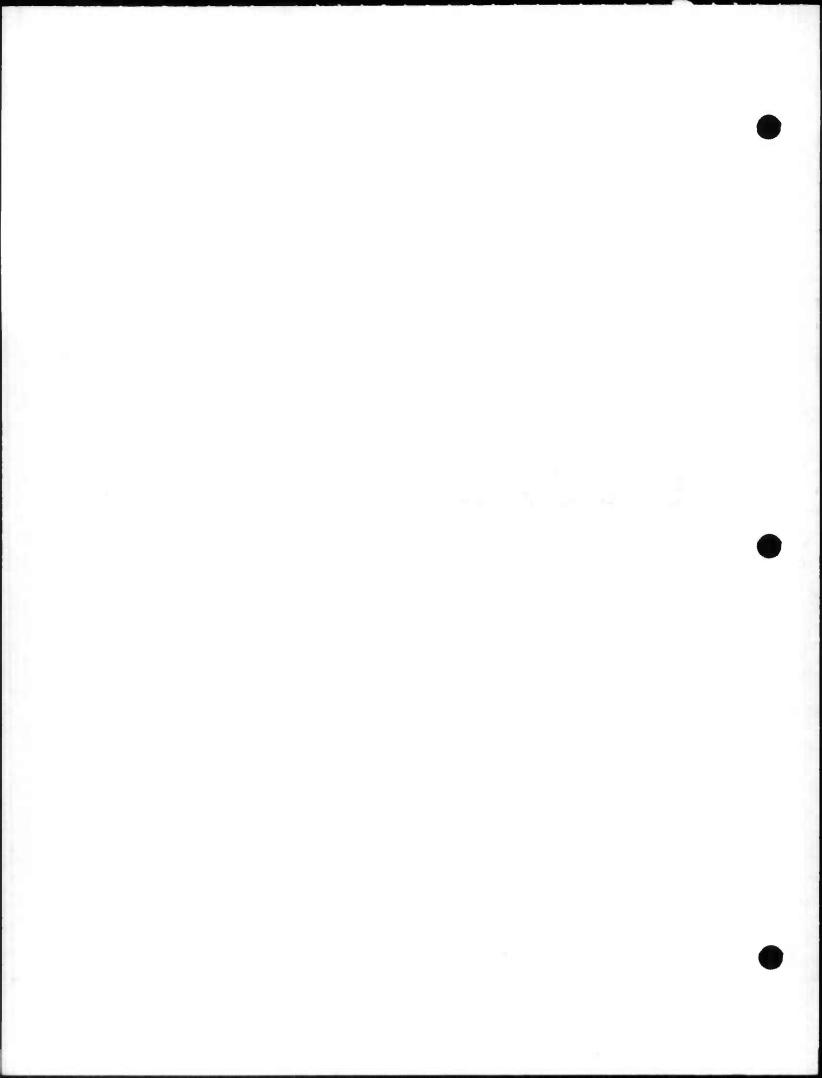
27 1995

should permit. Pages 1, 2, 3 hours after death. Page 6 may be retained by the hospital or attending physician. ted in by the funeral director, page 5 should be detached for use as the burial-transit or removal. requires that the death certificate be executed within 24 hours aft een signed by the attending physician and completely filled in by of Health and Mental Hygiene prior to burial, cremation, or remo the event, traumatic other 6 injury, shows any has been a The law I 23 th the State Item HOSPITAL OR ATTENDING PHYSICIAN: "FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta 10 marked, 69 28 Item = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 13

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Dorothy McGuire 0430 95 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 1 M 2 K F 217-76-7762 80 06/30/1 Missouri 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis Anne Arudnel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arudnel 1 YES 2 NO Annapolis 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1125 Mainsail Drive 21403 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexicen, Puerto Rican, etc.)
 \(\subseteq \text{YES 2 [XNO Specify:} \) 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Haney Hyla (unknown) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dickinson H. McGuire 1125 Mainsail Drive Annapolis, Maryland 21403 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Lincoln Crematory 7/27/95 Brentwood, Maryland SIGNATURE OF FUNERAL SERVICEALICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD Male 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onest and Death disease or condition resulting in death) Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO revol disass on his in COMPLETION DF CAUSE 1 YES 2-NO OF DEATHS emphreno, and approximating 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 YES 2 -NO 1 - Impatient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 24 1 YES 2 NO investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, atreet, factory, office 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER
(Chack note) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type Print

Davidean Randall

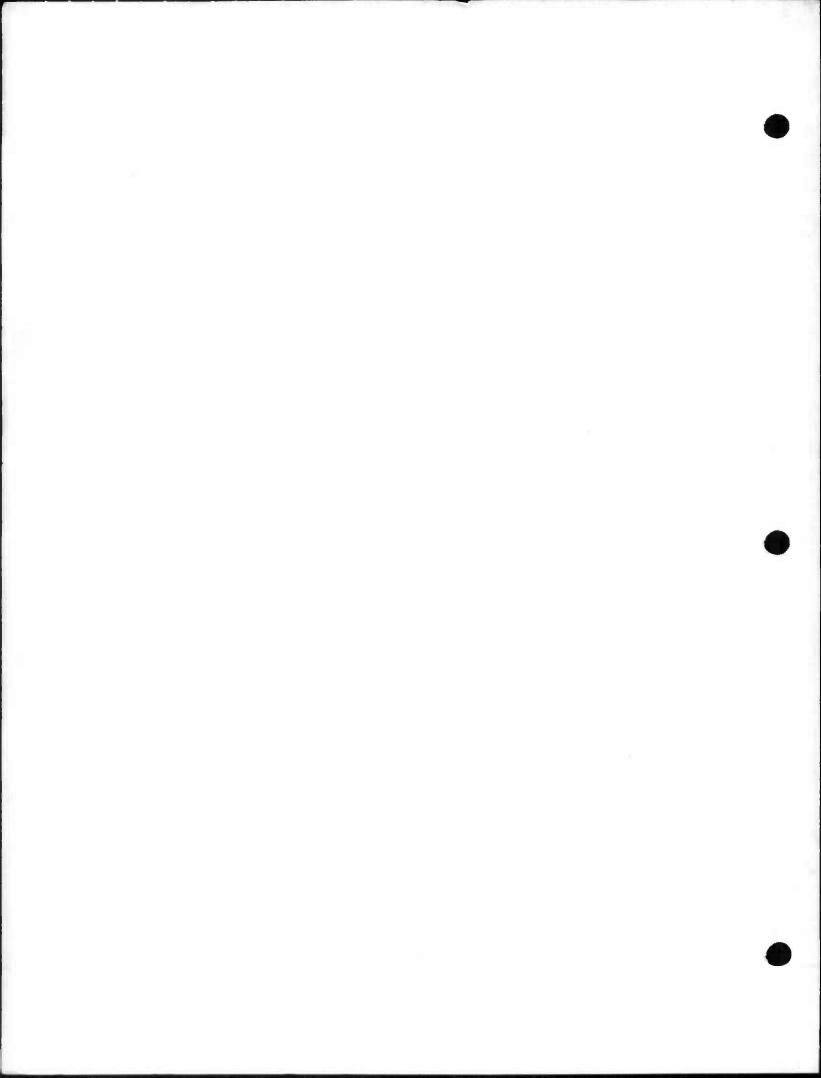


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	n.	ansit narmit Pages 1 2 3 should	200000000000000000000000000000000000000		
	THE HUSPLIAL UN ALLEMUNG PHYSICIAN: THE LAW REQUIRES THAT THE DESTIT CERTIFICATE DE EXECUTED WITHIN 24 HOURS AFRE DESTIN PAGE 6 MAY DE RETAINED BY THE POSPITAL OF ATTENDING PHYSICIAN.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached hir use as the hurst-transit narming physician and completely filled in by the funeral director, page 5 should be detached hir use as the hurst-transit narming physician and completely filled in by the funeral director.		st be notified at once	
	executed within 24 hours after death. Page 6 I	and completely filled in by the funeral directo	o burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	
400	he law requires that the beath certificate be to	has been signed by the attending physician	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 23 shows any injury, or other traun	
THE PROPERTY OF STREET, ST.	THE HUSPITAL OR ALLENDING PHYSICIAN: IT	THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State	MPORTANT: If Item 28 is marked, or Iten	

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND C	/ DEPAR	RTMENT	OF H	EALTH DEAT	AND	MENT	AL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last) ROSEMARY	CEC	ILIA	М	ARSI	HALI	L		2. DAT MON		DAY 19	YEAR 195	3. TIME OF DEATH 6:30 P M
	4. SOCIAL SECURITY NUMBER 437-34-6433	5. SEX 1 M 2 F	6. AGE (In yrs.) 67	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DAT (Mo	TE OF BIRTH (Inth. Day. Year)		8. BIRTN Countr	IPLACE (State or Foreign ny)
TOR	90. FACILITY NAME (If not institution, give sti Meridian Health RESIDENCE OF DECEDENT		Creek		9b. CITY		napol						
DIRECTOR	10a. STATE 10b. COUNTY	ne Arunde	el	10c. CIT	10c. CITY, TOWN OR LOCATION Annapolis								10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 2528 Tudo Court						ZIP CODE						vhat country? States
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR OR DATES				If yes, spe			n, Puert	ilN? (Specify Yo o Rican, etc.)		14. RACE	— American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION occupation (Give kind of work done during most of workin life. Do NOT use retired.) Field Representati						-		U.S. D Human	ept. c	of He	ealth and
	17. FATHER'S NAME (First, Middle, Last) Eustice Grem	iffion		1 1010	rtop	1000		ER'S NA	ME (First	Middle Meide Delva	Sumame)	ices	
TO BE	190. INFORMANT'S NAME (Type/Print) Sharon Gonzales		-1	96. MAILING				or Rural I	Route Nu	mber, City or To	wn, State, Zip		24
	Sharon Gonzales 19311 Spanish Needle, Houston, Texas 77084 20a. METHOD OF DISPOSITION 1 Burlel 2 (a Cremation 3 Removal from State Donation & Other (Specify) 1 Donation & Other (Specify) 1 Constitution Crematory 1 Donation & Other (Specify) 1 Section Crematory 1 Port Lincon Crematory 1 Port												
	21. SIGNATURE OF FUNERAL SERVICE USE	Bu	Ly	C_LIIIC	22. J	ohn	M. T	aylo	or F		Home	e, Ind	c. 147 Duke
	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that lat only one caus	cau od the d	laath. Do r	not antar	the mod	da of dyi	ng, suci	h ss ca	rdisc or resp	Dirittory sn	rest,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ath) a. Sveust cancer								7 YEAVS			
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to e	death but not	resulting i	in the un	darlying	cause g	Iven in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL/	ACE OF OE	ATH (Che	ock only o	one)			
IYSIC		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (ner (Specify)			
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, De	(, Year)	28b. TIMI INJ	E OF URY M	28c. INJU WOF 1 Y		NO	28d. O	ESCRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)						281. LO City	CATION (Street y or Town, State	and Number }	or Rural R	oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC: 2 MEDICAL EXAMINER												end manner ae stated.
TO BE C	256 SIGNATURE AND TITLE OF CERTIFIER	louit	luo				29c. LICEI	G8	38	7	29d. DATI	SIGNEO 2	(Month, Day, Year)
	Stuaut E.	Selou	ricu,	EM 27) (Type,	13	90	00 1	Bes!	च्या	4 Ro	e. A	ина	polis und
	31. DATE FILED (Month, Day, Year) JUL 2 6 1995	32. REGISTRAR	'S SIGNATURE	anhill									



								20	4440	U
	1 - STATE REGISTRAR	STATE OF MARYLAND /								
	1. DECEDENT'S NAME (First, Middle, Last)	- CE	ERIT	ICATE OF	DEATH		i. NO.			
l ŝ							2. DATE OF DEATH DAY YEAR 3. TIM			
	HAROLD LOUI		MASO	N Sr.		JULY 2	2	1995	6:12	AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day,)		6. BIRT	HPLACE (State or Fe	preign
3	212-38-5232	¹⊠м²□ғ 57	YRS.	MONTHS DAYS	HOURS MIN.	Mar 24,		Mars	/land	
	9e. FACILITY NAME (If not institution, give str	tet end number)		9b. CITY, TOWN (OR LOCATION OF D			COUNTY OF		
Œ	MEMORIAL HOSPITAL		'D	CUMBERI						
5	RESIDENCE OF DECEDENT	WEDICAL CENTE	111	CULIDEKI	AND		A	LLEGAN	ΙΥ	
E C	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION				10d. INSIDE CITY	,
뜻	Marriand 311					LIMITS?				
7	Maryland Alleg	any	LLON	aconing					1 YES 2 📆	NO
FUNERAL DIRECTOR	TOU. STREET AND HOMBER			101	ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?	
<u> </u>	21100 Water Stati	on Run Rd., SW			21539		1	USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	Ify Yes or No	- 14. RAC	E - American Indi	in,
ВУ	1 Never Merried 2 Merried	FORCES? 1 YES 2 N	10		ecity Cuban, Mexic 2 P NO Speci	en, Puerto Ricen, a	Ic.)	Spec	ik, White, etc.	
	3 Widowed 4 Divorced	Vietnam		_ =	A	,		whi		
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a. DE	CEDENT'S	USUAL OCCUPATION	ON	16b. KIND (OF BUSINESS		00	
ET	Elementary/Secondary (0-12)		Do NOT u	work done during mo se retired.)	st of working					
7	10		ck D	river		Lumb	er			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11.0	C/k D		40 MOTHERIO N	AME (First, Middle, A				
	George Mason					Mae Rize		710)		
BE										
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21100 Water Station Run Rd., SW, Lonaconing									9
	Dorothy L. Mason		1100	Water S	tation I	Run Rd.,	SW,]	Lonaco	ning, M)
	20a. METHOD OF DISPOSITION 1 Decreption 2 Cremetion 3 Remove	20b. PLACE A	IND DATE	OF DISPOSITION (Na	me of	OATE 2	De. LOCATION	N — City or T	own, State	
	4 Donation 8 Other (Specify)				July 24	1005	Conacc	onina	MO	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AL	D ADDRESS OF F	1995 ·	LULIALI	بوسيانا		
	1 Y X	10.00		Newma	n Funera	al Homes	, P.A.	•		
	Le delle	fumae		179 M	iller St	Gran	tsvi1	le. M	21536	
	23. PART I. Enter the diseases, or co	iet only one ceuse on each line.	sth. Do r	not enter the mo	de of dying, eur	ch as cerdlec or	reepiratory	srrest,	Approxim	
	IMMEDIATE CAUSE (Finel	or only one couse on each mile.							Onset sno	
	diseese or condition	Acute Respirato	rv F	ailure					1 day	
	resulting in death) s.	OUE TO (OR AS A CONSEO	UENCE O	n:					12 000	
_]	_	Aspiration Pneu							1 40	
CERTIFICATION	Sequentially list conditions,	OUE TO (OR AS A CONSEO							l day	
A	If any, leeding to immediate csuse. Enter UNDERLYING	402 10 (011 AD A 0011320	GENCE O	·).					i	
유	CAUSE (Disesse or Injury C.	OUE TO (OR AS A CONSEO	HENOE O				-			
Ē	that initisted events resulting in deeth) LAST	OOE TO JOH AS A CONSEC	UENCE O	r):					i	
H	d.									
	PART II. Other significant conditions	contributing to death but not re	neulting i	in the underlying	cours olves in	Part I Day W		- I		
8			outing .	in the dildenying	couse given in	Pi	AS AN AUTOF ERFORMED?	-SY 248	. WERE AUTOPSY FI AVAILABLE PRIOR	
ă	Acute myocardia					101	ES 2 NO	,	OF DEATH?	AUSE
Z	<u>Acute Pulmonary</u>							1	1 YES 2 1	NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DEAT	TH YE	S I NO R	UNCERTAL	N 🗆		1		
X	25. WAS CASE REFERRED TO MEDICAL	26. PLACE	E OF DEAT	TH (Check only one)						
S I		HOSPITAL: 1 Conpetient 2 ER/Outpetient 3	□ DOA	OTHER:	s 5 Dealdress	8 Other (Specif				
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIM			28d. DESCRIBE		OCCUREO		
	1 Natural 5 Pending	(Month, Day, Year)		URY WO	RK?	200. DESCRIBE	TOTA MOUNT	OCCOREO		
BY	2 Accident Investigation	26 PLACE OF BUILDING	. 4		'ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At hor building, etc. (Specify)	ne, term, s	Rreet, fectory, office		28f. LOCATION (S City or Town,	Street end Nur State)	mber or Rural	Route Number,	
COMPLETED										
7	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICI	AN: To the best of my knowledge, des	ith occum	ed at the time, date	end place, end due	to the cause(e) er	d menner as	stated.		
8		On the basic of exemination end/or in							n) end menner ee si	ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			1	***					
BE	THE OF GENTIFIER	JII ah			D 33280	1000				
2		mongram			שטענע ע			July?	23, 1995	
- 1	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CHUSE OF OEATH (ITEM	1 27) (Type,	Print)				(/		

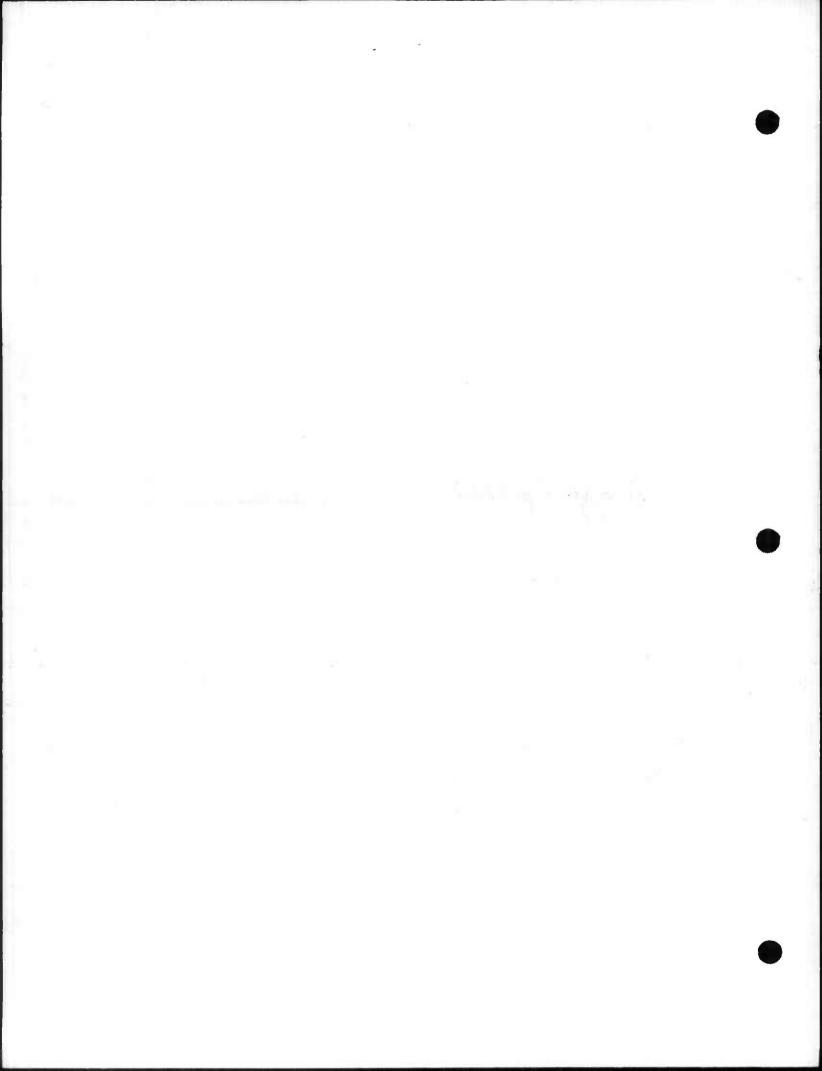
SUNIL GUPTA M.D., 625 KENT AVE, SUITE 101, CUMBERLAND, MD

31. DATE FILED (Month, Doy, 1687)

JUL 26 1995

July Statistical Raddle

21502



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

		TIEMS:	23	PARI	1,	2/,	28a-	Ť,	PER	MEO	FILM	G - 726	8/28/	95 t	.t		
1		FOR STATE REGISTRAR				STA	TE OF	M	ARYL			RTMENT				MENTAL	F
ı	1. D	ECEDENT'S NAM	E (Firs	t, Middle,	Last)											2. DATE O	F
ĺ		EARL		JA	CK	(SOI	1		OW	INC	SS					JULY	7

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) EARL JACE	(SON O	WINGS			JULY 3	7, 1995	3. TIME OF DEATH 1520 P M		
	4. SOCIAL SECURITY NUMBER 212-20-7203A	1 💢 M 2 🗆 F 🤞	(In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	OCT 24,	CO CO	THPLACE (State or Foreign unity) Tyland		
TOR	99. FACILITY NAME (If not institution, give a 9568 FREDERICE				OR LOCATION OF DI		9c. COUNTY OF DEATH HOWARD			
DIRECTOR	nesidence of decedent 100. STATE 10b. COUNT Maryland Ho		y, town or loca							
FUNERAL	100. STREET AND NUMBER 9568 Frederick R				1. ZIP CODE 21042			1 ☐ YES 2X NO F WHAT COUNTRY? States		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 2 YES IF YES, GIVE WAR OR I	2 NO	If yee, ap	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	e or No — 14. R/BI	ACE — American Indian, ack, White, etc.		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT un		ost of working	1,000	KIND OF BUSINESS/INDUSTRY			
TO BE COMPLET	17. FATHER'S NAME (First, Middle, Last) Earl J. Owings S.	- 4 r.	Elect	rical Er	16. MOTHER'S NA	Defens ME (First, Middle, Maiden Estelle (
TO B	190. INFORMANT'S NAME (Type/Print) Mildred A. Owing	s			and Number or Rural I	Route Number, City or Tow	m, State, Zip Code)	yland 21042		
	20e. METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	metery crematory or o	rk Cemet	ery	8-3 Bal	timore,	Maryland		
Ц	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARRY H Witzke Funeral Home Inc. 4112 Old Columbia Pike Ellicott City21043 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac pr respiratory arrest, Approximate									
MEDICAL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GUNSHOT WOU	eech line.		ede of dying, such	n aa cerdiac Dr resp	iratory arreat,	Approximate Interval Between Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant condition					PERFOR	RMED?	4b, WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	H (Check only one)						
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 25e. DATE OF INJURY (Month, Day, Year) 7/30/95	28b. TIM	4 Nursing Hom E OF 28c, INJ URY WO	RK?	Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED ELF—INFLICTED GUNSHOT WOUND				
ETED 8	3 \(\subseteq \text{Suicide} \) 8 \(\subseteq \text{Could not be determined} \) Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, fector building, stc. (Specify) INJURY OCCURRED AT HOME			C		M. LOCATION (Street and Number or Rural Poute Number, City or Town, State) 9568 FREDERICK ROAD LLICOTT CITY, MARYLAND			
COMPLI	one) XX MEDICAL EXAMINE	CIAN: To the best of my know H: On the besis of exemination						e(e) end menner se stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	TELL			O.C.M.		29d. DATE SIGN	31, 1995		
	30. NAME AND ADDRESS OF PERSON WHO DWIN R 31. DATE FILED (Month, Day, Year)		lll Peni		et, Balt	imore, M	Marylan	d 21201		
	AUG 0 2 1995									

2: Pages 1, 2, 3 should

- Par BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

PASICIAN	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-train be filled within 72 hours after death with the State Dept, of Health and Memal Hyglene prior to burial, cremation, or removal.	
d dulp	the b	
arren	use as	
MEAN OF	D Por	
E NOS	etache	nce.
6	De	at o
LAMBO	should	tiffed
8	ge 5	96 90
May	or, pa	ust b
عرام م	direct	E I
caul.	funeral	camin
O SOUR	y the noval.	cai e
Sing	of rel	Dem
67 11	thy fille	the
MINI	crem	went,
SCORE.	nd co burial,	atic e
3	ician a	Lanu
חוורקוב	physene pr	ther 1
20 10	endin I Hygi	0 0
20 020	the att	njury,
חומו	ed by	amy l
THE HOSTIAL OF ALLENDING PRISHLAND THE INVESTIGATION THE INVESTIGATION OF SECURED WITH 24 HOUS SHEET DESTINATION OF STREET OF ALL THE TRAINING BY THE HOSPITAL OF ALL THE TRAINING BY THE HOSPITAL OF ALL THE TRAINING BY THE HOSPITAL OF ALL THE TRAINING BY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
440	as be	23 \$
1 1 1 1	cate h	item
מוכוכו	certifi the	10
2	er this ith with	arket
	R: Aft er dea	is n
2	RECTO urs aft	ш 28
5	AL DI	H ite
1001	UNER	ANT
TIE I	THE P	PORT
2	28	Ξ

BY

BE

2

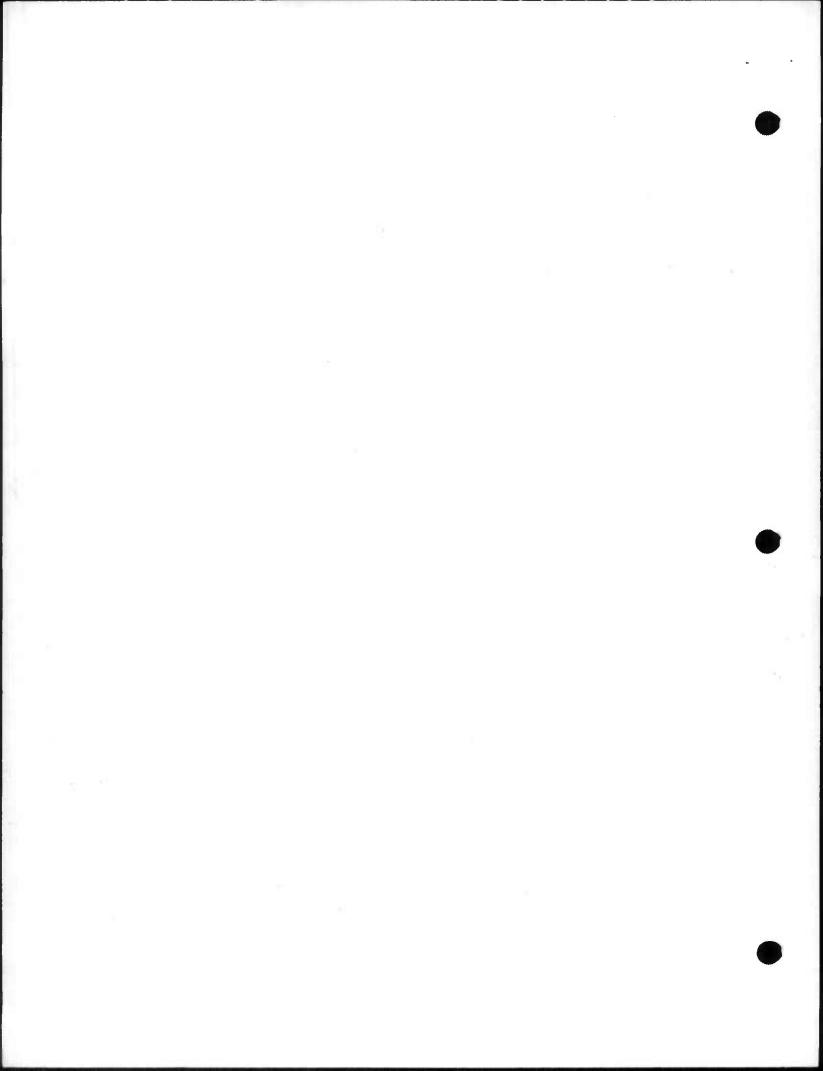
31. DATE FILED (Month, Day, Year)

JUL 26 1995

Talia Stevelson Reveall

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 23, 1995 JULY O'BRIEN DANIEL 18:30 D Richard 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 218-80-4289 1X M 2 - F 30 HOURS July YRS. 2 1965 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY HOSPITAL BALTIMORE n/a 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Westminster Carrol1 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1300 High Ridge Drive 21157 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married Specify: white 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)
Carpenter 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade col Elementary/Secondary (0-12) College (1-4 or 5+) construction siding mechanic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Richard B. O'Brien Ruth Lorigan BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 15 2 Richard B. O'Brien 1308 High Ridge Drive, Westminster, 20a. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name 7/27/95 DATE 20c. LOCATION — City or Town, State 1 V Burial 2 Cremation 3 Removal from State
4 Donation 6 Other (Specify) Pleasant Valley Cemetary Westminster, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel Katherine Pritto -Sweeters 412 Washington Rd., Westminster, MD 23. PART I. Enter the diseases, or complications that ceuse of the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition neek and end resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO PUNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1X YES 2 NO 1 Nonpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED (Month, Day, Year) 7-22-95 1 Netural 5 Pending Investigation 2050 M 1 YES 2 NO Drive single vehicle aculler 2 Accident 28e. PLACE OF INJURY - At home, farm, street, tectory, office 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide à 1 ___ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 💢 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OCME JULY 24, 1995 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201



		1 - FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN	E	50		
	COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) Bettie Gay Pet	ty				July 24,	1995 YEAR	3:00 A		
		238-46-3505	□ M 2 X F 62	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN,	Jan 12,19	6. BIF	Orth Carolin		
2, 3 should		98. FACILITY NAME (If not institution, give street and number) Mallard Bay Nursing Home Cambridge PERIODNICE OF DECEMENT 96. COUNTY OF DEATH Cambridge Dorchester									
permit. Pages 1.		10a. STATE 10b. COUNTY Maryland Dore	1	10c. CITY, TOWN OR LOCATION Taylors Island							
- 1 52		100. STREET AND NUMBER 4362 Bayshore Roa	ad		101. ZIP CODE 21669				1 YES 12 NO		
215-0020 attending physician. se as the burlal-transit		11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	S, ARMED ZXIXINO S	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 2XX NO Specify:	, Puerto Rican, etc.)	GIN? (Specify Yea or No— 14. RACE — American Black, Whita, etc. Specify: White				
D 21		15. DECEDENT'S EDUCAT (Specify only highest grade co		life. Do NOT use	rk done during mo	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY			
RYLANI of by the hos of be detach of at once.	BE COA		ell ell			16. MOTHER'S NAM Floren	CE (First, Middle, Maiden CE Jessup	Sumame)			
	CERTIFICATION TO E	19e. INFORMANT'S NAME (Type/Print) Kenneth M. Dittrich 19b. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 57 Taylors Island, Md. 21669									
MORE age 6 may director, pag ar must bo		20a. METHOD OF DISPOSITION 1 Burdal 2% ** Cremation 3 Removal from State 4 Donation 6 Other (Specify) Salisbury Crematory 20b. PLACEAND DATE OF DISPOSITION (Name of congetor, crematory or other place) Salisbury Crematory 7/25 Salisbury, Maryland									
BALTIMORE, hours after death. Page 6 may be od in by the funeral director, page or removal.		I An with	mes		Thoma	or ADDRESS OF FAC AS Funera Locust St	1 Home, P	.A. ge, Mary	land 21613		
760. d within 24 hours afformpletely filled in by all cremation, or removed event, the medica		23. PART V Enter the diseases, or corehock, or heart fallure. Lie immediate CAUSE (Final disease or condition resulting in death)	polications that caused that only one cause on each	ul Vas	t enter the mo	de of dying, such		ratory arreat,	Approximate interval Between Onset and Deatl		
P.O. BOX th certificate be ex ending physician a I Hygiene prior to or other traum:		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	Can	ice 2	uses			2 wecks 6month		
CORD ires that the signed by the Health and M ws amy Inju	MEDICAL C	PART II. Other algnificent conditions of	contributing to deeth but	not resulting in	the underlying	g ceuse given in P	Part i, 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
has b Dept.	AN:	DID TOBACCO USE CONTRIE		DEATH YES		UNCERTAIN					
- F at at a	PHYSICI	1 VES 2 NO 1	OSPITAL: Inpetient 2 ER/Outpetis		OTHER:	e 5 🗆 Residence 6	i □ Other (Specify)				
PHY PHY	ву РН	27. MANNER OF DEATH 1 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	WO WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW IP	JURY OCCURED			
TTENDI TTOR: A after d	ETED B	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 32 =	COMPLE		N: To the best of my knowledg On the bests of exemination an						(s) and manner as stated.		
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON MAD CO	M. Har	ris MI	2	29c. LICENSE NUME			(Month, Day, Year)		

Harris MD, 408 Byrn St. Cambridge MD 21613

32. REGISTRAR'S SIGNATURE

Rosemary M. 31. DATE FILED (Month, Day, Year)

JUL 2 6 1995

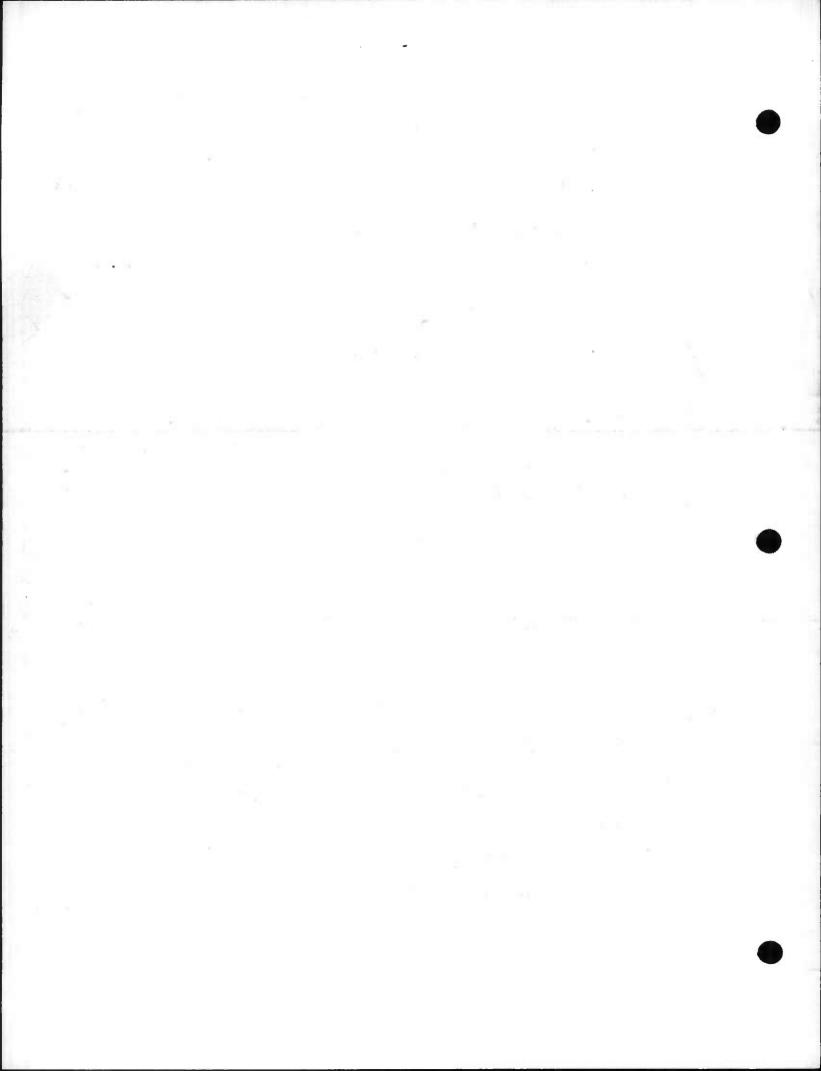
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH					
		ROTHY C. PHI				JULY 24	1995	10:55. A*			
		SEX 6. AGE (in 74		ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1.000 Count	HPLACE (State or Foreign			
	9a. FACILITY NAME (If not institution, give street		DE CITY TOWN	R LOCATION OF DE.		1920 Maryland					
DIRECTOR	Prince George's Ho			Cheve		AYH	George's				
REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
		Arundel		Lothia	n			LIMITS?			
FUNERAL	104. STREET AND NUMBER			100	ZIP CODE		10g. CITIZEN OF				
N.	193 B Boones Drive	2. WAS DECEDENT EVER IN L	I C ARMED		20711		U.S.				
	1 Never Merried 2 Merried	FORCES? 1 YES	2X NO		cify Cuben, Mexicen	C ORIGIN? (Specify Yes , Puerlo Rican, etc.)	Blec	E — Americen Indian, k, White, etc.			
ВУ	3 Widowed 4 Divorced			1	ZASI NO Specily.		Cau	Časian			
COMPLETED	15. DECEDENT'S EDUCAT: (Specify only highest grade con	ION npleted)	(Give kind of wor	k done during mos	N st of working	16b, KIND OF BUS					
FE		College (1-4 or 5+) N/A	Homemake	,			Home				
MO	17. FATHER'S NAME (First, Middle, Last)	14/21	TOTICITIES	J.L.	18. MOTHER'S NAM	NE (First, Middle, Meiden					
BEC	Edward Long				Anna	Br					
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town	n, State, Zip Code)				
-	Leonard T. Philip					othian Md	. 20711				
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal	I from State 20b.P	LACE AND DATE OF I	DISPOSITION (Na	me of July 2	B DATE 20c. LO	CATION — City or To				
	4 Donation 5 Other (Specify)		edar HIL	L Cemete	n apperes of sac	Su Func	itland Ma	aryland			
	14/10/1	2/1//		6633 (old Alexa	ndria Fer	ry Rd Cl	inton Md			
\dashv	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate										
	shock, or heart fellure. Lief	only one cause on aac	h lina.	arter tha mor	all of dying, such	as cerdiac or reapi	ratory arreat,	Approximate interval Between			
	disease or condition resulting in death)		Onset and Death								
	resulting in coattr) / a	7									
2	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury)										
Ĕ											
띮	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	REURR	ENT	SE	ZURG	2=		>24-how			
	PABT II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part J. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE										
CAL	RESPIRATORY	FAIRD	DRE-S	SP-C	RANIOTO	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	CHFI	5/10 - 63	- /	NR.		1 🗆 YES 2	DOMO	OF DEATH?			
ž	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF	DEATH YES	□ NO □	UNCERTAIN	12		NIA			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	. PLACE OF DEATH	(Check only one)							
ı X	1 VES 2 NO 1	Phopatient 2 - ER/Outpati	lent 3 DOA 4	☐ Nursing Home	5 Residence 5						
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	TIME C	Y WO	JRY AT BK9* ES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
BY	Accident Investigation 3 Suicide Could not be	280. PLACE OF INJURY -	- At home, term, stre			25. LOCATION (Street end Number or Rural Route Number,					
ETED	4 Homicide 6 Could not be determined	building, etc. (Specify)		1	City or Town, State)					
밁	200. CERTIFIER 1 DERTIFYING PHYSICIAI	N: To the bast of my knowled	ige, death occurred a	at the time, date	and place, end due t	o the cause(e) end man	per as stated				
COMPL	29e. CERTIFIER (Check only one) DERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner es stated.										
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	80200	- ^		29c. LICENSE NUME	BER	29d. DATE SIGNED	(Month, Day, Year)			
0 B		00	N		7)-31	525	▶ 07-	25-95			
	30. NAME AND ADDRESS OF PERSON WHO C	MPLETEP CLUSE OF DENT	H (ITEM 27) (Type, Pri	220	Bou	NE-M	0-2	0716.			
	JUL 2 6 1995										

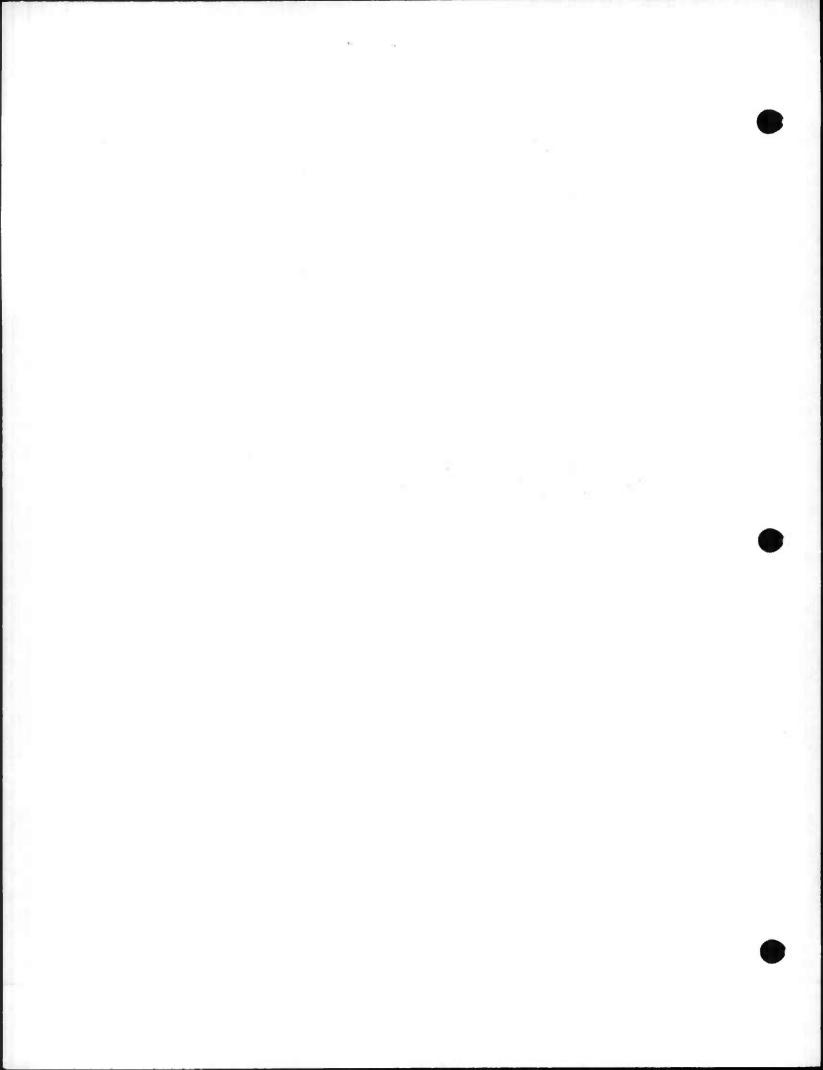


-	
7	
0	
60	
~	
100	
∞	
(0)	
_	
\sim	
\cap	
~	
m	
_	
o	
\checkmark	
-	
LL,	
4.0	
CORDS	
0	
_	
000	
Series.	
\circ	
\mathbf{Q}	
13	
$\mathbf{\circ}$	
ш	
-	
<u> </u>	
-	
Q.	
TAL	
>	
-	
ш	
_	
OF VI	
_	
7	
-	
0	
\smile	
VISION	
S	
-	
-	
-	
_	

		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	RTMENT OF	HEALTH AND		YGIENE EG. NO.			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF E		3. TIME OF DEATH		
		WALTER	MCCOMMONS P				July 2	3, 1995	5 11:30 AM M		
			6. AGE (In yrs.	last birthday) YRS.	MONTHS DAYS		7. DATE OF B (Month, De)	r, Year)	6. BIRTHPLACE (State or Foreign Country)		
should		9a. FACILITY NAME (If not institution, give stree	22	1110,	9h CITY TOWN	OR LOCATION OF D		1904	Maryland		
1, 2, 3	CTOR	Smith Boarding Ho				eford			Harford		
Pages	DIREC	Maryland Harf	ord	10c. CIT	Y, TOWN OR LOC		t Hill		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
physician. burial-transit permit.	ERAL	10e. STREET AND NUMBER			1	IOI. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?		
ian. transi	NE	724 Chestnut				2105			USA		
	BY FUNI	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 F IF YES, GIVE WAR OR DATES	ARMED	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 X NO Specif	en, Puerto Ricen		14. RACE — American Indian, Black, White, atc. Specify: White		
r aftend use as	ED	15. DECEDENT'S EDUCAT (Specify only highest grade con		DECEDENT'S	USUAL OCCUPAT	FION	16b. KIN	D OF BUSINESS/IND			
10 P	COMPLETED		College (1-4 or 5+)		work done during reserved.)			Constru	ction		
the hospit detached	CO	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		, Maiden Surname)			
should be stiffed at	BE	Joseph Harman						on McComm			
be 5	2	Sterling Pyle				e Road, A					
		20e. METHOD OF DISPOSITION 1	from State cemetery,	cremetory or o			OATE	20c. LOCATION C			
		21. SIGNATURE OF FUNERAL SERVICE LIGHT	Deer	Cree	22. NAME	netery AND ADDRESS OF FA	7/26/9	Forest	Hill, Maryland		
2 2 3		*/tonag/K/	la son	to	1317	Cokesbur	v Road	Abingdo	1 Home, P.A. n, Md. 21009		
24 hours after filled in by the on, or removal.		23. PART I. Enter the disease, or com shock, or heart fallure. Lie IMMEDIATE CAUSE (Final	plications that ceused the tonly one ceuse on each li	deeth. Do i ne.	not enter the m	ode of dying, suc	h as cerdlec	or reepiratory arre	Approximeta Interval Between Onset and Death		
ted within 24 completely fille ial, cremation, event, the		disease or condition reaulting in death) a. PROSTATE CARCINOMA, METASTATIC 2. YEARS DUE TO (OR AS A CONSEQUENCE OF):									
P 2 2 2	NO	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
sician prior t	CATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
certificat nding phy Hygiene p	RTIFIC	that initiated events	OUE TO (OR AS A CONS	EOUENCE O	F):						
P. H.	CERI	0.									
E Me	AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDING									
any and	EDIC	CEREBRAL VASCULAR ACCIDENT EMBOLIC PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CA									
v requires been sign it. of Healt	Σ	SCHEMIC HERAT DEASE, CHRONE LEUKEMIA 1 YES 2									
law as b bept.	AN:	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL					N 🗷				
e ste d	SIC	EXAMINER?	OSPITAL: Inpatient 2 ER/Outpatient		OTHER: 4 - Nursing Ho	me 5 K Residence	6 Other (Spe	edfy)			
PHY this with	у РНУ	27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	IURY W	IJURY AT PORK? YES 2 NO	28d. OEŞCRIB	E HOW INJURY OCC	URED		
D A D T	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	street, lactory, off	len	28f. LOCATION City or Tox	(Street and Number ovn, State)	or Rural Route Number,		
DR ATTEN DIRECTOR: hours after Item 28 is	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIA	1: To the best of my knowledge,	deeth coour	ad at the time de						
E SE	OMF		in the basis of examination and/o								
TO THE HOSPI TO THE FUNEF be filed within	ш	296. SIGNATURE AND TITLE OF CERTIFIER	/-/-			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)		
THE THE DE FILED F	TO B	Arken Nor	raceron	M	0	Do.	8090	5 > 7	VLY 24, 1995		
	-	30. NAME AND ADDRESS OF PERSON WHO CO ANDREW WOL	OMPLETEO CAUSE OF DEATH (IT	EM 27) (Type:					SEL AIR, MD		

31. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
JUL 25 1995



95 24236

95

3. TIME OF DEATH

0020

10d. INSIDE CITY

White

Approximate

Interval Between Onset and Death

years

yeary

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

23/95

14. RACE — American Indian, Black, White, etc.

YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH atherine 4. SOCIAL SECURITY NUMBER 8. AGE (in yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) Feb 20 1924 IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 M F DAYS HOURS VRS Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center DIRECTOR Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Anne Arundel Annapolis permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1227 B Gemini Drive funeral director, page 5 should be detached for use as the burial-transit 21403 United States death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) 8 Manager Retail Clothing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James Lawrence BE Emma Southcomb 19e. INFORMANT'S NAME (Type/Print, 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Raymond B. Price, Jr. 1053 Warren Road Ithaca, New York 14850 3 20e, METHOD OF DISPOSITION
1X Deurlel 2 Cremation 3 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Cemetery 7/27/95 Mt. Divet 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD ysician and completely filled in by the prior to burial, cremation, or removal. medicai 23. PART i. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each ilne. IMMEDIATE CAUSE (Finel the disease or condition_ DUE TO (OR AS A CONSEQUENCE resulting in death) requires that the death certificate be executed within traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 neumman CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CUPD other 1 CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 9 insulwe heart injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY been signed by the pt. of Health and N PERFORMED? shows any 1 | YES 2 | 100 PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) flem this certificate h HOSPITAL OTHER: 1 YES 2 100 1 Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 1 YES 2 NO BY After 1 2 Accident 28s. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) - 60 COMPLETED DIRECTOR: A 8 Could not be 4 Homicide 28 determined Hem 29e. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) Kuma my W 025499 2 MALE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

180 Admir

Davidson Randall

31. DATE FILED (Month, Day, Year)

JUL 26 1995

Cochrane

in hhim

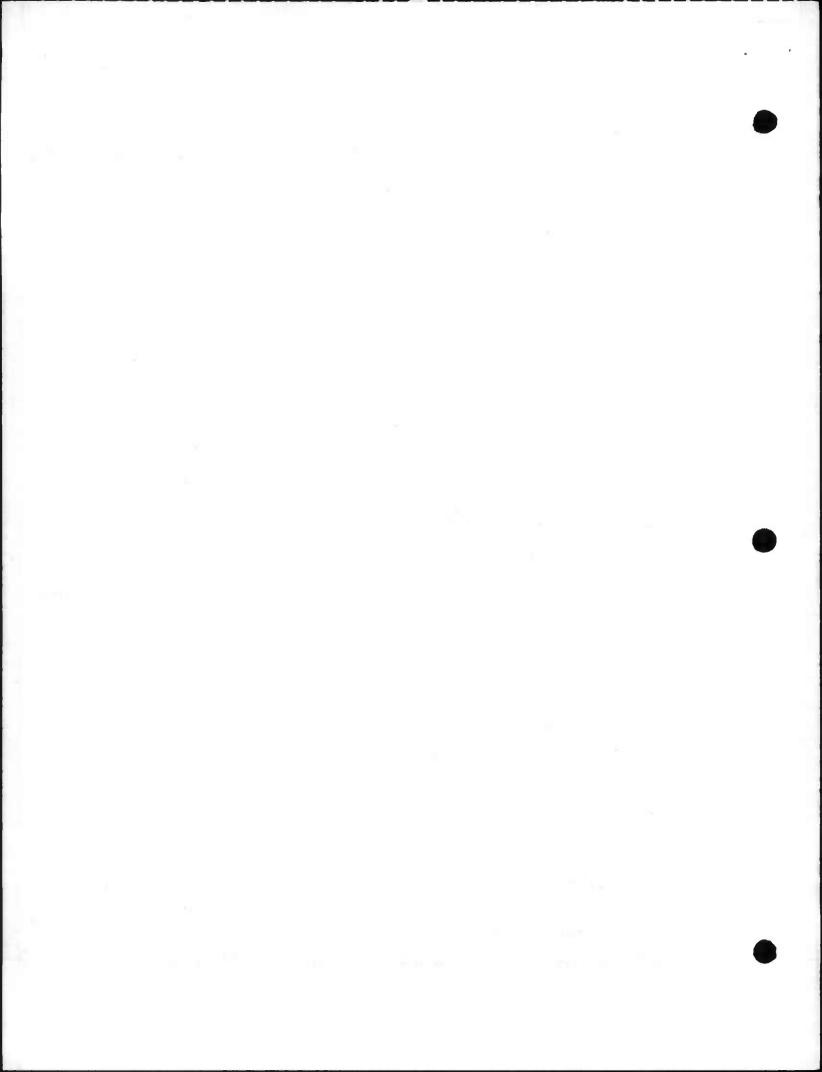
- 31

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within with reflect heart of the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIENI	E			
	1. DECEOENT'S NAME (First, Middle, Last)	C	Ri	ley		2. DATE OF OEATH MONTH DA				
	4. SOCIAL SECURITY NUMBER 190-12-4080 98. FACILITY NAME (If not institution, give str	1 / M 2 F 74	yrs. lest birthday)	FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) May 22, 192	6. B	IRTHPLACE (State or Foreign pountry) A		
TOR	Carroll County Ho				inster	EATH	Carro			
DIRECTOR	10e. STATE 10b. COUNTY PA Adams			town or Local	ION			10d. INSIDE CITY / LIMITS?		
FUNERAL	100. STREET AND NUMBER 344 W.Myrtle St				. ZIP CODE 17340		10g. CITIZEN S	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ND	If yes, sp	ENDENT OF HISPAN Incity Cuban, Maxica 2 NO Specify	NIC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	8	tace - American Indian, Black, Whita, atc.		
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	N st of working	16b. KIND OF BUS				
BE COMI	17. FATHER'S NAME (First, Middle, Lest) James Riley		Truck	Driver	18. MOTHER'S NA Dora Hei	ME (First, Middle, Maiden S	Compan	ly		
TO B	19a. INFORMANT'S NAME (Type/Print) Rita S.Riley		196. MAILING A	Myrtle	St.Litt	Route Number City or Town	, <i>State, Zip Code</i> 17340)		
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remote 4 Donetion 5 Other (Specify)	val from Stata come	PLACE AND DATE OF elery, crematory or other	collece) S. Cemet	erv	7/26/95	Littl	estown, PA		
	21. SIGNATURE OF FUNERAL PERVICE LICE	1 Tett	K)	Littl		4 Maple Ave		estown,PA17340		
	23. PART I. Enter the diseases, or co ahock, or heart fellurs. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lucy	ths desth. De no ch lins.	snter the mo	ds of dying, suc	h sa csrdiac or respir	atory arrest,	Approximate Interval Batween Onaet and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF):									
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions	contributing to desth bu	t not resulting in		causa givan in	Part I. 24a. WAS AN / PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
IAN: N	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL		DEATH YES		UNCERTAIN	V D		1		
IYSIC		HOSPITAL: 1 Inpatient 2 ER/Outpa 28a. OATE DF INJURY	tient 3 DOA 4			8 Other (Specify)				
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 26a. PLACE OF INJURY	28b. TIME I	M 1 U	RK? ES 2 NO	28d. DESCRIBE HDW IN 28f. LOCATION (Street ar				
ETED.	4 Homicide determined	building, atc. (Specif	(y)			City or Town, State)		rai Houte Number,		
COMPLETED	(Check only 1 CERTIFYING PHYSIC	IAN: To the best of my knowle : On the basis of exemination						se(s) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Nusiv	MO			29c. LICENSE NUN		29d. DATE SIGN	NED (Month, Day, Year) 2 1 1 9 J		
	30. NAME AND ADDRESS OF PERSON WHO MOKLY FULLY NULLIV 31. DATE FILED (Month, Day, Year)	0.45	Weshine	1 /	d, suit	e 305, Wes	tminst	er.MD 21157		
	JUL 27 1995 july	Seveler Rende	_ / /							



_	
	١
8	
9	
84	
9	
×	
BOX	
m	
-	
Ö	
Δ.	
ເດົ	
7	
RECORD	
$\ddot{\circ}$	
ш	
~	
_	
4	
VITAL	
5	
1	
<u></u>	
_	
Z	
9	
N S	i
5	
	į

24 1995

Julia Davidson Rendall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 1995 William JULY STEWARL 11 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
Apr 30,28 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 220-20-5428 1 XM 2 | F 67 Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harford Memorial Hospital Havre de Grace Harford RESIDENCE OF DECEDENT 100. STATE Maryland 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Harford Darlington 1 XYES 2 NO page 5 should be detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3336 Cedar Church Road 21034 USA retained by the hospital or attending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify: Black ВҰ 3 Widowed 4 Divorced Jan 51 - Dec 52 15. DECEDENT'S EDUCATION COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 4th grade Cook Civil service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 7 Arthur L. Stewart Anna Spencer notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary C. Stewart 3336 Cedar Church Rd Darlington, MD 21034 signed by the attending physician and completely filled in by the funeral director, page & Heath and Mental Hygiene prior to burial, cremation, or removal. 8 20a METHOD OF DISPOSITION
1 Burlel 2 Cremetion 3 1
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Clarks United Meth Cem7-22 Bel Air, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICENCES 22. NAME AND ADDRESS OF FACILITY Beard Funeral Home 552 Lewis Street Havre de Grace, Maryland 21078 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition Hypercalcumia 2º Bone metastaris
bue to (or as a consecuence of): resulting in death) event, 8 month Adeno Carcinoma. Colon. traumatic CERTIFICATION Sequantially list conditions, if any, laading to immediata DUE TO (OR AS A CONSEQUENCE OF): EXTENSIVE BONE L
DUE TO (OR AS A CONSEQUENCE OF): Liver Lymphnode mefastatis cause. Enter UNDERLYING CAUSE (Disease or Injury other that initiated events resulting in death) LAST 6 Injury, PART II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO peen 50 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO PHYSICIAN: UNCERTAIN Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only EXAMINER? certificate State OSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED this c 1 Natural 5 Pending 1 YES 2 NO After BY Investigation Accident OR ATTENDING 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be COMPLETED DIRECTOR: after 28 4 Homicide hours a Item 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es stated. TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: II II HOSPITAL MEDICAL EXAMINATE: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ow B.D. PAREKH MD. D18424 DJULY-19-95 2 DORESS OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PAREKH MD. 1908 HARFORD ROAD FALLSTON MD. 21047.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
ECEDENTIS NAME (FILM ANIAM - 1	OZIMINOALE OF BEATH	REG. NO.

		1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	Leonard		hroe		2. DATE OF DEATH MONTH , DA		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 703-07-4329	5. SEX 6. AGE	(In yrs. lest birthda		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	
3 should	œ	9a. FACILITY NAME (If not institution, give st Montgomery Gener			96. CITY, TOW Oll	N OR LOCATION OF D	July 22,1	9c. county of a Montgon	DEATH
1, 2,	СТОВ	RESIDENCE OF DECEDENT						Forrega	nery
ft. Pages	DIRE	Maryland Montg		10c. C	Silver S				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
if permit.	ERAL	10e. STREET AND NUMBER	4111			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
020 physician. burial-transit	FUNE	15101 Interlache	DYIVE 12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED	13. WAS D	20906 ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		E — American Indian, ik, White, atc.
15-002 ending phy as the burn	B	1 Never Married 2 Married 3 AWIdowed 4 Divorced	1942-194	DATES		specify Cuban, Mexico ES 2 X NO Speci	an, Puerto Rican, etc.) ify:	Spec	
or attending	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT (Give kind of life. Do NOT	S USUAL OCCUPA (work done during	TtON most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
the hospital or detached for	급	Elementary/Secondary (0-12)	College (1-4 or 5+)	Attor				employed	
Z 2 2 2	і ш	17. FATHER'S NAME (First, Middle, Lest) William H. Sc	hroeder			Carrie	_	Koch	
	2	190. INFORMANT'S NAME (Type/Print) John L. Schroede	•	196. MAILII 100	Monroe	St. #201	Rockville,	n, State, Zip Code) Md 2085	50
e 6 m rector.		20e. METHOD OF RISPOSITION 1		b. PLACE AND DAT metery, cremetory of Lee Crem	eof disposition (other place) atory	July 25,		cation — city or to inton, Ma	
buner.		21. SIGNATURE OF FUNERAL SERVICE LIG	NSEK /		22. NAME	AND ADDRESS OF FA	xandria Fer	neral Hom	ne, Inc.
BA nours after d d in by the i or removal.		23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that cause	d the death. Do	- 1			-	Approximate
the the		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	1	ala	عوض	lerst	e Hea Disea	4	Interval Between Onset and Death
becuted within and completel burial, creme			DUE TO (OH AS	A CONSEQUENCE	OF):		Disea	G.	years
S clar	SATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF):				
S, P.O. BC death certificate attending physiental Hygiene pri	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):				
		PART II. Other significent conditions	contributing to deeth i	but not resulting	In the underly	ing ceuee given in	Part I. 24s. WAS AN	AUTOPSY 246	. WERE AUTOPSY FINDINGS
S to the base of	1 0						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sa by	N. W	DID TOBACCO USE CONTR	IBUTE TO CAUSE C				N 🗆		1 YES 2 NO
年 等 等 章	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\text{\subset}\) NO	HOSPITAL:		OTHER:	e) ome 5 - Residence	e C Other County		
NG PHYSICIA The this certification with the marked, or		27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, T	ME OF 28c. II	NJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
TTENDI TOR: A after de		2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm	street, factory, of	lice	281. LOCATION (Street e City or Town, State)	nd Number or Rural I	Route Number,
4 4 5 E			CAN: To the best of my known: On the beets of examination						a) and manner on stated
TO THE HOSPIT TO THE FUNERA De filed within 7	BE CC	29b. SIGNATURE AND TITLE OF CERTIFIED	5 0	lo de		29c. LICENSE NUI	MBER	29d. DATE SIGNED	
2 6 8 ₹	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Ty)	e, Print)	7098	25	70	53 21
		31. DATE FILED (Month, Day, Year)	32. REGISTRADES SIZE		رف رقع	- SIW	Le	Soll	anda on.
		JUL 2 6 1995	32. REGISTRANS SIGN	sor Kardal					

- A

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

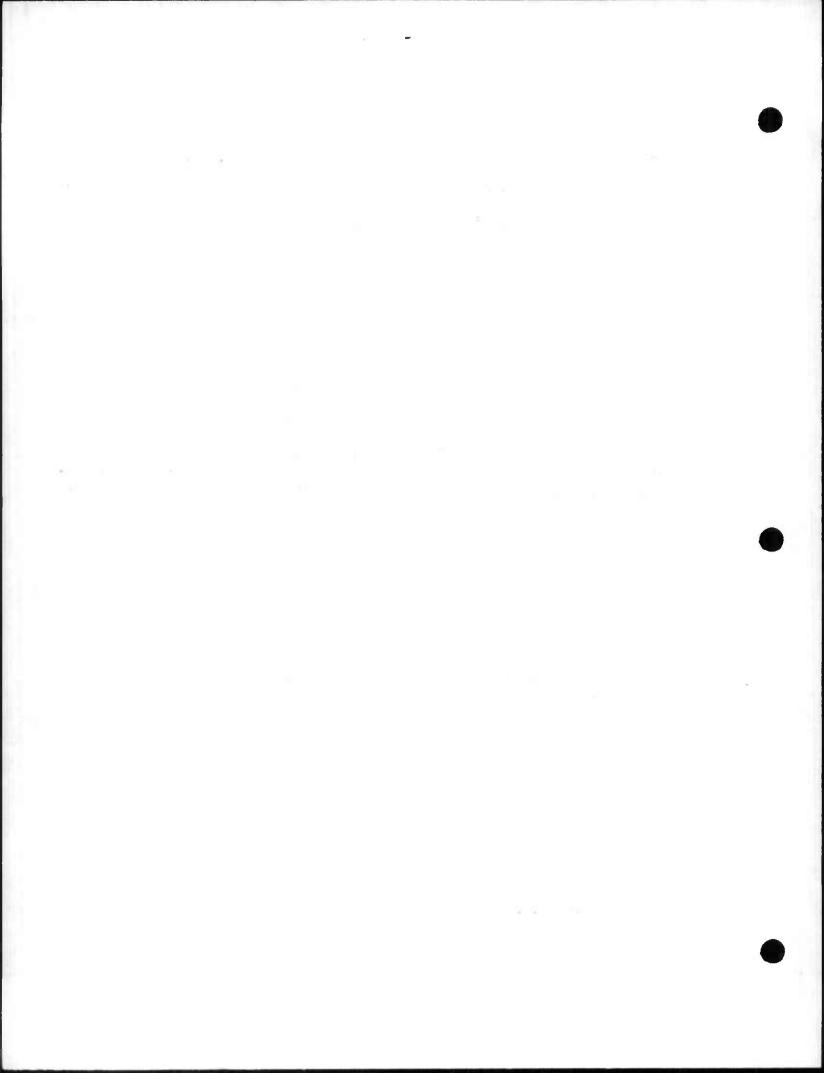
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

	A DESCRIPTION WATER AND ADDRESS OF THE PARTY				OLI	111110/	AIL OI	DEATH		HEG. NO).		
	1. DECEDENT'S NAME (First,	A TANK THE PARTY OF THE PARTY O			Smiro	130			2.	DATE OF DEATH	MYO O F	YEAR	3. TIME OF DEATH
									J	uly 23,	1995		7:30PM M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (II	In yrs. last bi	irthday) IF (THE DAYS	IF UNDER 24 HR	S. 7. (Month Day Year		B. BIRTH	IPLACE (State or Foreign
	578-84-2801		1 🗆 M 2 🔀 F	80	0	YRS.	UAYS	HOURS MIN	. L	Month, Day, Year) Dec. 21,	1914	Sic	ily
	9a. FACILITY NAME (If not in					9b.	CITY, TOWN	OR LOCATION OF			700	INTY OF D	EATH
등 등	Southern Ma	ryland	l Hospita	1		ľ	Cl	inton			Prir	nce G	eorge's
DIRECTOR	RESIDENCE OF DEC	-											
뿐	Maryland	Drine	, e George	I c	1	10c. CITY, TO	whor Loca ple H	TION					10d. INSIDE CITY LIMITS?
	raryrana	LLLIN	c deorge			101	PIC II.	TTTO					1 YES 2 WO
4	10e. STREET AND NUMBER						10	H. ZIP CODE			10g. CI1	IZEN OF V	VHAT COUNTRY?
🖫	4324 23rd	Place						20748			Ita	lv	
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARME	D D	13. WAS DE	CENDENT OF HIS	PANIC O	RIGIN? (Specify Ye		14. BACI	E — American Indian,
BY FUNERAL	1 Never Married 2 💢		FORCES? 1	YES	2 X NO	İ	If yes, s	pecify Cuban, Me	xicen, Pu	erto Rican, etc.)		Speci	k, White, etc.
	3 Widowed 4 Divo	rced						S 2 NO Sp	ouny.				casian
	15. DEC	EDENT'S EDU	CATION		16a. DECE	DENT'S USU	AL OCCUPAT	ON		18b. KIND OF BU	SINESS/IN		Cabitati
🗓	Elementary/Secondary (0		College (1-4 or 5	•)	life. Do	NOT use reti	red.)	ost of working					
필	N/A		N/A	´	Hom	remake	r			He	ome		
COMPLETED	17. FATHER'S NAME (First, M.	ddle, Last)						18. MOTHER'S	NAME (F	irst, Middle, Maider	Surname)		
BE C	Giuseppe	Pal	ella					Santa		Smirold			
	19a. INFORMANT'S NAME (7)				19b. M	MAILING ADD	RESS (Street			Number, City or Tov	vn. Stete. Zi	n Code)	
임	Giuseppe	Smirol	do							Hills,			20748
	20a. METHOD OF DISPOSITI	ON		20h	PLACEAND	DATEGER	A) MOITIPOR	ome o/ 111 V	27	DATE 200 16	CATION	City on To	our Card
- 4	1 Buriel 2 Crematio		oval from Stata	ceme	etery, cremet	tory or other p	lace)	notors	1 995	C1	intor	Ma	wn, sum wzland
ì	21. SIGNATURE OF FUNERAL		WINSEE	1	Nesur	10001	22 NAME A	NO ADDRESS OF	EACUE	Lee Fu	noral	II.	Tyrana Tna
	1918	(
	-200	ate									2225		inton, Md
	23. PART I. Enter the di	seases, or o	omplications tha	t caused	the death	h. Do not a	nter the me	ode of dying, a	uch aa	cerdiac or resp	iratory ar	rest,	Approximata
	IMMEDIATE CAUSE (Fin		List only one cau	ise on es	ch lina.								intarval Between Onset and Death
	disesse or condition	<u></u>	CE	REB	BROV	ASC	1 1 14 12	A	(()	DENT			Onset sind Destin
1	resulting in death)		DUE TO	(OR AS A	CONSEQUE	ENCE OF):							
z			. Acu	76	CH.	OLE	724-	1715					j
CERTIFICATION	Sequentially list conditi if any, lasding to immed	ona,	DUE TO	(OR AS A	CONSEQUE	ENCE OF:							1
8	CALISE (Disease of Injury												
Ĕ	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
F	resulting in death) LAST		si.										
	DART II OAL - I III												
EDICAL	PART II. Other significe									I. 24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS
8	DIABET	ES VV	CELLITO	5,	LON	OFELL	176	HERRT		1 TYES			COMPLETION OF CAUSE OF DEATH?
Æ	FAILUKE	Ė											1 YES 2 NO
	DID TOBACCO US	SE CONTI	RIBUTE TO CA	USE OF	DEATH	YES [] NO [UNCERT	AIN [1 l			
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		2	6. PLACE O	OF DEATH (C	neck only one)						
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpet	tlent 3 🗆		HER: Numina Hor	ne 5 🗆 Residen	na # 🗀	Other (Specify)			
Ŧ	27. MANNER OF DEATH		28a. DATE OF		20	8b. TIME OF	28c. IN.	URY AT	-	DESCRIBE HOW	NJURY OC	CURED	
		ending	(Month, D.	my, Year)		INJURY	M 1 🗆	PRK? YES 2 NO				15 5	
è l	2 Cutata	nvestigation	28a. PLACE O	F INJURY -	- At home.	ferm, etreet.			281	LOCATION (Street	and Number	or Rumi C	Institution for the second
윤	_ ~ _ ,	Could not be starmined	building,	etc. (Specify	(y)	,				City or Town, State)		O FIBREI FI	outo reunices,
<u>-</u>	29a. CERTIFIER												
			CIAN: To the best of										
MPL	(Check only		D. O. M		and/or Inves	estigation, in	my opinion, o	leath occured at	the time,	data and placa, ar	d due to th	na cause(a	and menner as stated.
COMPL	(Check only		R: On the beals of a	temination									
E COMPL	(Check only	CAL EXAMINE		tamination				29c, LICENSE	NUMBER				(Month, Day, Year)
BE COMPL	(Check only one) 2 MEDIC 250. SIGNATURE AND TITLE	DE DENTIFICI	elm.					.) 2			
E COMPL	(Check only 1 CERTION) 2 MEDIC 250. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	PERSON WHI	COMPLETED CAUS	SE OF DEAT	TH (ITEM 27	7) (Type, Print)		DI	30		29d. DAT	e signed	(Month, Day, Year)
TO BE COMPL	(Check only one) 2 MEDIC 20 MEDIC 30. NAME AND ADDRESS OF GURBUX Nacl	PERSON WHI	D COMPLETED CAUS	SE OF DEAT	TH (ITEM 27	7) (Type, Print)		DI	30	on Mary	29d. DAT	e signed	(Month, Day, Year)
TO BE COMPL	(Check only 1 CERTION) 2 MEDIC 250. SIGNATURE AND TITLE 30. NAME AND ADDRESS OF	PERSON WHI	D COMPLETED CAUS	SE OF DEAT	тн (іт ем 27	n (Type, Print) Xdyard		DI	30		29d. DAT	e signed	(Month, Day, Year)

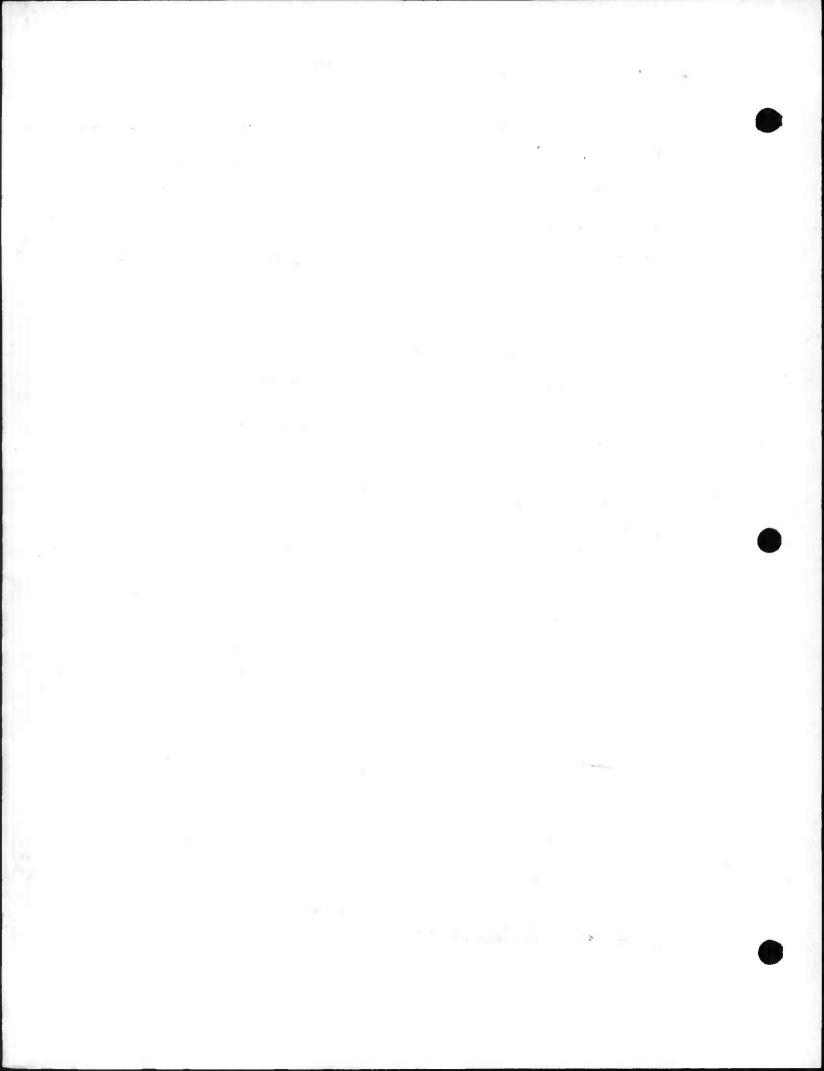


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)		CERTI	TICALE	OF DEA	AIH	REG. NO			
	Jennifer Jil	lann Sea	aring				July 16	, 199	3. TIME OF I	45
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday			ER 24 HRS.	7. DATE OF BIFTH (Month, Day, Year)	8.	BIRTHPLACE (State Country)	or Foreig
	216-04-2662	1 □ M 灯 □ F	26 YRS.		DAYS HOURS		(Mgrith, 0ey, Year) 8-13-6	8	Ma.	
	9a. FACILITY NAME (If not institution, give 5353 Turkey P		ad		OWN OR LOCA		EATN	9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT			No	rth E	ast		C	ecil	
Ë I	10a. STATE 10b. COUNT	-		TY, TOWN OR		1			10d. INSIDE	
	Md. Ce	CIL	/	Jorth	Eas				1 TYES 2	
RAI	5353 Turke	Point	Road		101. ZIP CO			1	SA	iY?
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARMED	13. W			IIC ORIGIN? (Specify Yes		. RACE — American	Indian
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO	H 1	yes, specify Cui	ban, Maxica	n, Puerto Ricen, etc.)		Black, White, atc. Specify:	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT	work done du	UPATION ring most of wor	king	16b. KIND OF BU	SINESS/INDUS	TRY	
E I	Elementary/Secondary (0-12)	College (1-4 or 5+	A CONOT	use retired.)	-VOCI.	tive	Neu	os Da	pel	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	- 9		NIL			ME (First, Middle, Maiden		/	-
ш	JOHN T.	Searing	9			aNi		oet	Y	
OB	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN		Street and Numb	or or Rural I	Route Number, City or Tow			
-	John T. Seari	Ng	5352	Tur	Key Po	int k	d. North E	=ast, r	ND 219	01
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram	novel from State	20b. PLACE AND DATE Cometery, crematory or	astron alazas		7	- 6: /		or Town, Stata	1
	4 Donation 5, Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	IK.A. Fe		remat	ESS OF EA		of Che		T
	Al A	900					77		Main St Md. 21	
	23. PART I. Enter the diseases, or				and the second					
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUENCE							
8		d								
EDICAL	PART II. Other significant condition	ne contributing to	death but not resulting	In the und	erlying cause	given in	PERFOR	RMED?	24b. WERE AUTOPS AWAILABLE PF COMPLETION	NOR TO
							1 TYES 2	NO	OF DEATH?	
Σ ;									1 TYES 2	□ NC
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			26. PLACE OF	DEATH (Ch	eck only one)			
YSI	1 TES 2 DNO		ER/Outpetlent 3 🗆 DOA	OTHER:	ng Nome 5 🕞	Rasidenca	6 Other (Specify)			
	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, De	INJURY 28b. TI	ME OF 2	8c. INJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCCUR	RED	
B	2 Accident Investigation 25s. PLACE OF INJURY — At home, farm, street, factory, office 25s. PLACE OF INJURY — At home, farm, street, factory, office 25s. PLACE OF INJURY — At home, farm, street, factory, office								Rural Route Number,	
	4 Nomicide 6 Could not be detarmined	building,	etc. (Specify)		,		City or Town, State)		. Lie i Julie Humber,	
MPLET	29a. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, death occu	red at the time	e data and ele-	na and due	to the causelet and mor	mar an eleted		
NA I	anal		camination and/or investigat						ause(a) and manner	as sta
8	296. SIGNATURE AND TITLE OF CERTIFIE		9	Λ		CENSE NUM			IGNED (Month, Day, 1	
BE C	Forward M.	allle	V M	0	D	389	772	► 7//	8/95	,
유	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUS					ILIU TET			
	round M. A	bbAS,	M.D. Sin	21 N	osp	OF	BaLTO	BaL	To MD 0	2/=
	JUL 21 1995	REGISTRA	R'S SIGNATURE							
		0/	Clark Control					-		

ITEMS: 23 PART I, 27, PER MEO FILM G-726 8/18/95 t.t

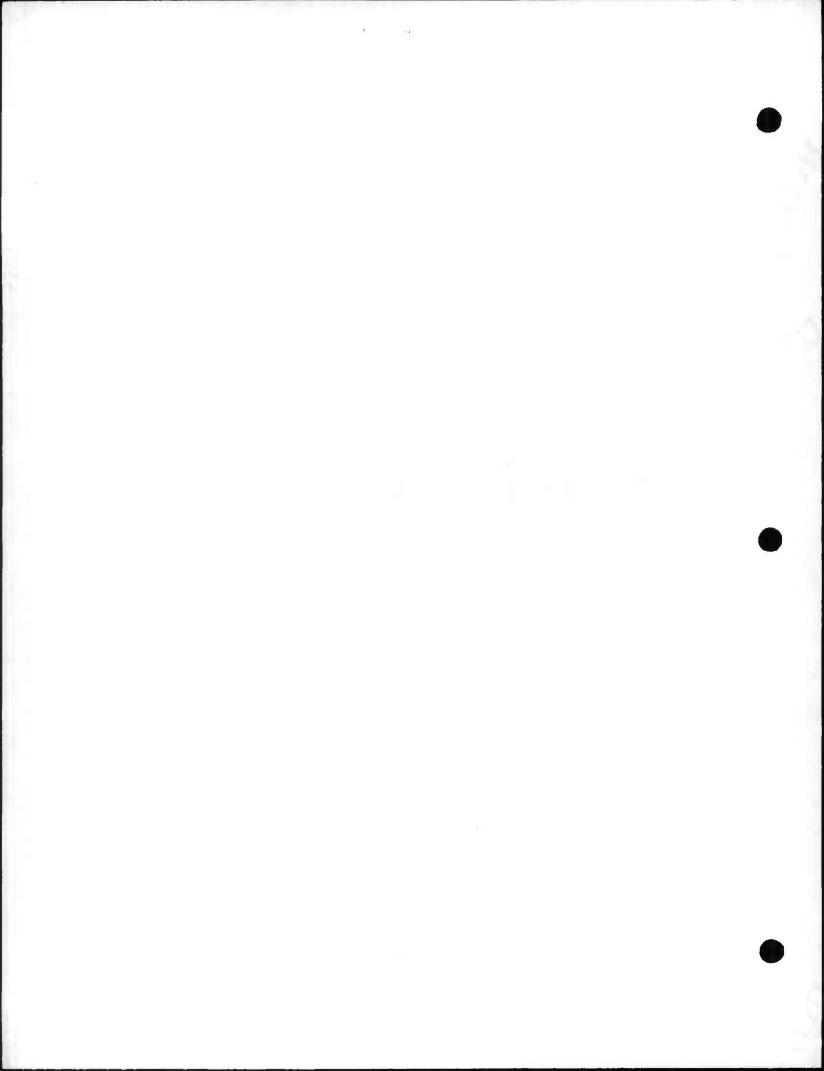
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN JULY 8:00 P_{M} BARBARA SILHAN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 - M 3/10 F DAYS HOURS 216-34-9984 58 VBS April Maryland Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1330 CYDONIA ROAD HARFORD FALLSTON 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Fallston Harford permit, I 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit orbinal, cremation, or removal. 1330 Cydonia Road 21047 U.S.A Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-It yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 NO 1 Never Married 2 Merried BY 1 TES 2 NO Specify Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elementary/Secondary (0-12) College (1-4 or 5 +) Bookkeeper Heating 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Ħ Thadeus J. Galicki Theresa R. Rachuba notified a 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Sharon A. Naclerio Ellis Ave. Chicago Il 60615 pe 20e. METHOD OF DISPOSITION
1 Burlet 2XIX Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donatton X D Rther (Specify) /1/95 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY The Dippel Funeral Home Inc. hours after death. 7110 Belair Road Balto. MD 21206 medical 23. PART I/ Enter the disease), or comple sed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fa fure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Onset and Death the ATHEROSCLEROTIC CARDIOVASCULAR DISFASE traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 NES 2 NO 1 YES 2 NO been of of b DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) The Item certificate by the State HOSPITAL: IL OR ATTENDING PHYSICIAN: TI L DIRECTOR; After this certificate 2 hours after death with the State 1 YES 2 NO OTHER 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 the Residence 6 ☐ Other (Specify) 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH with t 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED marked, 1 XX Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be 4 Homicide 28 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) end manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 25 MEDICAL EXAMINER On the besis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner ea stated. SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ▶ JULY 29,1995 O.C.M.E. 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Dy Salos . WWW LW 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 0 8 1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

HE HOSPITAL DR ATTENDING HE FUNERAL DIRECTOR: After ed within 72 hours after death	this certificate ha	law requires the	l by the attendi	ertificate be en ing physician a rgiene prior to	recuted within and completely burial, cremativ	24 hours after of filled in by the on, or removal.	ath. Page 6 may be retained by ineral director, page 5 should by	the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 sho	ermit. Pages 1, 2, 3 shouk
4 4 2 °	L DIRECTOR: After hours after death	TO THE HOSPITAL DR AFTERDING PHYSICIAN: THE TO THE FUNERAL DIRECTOR: After this certificate to be field within 72 hours after death with the State I MARIOTRAIL. IS taken 30 to morehold.	L. DR ATTENDING PHYSICIAN: The law requires the L. DIRECTOR: After this certificate has been signed. E hours after death with the State Debt. of Health library 29 is marked.	L. DR ATTENDING PHYSICIAN: The law requires that the death of L. DIRECTOR: After this certificate has been signed by the attend! I have a start death with the State Dept. of Health and Mental Hy I have 39 is marked as them 32 about a set interest.	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be to L. DIRECTOR: After this certificate has been signed by the attending physician is hours after death with the State Dept. of Health and Mental Hygiene prior to the prior by is provided as the second of the state of the second of the state of the second of the se	L. DR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 3. L. DRECTOR: After this certificate has been signed by the attending physician and completely. I hours after death with the State Boot of Health and Mental Hygiene prior to burial, crematic in the state both and Mental Hygiene prior to burial, crematic in the state both and Mental Hygiene prior to burial, crematic in the state both and mental Hygiene prior to burial, crematic	CIAN: The law requires that the leath certificate be executed within 24 hours a trificate has been signed by the attending physician and completely filled in by the Sizer Det. of Health and Martal Hygiene prior to build. corrention, or rent feet and Det.	CIAN: The law requires that the leath certificate be executed within 24 hours a trificate has been signed by the attending physician and completely filled in by the Sizer Det. of Health and Martal Hygiene prior to build. corrention, or rent feet and Det.	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitcher has been signed by the attending physician and compétetly filled in by the funeral director, page 5 should be detached the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND M	IENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Hester Mae	Smith				JULY 26	1995	1:15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (În yrs. lest birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign
	212-10-7910	1 - M 2 X F 8	O YRS. MON	THE DAYS	HOURS MIN.	(Month, Day, Year) NOV. 9, 191	Countr	y) ginia
	Se. FACILITY NAME (If not institution, give at			CITY, TOWN C	R LOCATION OF DEA		9c. COUNTY OF D	
DIRECTOR	Fallston General	Hospital			ston			ford
RE	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
		arford	Be	l Air				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?
	105 Crafton Ro	ad			21014		US	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF NISPANIO	ORIGIN? (Specify Yee or	r No- 14. RACE	. — American Indian, t, White, etc.
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify:	Poerto Picari, atc.)		white
	**							wnite
H	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use ret	done during mo-	N II of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		BOO	k Keep			utomoti	ve
	Posev Everet	t Popovler				E (First, Middle, Maiden Su		
BE	190. INFORMANT'S NAME (Type/Print)	t Epperley	1				Hall	
2	Henry E. Smith					ute Number, City or Town,		014
	20a. METHOD OF DISPOSITION	T.				Air, Maryl		
	1 Buriel 2 Cremation 3 Remo	eral from State cam	PLACE AND DATE OF DI etery crematory or other p	SPOSITION (Na	Condon	7/29/95 E	TION — City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE/LIC	engle	SEL ALL ME	22 NAME AN	D ADDRESS OF FACI	1/29/95 E	el Air,	Maryland
- 1	1 X	Mov	1/	Howard	K. McCon	as III Fun	eral Ho	me, P.A.
_	(laward)	1/1/ selve	2 10	1317 C	okesbury	Road, Abin	adon, M	
- 1	23. PART i. Enter the diseases, or c shock, or heart fallure. I	omplications that caused List only one cause on e	the death. Do not a	intar the mo	de of dying, auch	as cardiac or respirat	tory arrest,	Approximata interval Between
- 1	IMMEDIATE CAUSE (Finel	The state of the s						Onset and Daath
	disease or condition resulting in death)	Myocardi	al Infarc	tion				1 HR
			CONSEQUENCE OF):					1 1 1 1 0
Z	Sequentially list conditions,	. Coronar	CONSEQUENCE OF:	Diseas	e			14 YR
ĔΙ	if any, leading to immediate cause. Enter UNDERLYING							100
일	CAUSE (Disease or injury		CONSEQUENCE OF:					JKS,
Ē	that initiated events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF):					
CERTIFICATION		1.						
A	PART II. Other eignificent conditions	contributing to deeth b	ut not resulting in th	e underlying	ceuse given in P			WERE AUTOPSY FINDINGS
	·					PERFORME		AWAILABLE PRIOR TO COMPLETION OF CAUSE
					,	_ //		OF DEATH?
ż	DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	□ NO X	UNCERTAIN	<u>- </u>		1
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)				
is	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ☐ ER/Outp		HER: Nursing Home	5 Residence 6	Other (Specify)		
두	27. MANNER OF DEATN	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT	28d. DESCRIBE NOW INJU	URY OCCURED	
BY	1 Natural 5 Pending Investigation	(moning stay)			ES 2 NO			
	3 Sulcide 6 Could not be	26e. PLACE OF INJURY building, stc. (Spec	— At home, farm, street	, factory, office	1	28f. LOCATION (Street and City or Town, State)	Number or Rural R	loute Number,
ш	4 Nomicide determined		,,			City or lown, Stelle)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred at	the time, date	and place, and due to	the cause(s) and manne	r as stated.	
<u> </u>		: On the basis of examination) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTERER	4			29c, LICENSE NUMB		9d. DATE SIGNED	
BE	att	p/ May	MD	ļ	D24070		JULY 26	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	10 /1		July 26	2/11/3
	Ashok Narang		n Avenue	#10	2. Rel	Air M	D 2101	4
	DA DATE EN ED (Mante Des Mante	32 REGISTRAR'S SIGNA	TURE -	11 10			- 01.0	,
	JUL 2 8 1995	Julia Davide	on-Randall					
- 1								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEA	LTH AND MI	ENTAL HYGIEN		
	1. DECEOENT'S NAME (First, Middle, Last)	02.11111	DATE OF B		2. DATE OF DEATH		3. TIME OF DEATH
	Francis Wil	liam Sabab	ol Im			MONTH D	1995	
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC		IF UNDER 1 YEAR IF		DATE OF BIRTH	6. Bit	TTHPLACE (State or Foreign
	303-28-6659	1 M 2 F	71 YRS.	ONTHE DAYS HO	DURS MIN.	(Month, Day, Year)	1924	Kansas
	Sa. FACILITY NAME (If not institution, give	street and number)		Bb. CITY, TOWN OR L			9c. COUNTY O	
OR	41 Redwood	Road		Se	everna	Park	Anne	Arunde1
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	100 CITY	TOWN OR LOCATION				
JIRI		ne Arundel	100. 011	_		1		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ie Arunder		Seve	erna Pa	ITK	100 CITIZEN O	1 ☐ YES 2 ☒ NO F WHAT COUNTRY?
ER/	41 Redwood	Road		10.1.2.1	21146		log. Grizzir o	U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECEND		ORIGIN? (Specify Yes	or No.— 14, R	ACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 TY	ES 2 NO DATES	If yes, specify	Cuban, Mexican, I	Puerlo Riceri, atc.)	В	ack, White, alc.
) BY	3 Widowed 4 Divorced			- 7	X .		"	White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S US (Give kind of wo	rk done during most of	working	16b. KIND OF BUS	SINESS/INOUSTRY	1
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use					
M	12+ 17. FATHER'S NAME (First, Middle, Last)		LElectr			Westi		e Corp.
	Francis W.	Schahel. S	r .	10.		leen Co		
BE	19a, INFORMANT'S NAME (Type/Print)	Jonabel, B		DDRESS (Street and N		te Number, City or Tow		
2	Mrs. Marylo	uise Schab				erna Pa		
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re		Ob. PLACE AND DATE OF	DISPOSITION (Name o			CATION — City or	
	4 Donation 5 Other (Specify)		emetery, crematory or othe		rial Ca	rdore	Davide	onville. M
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND A	DDRESS OF FACIL	ITY		•
	Comes 6	4 DILLO	ma	495 Ri	tchie	Hwy Sev	neral	Home 21146
	PART I) Entar tha diseeses, or	complications that cause. List only one ceuse on	ed tha death. Do not	anter the mode of	of dying, such a	s cardisc or respi	ratory srrest,	Approximate
	IMMEDIATE CAUSE (Finsi	. List only one ceuse on	aech line.					Intarval Between Onset and Deeth
	disease or condition	. <i>H</i>	SCVD					
	One can be seen	DUE TO (OR AS	S A CONSEQUENCE OF):					
8	Sequantisliy list conditions,	b						
ATI	if sny, leading to immediata cause. Enter UNDERLYING	DUE TO (ON AS	A CONSEQUENCE OF):					
E	CAUSE (Disease or injury that initiated events	C. DUE TO (OR A	A CONSEQUENCE OF):				_	
CERTIFICATION	resulting in dasth) LAST	d						
	PART ii Other elapiticant condition							
CAL	PART II. Other significant condition	ns contributing to death	Dut not resulting in	tha undarlying ca	use given in Pa	rt I. 24s. WAS AN. PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 TYES 2	NO	OF DEATH?
Σ	DID TOPACCO LIST CONT	FDIDLITE TO CALLEE	OF DEATH VEC			-		1 YES 2 NO
PHYSICIAN:	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE	OF DEATH YES		JNCERTAIN			
SICI	EXAMMER?	HOSPITAL:		THER:		1		
H	27. MANNED OF OEATH	28a. OATE OF INJUR	Y 28b, TIME (d. OESCRIBE HOW II	JURY OCCUREO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUR	WORK?				
- 11	3 Suicide 6 Could not be	28a, PLACE OF INJU- building, etc. (S)	RY — At home, farm, stre	eal, factory, office	20	St. LOCATION (Street a	nd Number or Run	el Route Number,
ETED	4 Homicide determined					City or Town, State)		
2	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my known	owledge, death occurred	at the time, data and	place, and due to	the cause(a) and man	ner se stated.	
COMPL		ER: On the beels of exeminal						e(a) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	я. ¬		290	LICENSE NUMBE	R	29d. DATE SIGN	ED (Month, Day, Year)
	gerry B	LOOD M	A		1286	40	▶ 7/	19/95
임	30. NAME AND SUDDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rint)	114			1
	556 Card	mel Isu	e vasa	doma.	42 21	122		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						
	JUL 2 7 1995	Jalia Structer	artardall					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

_	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT OF I			MENTAL HYG		
	1. DECEDENT'S NAME (First, Middle, Last) NA+HIE	4	5	m	ith			2. DATE OF DEAT	DAY	YEAR 1730
Į,	4. SOCIAL SECURITY NUMBER 577-09-7091	5. SEX 1 (12/ M 2 ☐ F	6. AGE (In yrs. las	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTI		BIRTHPLACE (State or Foreign Country) Washington, D
OR		treet and number)	Gen		9b. CITY, TOWN	OR LOCATI	ON OF DE			TY OF DEATH
DIRECTOR	100. STATE Florida 10b. COUNTY MD Anne	Broward -Afundel		10c. CIT	TY, TOWN OR LOCA	_ F	ompa iHe	no Beach		10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	_3521_Williamsbu		Ар	t #a		I. ZIP COD	210	062 35		zen of what country?
B√	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI WW	YES 2 1	MED	If yea, a		ın, Mexica	NIC ORIGIN? (Special n, Puerto Rican, etc. //		14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G life		USUAL OCCUPATE work done during m se retired.)		ng	100000000000000000000000000000000000000	efuce F	quipment
No No	17. FATHER'S NAME (First, Middle, Last)			aics		16. MOT	HER'S NA	ME (First, Middle, Mi		. Читритент
BE C	Harry Smith							Mary Asti		
0 B	19a. INFORMANT'S NAME (Type/Print)							Route Number, City o		
-	Michael Smith						RD			laryland 21035
	20a. METHOD OF DISPOSITION 1/Q/Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)				of disposition (N Memorial	Gar	dens	7/27/95	Annapo	city or Town, State Dlis, Maryland
-	21. THIGH ATOME OF EUNERAL SERVICE CASE	Pm			147	Duke	of	Glouceste	er St. A	r Funeral Home Annapolis, MD
	23. PART I. Enter the diseases, or of shock, or heart failure.	omplications that List only one caus	caused the de	ath. Do	not anter tha me	da of dy	ing, suc	h aa cardiac or i	eapiretory arr	eat, Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Acu	te c	Ar	diac	1	2r	rhyt.	hmi	Onset and Deat
NO	Sequentially list conditions,	A	5 CL	D) _					
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	OR AS A CONSEC							
EDICAL C	PART ii. Other algnificent condition	a contributing to	deeth but not r	resulting	in the underlyin	g ceuse	given in	PE	S AN AUTOPSY RFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ	DID TORACCO LISE (CONTRIBUTE	TO CALL	· · · · ·	DEATH \	FC			×	1 TES 2 NO
AN	DID TOBACCO USE (ONIKIBUIE	IO CAU	DE OF	100	ES _	NO			
SCI	EXAMINER?	HOSPITAL:	Æ9/Outpetlent 3	□ DOA	OTHER:			6 Other (Specify		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TIN	AE OF 28c. IN	JURY AT ORK?		28d. OESCRIBE H		CURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26a. PLACE Of building, a	FINJURY — At he	me, farm,	atraet, factory, offic			281. LOCATION (S City or Town,		or Rural Route Number,
COMPLET		CIAN: To the best of a								ied.
TO BE C	299 SIGNATURE AND TITLE OF CERTIFIES	2.	omo	De	puty	290. LIC	ENSE NUI	605 C	25st. DATE	7/24/45
	31. DATE FILEO (Month, Day, Year)	DECISION CAUS	ones	1 27) (Tips	D	6	95	- Am	eric	# 21035
	JUL 2 7 1995	P. A	R'S SIGNATURE	Coll			·			

31. DATE FILED (Month, Day, Year)

AUG 0 2 1995

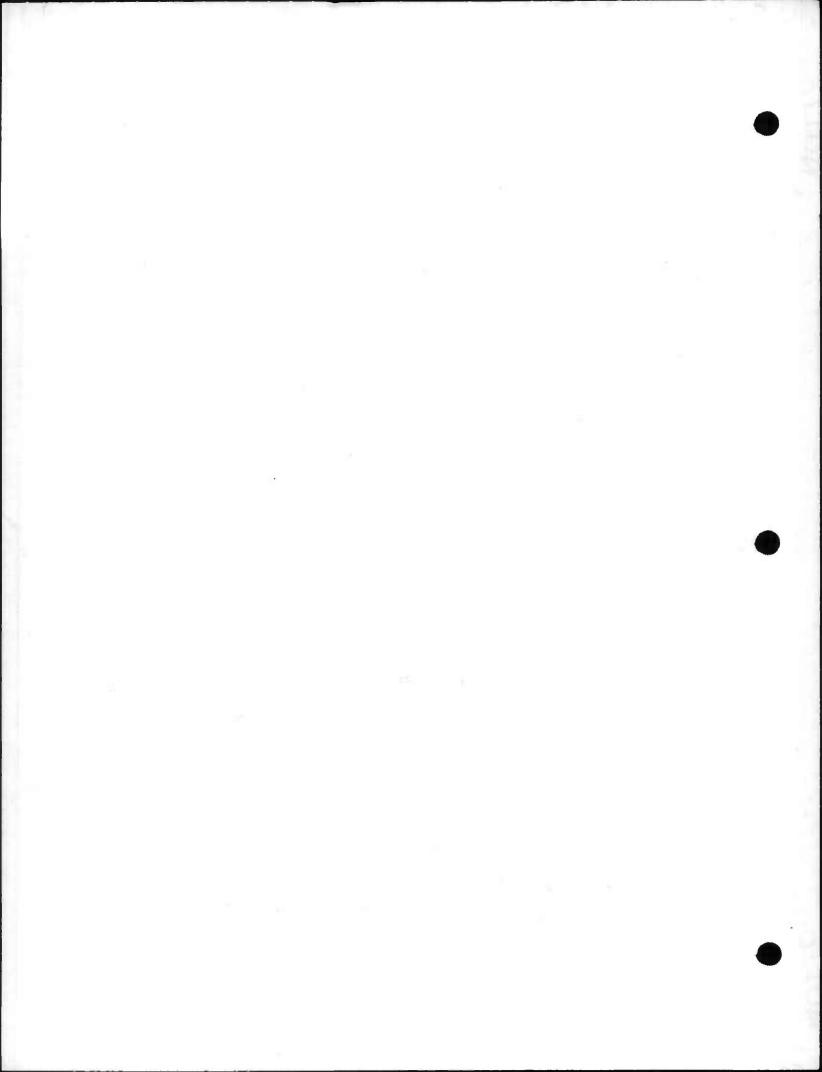
Jalia Davelor Partall

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 P YMMIT JULY 29 RAY SEWARD 01:00 A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218 - 80 - 8876 1 M 2 - F 35 July 24, 1960 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 180 LAUREN DRIVE APT.4 ANNE ARUNDEL LAUREL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Laurel 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 180 Lauren Drive for use as the burial-transit Apt. 4 20724 the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—
If was anactiv Cuben, Mexican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indien, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 YES 2 XNO ВY Specify: 3 Widowed 4 X Divorced Specify: White 16e. DECEDENT'S USUAL OCCUPATION

15th kind of work done during most of working ETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only Elementary/Secondary (0-12) College (1-4 or 5+) COMPL detached Grade 10 Roofer Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) retained by page 5 should be James Calvin Seward BE Barbara Wilkerson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James C. Seward 3498 Old Annapolis Road, Laurel, Maryland 20724 2 Pe 20e. METHOD OF DISPOSITION
1 ☐ Burlel 2 1 Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Page 6 may DATE 20c. LOCATION - City or Town, State must funeral director, Metro Crematory, Inc. 8/1 Catonsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY hours after death. Donaldson Funeral Home, P.A. filled in by the fon. or removal. 313 Talbott Ave. Laurel, Maryland 20707 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. interval Between 6 IMMEDIATE CAUSE (Final **Onset and Death** cremation. the disease or condition completely NARCOTIC INTOXICATION resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): BOX 68760 an and com executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate the death certificate be cause. Entar UNDERLYING CAUSE (Disease or injury other 0 DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 5 the atten DIVISION OF VITAL RECORDS, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY signed by the Health and A PHENCYCLIDINE, DIAZEPAN AND ETHANOL ABUSE shows any 1 X YES 2 NO OF DEATH? 1 NY YES 2 TO NO been : DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem certificate t HOSPITAL: OTHER: 1X YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 6 4 Nursing Home 5 Residence 6 Other (Specify) the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 286 TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, this 1 Natural 5 Pending UNKNOWN FOUND: 7/28/95 11:30 PM 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — Al home, farm, atreet, lactory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9 8 XXCould not be DIRECTOR: / ED 4 Homicide 23 datermined 180 LAUREN DR., LAUREL HOME E Item 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL TO THE HOSPITAL OF THE FUNERAL D BE filed within 72 ho 2 X MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and piacs, and due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201 2 G DONALD WRIGHT



	į
-	
0	
68760	
687	
9	
~	
BOX	
2	
ш	
o	
P.0	
0	
40	
S	
<u> </u>	
RECORDS,	
O	
Ш	
α	
OF VITAL	
=	
>	
L	
0	
-	
\simeq	
VINSION	
=	
\leq	

	1 - STATE REGISTRAR	STATE OF MARYLA		CATE OF	DEATH		REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest)			V/	Life to the same	2. DA	ATE OF DEATH		3. TIME OF DEATH
	Marvin B.	Sterling					MTH DA	199	5 5:45 A
				IF UNDER 1 YEAR	IF UNDER 24 H	RS. 7. DA	TE OF BIRTH		I. BIRTHPLACE (State or Foreign
		Λ	87 YRS.	MONTHS DAYS	HOURS MI	Jul	Ly 8, 19	808	Maryland Maryland
_	9s. FACILITY NAME (If not institution, give stre			96. CITY, TOWN O		OF DEATH		9c. COUNT	Y OF DEATH
5	Alice Byrd Tav	wes Nursino	g Home	Cris	sfield,	, Md		S	omerset
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	PON				10d, INSIDE CITY
DIRECTOR	8	Somerset		Crisfie					LIMITS?
	10e. STREET AND NUMBER	DOMETREC			L ZIP CODE			10a, CITIZE	1 TYES 2 NO
ERAL	3375 Lawsonia Road	l			21817				S.A.
FUNI		12. WAS DECEDENT EVER IN					GIN? (Specify Yes	or No- 1	4. RACE — American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 TYPES IF YES, GIVE WAR OR DAT		If yes, spe	ecity Cuban, Me 2 NO S	exican, Puerl			Black, Whits, etc. Specify:
		W.W. II & Ko	rea						White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	completed)	18a. DECEDENT'S U	ork done during mos	IN st of working	1	16b. KIND OF BUS	HNESS/INDUS	STRY
2.6	Elementary/Secondary (0-12) H S Graduato	College (1-4 or 5+)	Commi cu		- 1	T	T 11-7 C	-1 -1-00	a to Marcan
OM	H. S. Graduate	4 Years	COMMITS	sion Off					Air Force
5 0	George B. Sterling	i					st, Middle, Malden : M. Emini		
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILINO /	ADDRESS (Street a					
TO BE COM	J. Nelson Sterling	(Brother)	26676	Marine	rs Rd.	- Cri	isfield,	MD	21817
2	20s. METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF	F DISPOSITION (Nat					ly or Town, Stats
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remov 4 ☐ Donation 5 ☐ Other (Specify)	vel from State cemet	tery, crematory or other oury Ceme	er place)		28/95		sfield	
9	21. SIGNATURE OF FUNERAL SERVICE LICE		/	22. NAME AN	D ADDRESS O	F FACILITY			4, 1.11.
	Robbletta	Black	/				Funeral		
	Robert H. Brad 23. PART I. Enter the diseases, or co	shaw, Jr.		306 W	. Main	St	Crisfie	eld, M	D 21817
	anock, or neart fellure. Li	ist only one cause on ear	the death, po no ch line.	d enter the mo	de of dying,	such aa ci	ardiac or reapir	ratory arres	interval Between
	iMMEDIATE CAUSE (Final disease or condition	Pinn.	11051	0 /	10		,		Onset and Deat
,	resulting in death) a.	THE TO (OR AS A	CONSEQUENCE OF	> 1	-IVX	r			monli
			DUNSEGUENCE U.,.	;					
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
Į į		DUE TO (OR AS A C	CONSEQUENCE OF):						
CATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A (CONSEQUENCE OF):						
LIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):						
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury								
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	:	The state of the s	In Dari j	Total WAS AN		
AL CE	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):	:	cause given	ı in Part i.	PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
AL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	:	cause giver	n in Part i.		MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	:	cause given	n in Part i.	PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	the underlying			PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A C	CONSEQUENCE OF):	the underlying	ACE OF DEATH	I (Check only	PERFORI 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL CE	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A Contributing to death but the contributing to death but the contributing to death but the contributing to death but the contribution to contribution to contribution the contribution to contribution to contribution the contribution to contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution to contribution the contribution the contribution the contribution the contribution the contribution the contribution the contribution that contribution the contribution the contribution that contributis the contribution that contribution the contribution that contri	CONSEQUENCE OF):	26. PL	ACE OF DEATH	f (Check only	PERFORI 1 VES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A C	consequence of):	26. PL. OTHER: Consider the second se	ACE OF DEATH 5 Resider URY AT RK7	H (Check only nce 9 🗆 Ot	PERFORI 1 YES 2	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY O	tient 3 DOA 4	26. PL. OTHER: Detursing Home of 28c. INJL WOR M 1 1 Y	ACE OF DEATH 5	1 (Check only nee 9 0 0t 28d. D	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 THO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A Contributing to death but HOSPITAL: Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	tient 3 DOA 4	26. PL. OTHER: Detursing Home of 28c. INJL WOR M 1 1 Y	ACE OF DEATH 5	1 (Check only nee 9 0 0t 28d. D	PERFORI 1 VES 2 one) Wher (Specify) DESCRIBE HOW IN	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 SNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY O	tient 3 DOA 4 26b. TIME HYJU	26. PLOTHER: The turning Home of 28c. INJL WOY M 1 7	ACE OF DEATH 5 Resider URY AT RRY /ES 2 NO	1 (Check only) nce 9 0 0t 28d. D	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street all ity or Town, State)	JURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY O	ti not resulting in	28. PLOTHER: Stursing Home of 28c. INJ. WO 10 Yest, factory, office at the time, data	ACE OF DEATH 5 Resider 1 RK7 7/ES 2 NO	H (Check only once 9 Otto Otto Otto Otto Otto Otto Otto Ot	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lift) or Town, State)	JURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
TED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY O	ti not resulting in	28. PLOTHER: Stursing Home of 28c. INJ. WO 10 Yest, factory, office at the time, data	ACE OF DEATH 5 Resider USY AT RK7 (ES 2 NO s and place, and eath occured at	1 (Check only) nce 9 Ot 28d. D 28f. LC	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lift) or Town, State)	MED? NUMBER OCCUP AND AND AND AND AND AND AND AND AND AND	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 SHO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	DUE TO (OR AS A CONTRIBUTION OF THE PROPERTY O	ti not resulting in	28. PLOTHER: Stursing Home of 28c. INJ. WO 10 Yest, factory, office at the time, data	ACE OF DEATH 5 Resider 1 RK7 7/ES 2 NO	1 (Check only) nce 9 Ot 28d. D 28f. LC	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lift) or Town, State)	MED? NUMBER OCCUP AND AND AND AND AND AND AND AND AND AND	AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	DUE TO (OR AS A Company of the compa	tient 3 DOA 4 28b. TIME INJUI	26. PL OTHER: Unursing Home of 28c. NJL WOR M 1 V reet, factory, office at the time, data:	ACE OF DEATH 5 Resider USY AT RK7 (ES 2 NO s and place, and eath occured at	1 (Check only) nce 9 Ot 28d. D 28f. LC	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lift) or Town, State)	MED? NUMBER OCCUP AND AND AND AND AND AND AND AND AND AND	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A COMPLETED CAUSE OF DEAT	tient 3 DOA 4 26b. TIME HYJUI At home, farm, str At home, farm, str At home, farm, str TH (ITEM 27) (Type, P	26. PLOTHER: The tuning Home of 28c. INJL WOY M 1 7 Test, factory, office at the time, data: In my opinion, de	ACE OF DEATH 5 Resider URY AT RK7 (ES 2 NO sand place, and eath occured at 29c. LICENSE	1 (Check only) nce 9 Ot 28d, D 28f, LC Cl 3 due to the ce 1 the time, de	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lifty or Town, State) cause(s) and maniets and place, and	MED? NUMBER OCCUP AND AND AND AND AND AND AND AND AND AND	AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 296. CERTIFIER (Check only One) 2 MEDICAL EXAMINER:	DUE TO (OR AS A COMPLETED CAUSE OF DEAT	t not resulting in tient 3 DOA 28b. TIME. At home, farm, str. At home, farm, str. TH (ITEM 27) (Type, P. d Highwa	26. PLOTHER: The tuning Home of 28c. INJL WOY M 1 7 Test, factory, office at the time, data: In my opinion, de	ACE OF DEATH 5 Resider URY AT RK7 (ES 2 NO sand place, and eath occured at 29c. LICENSE	1 (Check only) nce 9 Ot 28d, D 28f, LC Cl 3 due to the ce 1 the time, de	PERFORI 1 VES 2 one) ther (Specify) DESCRIBE HOW IN OCATION (Street at lift) or Town, State)	MED? NUMBER OCCUP AND AND AND AND AND AND AND AND AND AND	AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(s) and manner as stated.

the state of the s

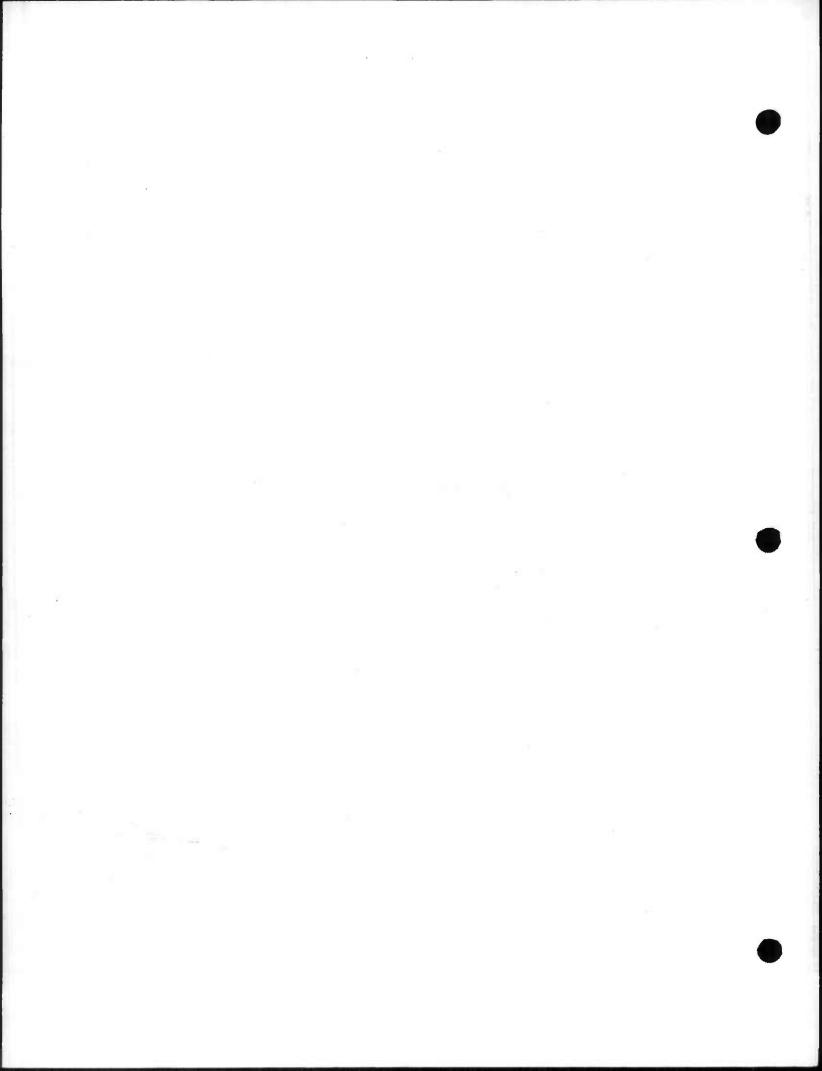
permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans to fine within 72 hours after death with the State Death and Mental Hygiene prior to burial, cremation, or removal.	IMPURIANT: IT THEN AS IS MARKED, OF ITEM AS SHOWS ANY INJURY, OF OTHER WALMER EVENT, THE MEDICAL EXAMINER MUST BE NOTIFIED AT DIRE.
--	---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 1995 PAULINE SELBY ELIZABETH 13:47 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. MONTHS DAYS HOURS 1 M 2 X F 77 219-34-6532 Jan 1918 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumber land Allegany 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Garrett Friendsville 1 X YES 2 | NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 257 Maple St. 21531 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 🔀 Married 1 TES 2 NO B Specify: Specify: 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION

The blad of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL Beautician Hairdressing vr 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Fike BE Florence Conway 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 N. Ross Selby 257 Maple St., Box 21, Friendsville, MD 21531 20s. METHOD OF DISPOSITION
1 St Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Steele Cemetery 1995 4 Donation 8 Other (Specify) July 17, Friendsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newman Funeral Homes, P.A. ewman 179 Miller St., Grantsville, MD 21536 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Einal Onest and Death disease or condition a. Cerebral Contusion oue to (or as a consequence of): reaulting in death) 5 days Subarachnoid Hemorrhage 5 days CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Ruptured Cerebral Aneurysm 5 days CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED 1 TES 2 NO 1 TES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{12}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER 1 TES 2 NO Inpetiant 2 - ER/Outpetiant 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 V Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) Sulcide 3 🔲 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be datarmined 29a. CERTIFIER 1 🗹 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) unt aug 7/16/55 D 14389 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Augusto Figueroa M.D. Memorial Hospital Medical Bldg 21502 Cumberland, MD 32. REGISTRAR'S SIGNATURE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	
y th	9	
Q p	P	
aine	P	
Tet.	5 5	
2	90	
nay	2	
6 7	ctor	
90	dire	
9	層	
ath	eun	
9	10	7
afte	y th	mov
13	5	EA.
20	pa	2
4	#	hon
H.	ite)	ma
*	현	970
B	8	ia l
90	pur	ä
8	an .	P.
Q Q	Sici	Nin
heal	g	90
in	90	rain.
0	ig.	£
leat	atte	mai
he	the	M
)at	5	200
S	Ded	FIFE
ulre	Sig	He
red	een	o
MB	Sp	Pun
Pe	e h	0 3
z	Fcat	Sign
CIA	Buti	the
3S	is c	£
à	E	4
NING.	Affe	feat
ENC	ä	Per
A	E	af
AG.	SE SE	MIC
A.	0	9
PI	ERA	7
8	S	Vith
4	4	n pa
1	10	a file
H	H	2

Jeffry Zibell
31. OATE FILED (Monith, Day, Year)
2 6 1995

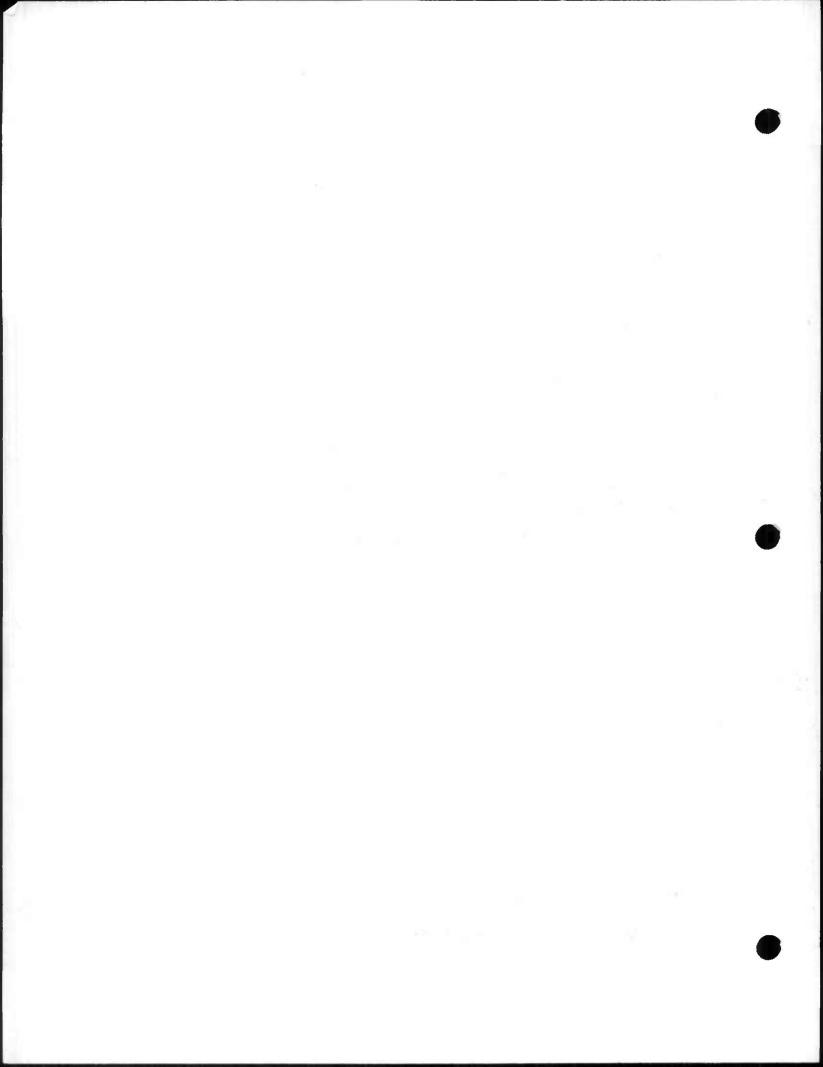
7220 Park H.
32 REGISTRAN'S, SIGNATURE
Jahr. Sauchen hardall

	FOR	STATE OF MARYLA	MD / DEDAE	TMENT OF	UFAITH AND	MENTAL HVOICE	le.					
	1 - STATE REGISTRAR				F DEATH	MENIAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (FIST VIRGINI	Anyer				2. DATE OF DEATH	71 1012	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7 /77	BIRTHPLACE (State or Foreign				
	213-74-4437	1 □ M 2 🙀 F 88	8 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 20.	1907	West Virginia				
_	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOW	OR LOCATION OF D		~~~~	Y OF DEATH				
CTOR	Villa St. Michael			Baltir	ore City		1					
EG	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
DIRE	Maryland Garre	ett	Fr	iendsvi	11e			LIMITS?				
IAL I	10a. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?				
NER	422 Oak St.				21531		USA					
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES	2 - NO	13. WAS D	ECENDENT OF HISPA specify Cuban, Maxico	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No- 14	. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	'ES"	1 🗆 Y	ES 2 NO Specif	y:	- 1	Specify:				
0	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DECEDENT'S			16b. KIND OF BU		white				
巨	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us		•							
COMPL	_ 8		Owner/O	perator		Genera		e				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)					
	Sylvanus Fike 19a. INFORMANT'S NAME (Type/Print)		10h MAH ING	AODRESS (Stand		C. Umbel Route Number, City or Tow						
TO BE	Vida M. Sullivan							21239–1417				
	20a. METHOD OF DISPOSITION		LACE AND DATE	FDISPOSITION				y or Town, State				
	1 Donation 5 Other (Specify)		tery, crematory or o	Rose Ce	m. July 2	7, 95 Fri	endsv	ille. MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	AND ADDRESS OF FA	CILITY						
	a Jan	1 Jeuna	لى			al Homes,						
	23. PART i. Enter the diseases, or co	omplications that caused to	the death. Do r	ot enter the r	Miller Character of dying, suc	n as cardiec or resp	iratory erres	t, MD 21536 Approximate				
	IMMEDIATE CAUSE (Fine)			_				Interval Between Onset and Deat				
	disease or condition resulting in death)		rebral	aval intareti~				1 has				
	disease or condition resulting in death) a. Cerebral infarction DUE TO (OR AS A CONSEQUENCE OF): Cerebral VCI & Calor disperse											
CATION	Sequentielly list conditions, b.	DUE TO (OR AS A C			/ O1/3 PO	,se		of years				
CAT	if any, leading to immediate cause. Enter UNDERLYING											
RTIFI	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	T):								
AL CER	resulting in death) LAST											
1	PART II. Other significent conditions	PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
EDICAL	_ multi-inf	act deme	wti-			PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
ME								1 TES 2 NO				
AN:	DID TOBACCO USE CONTR					N 🗆						
SICI/		HOSPITAL:	B. PLACE OF DEAT	H (Check only on OTHER:	0)							
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpat				nce 6 Other (Specify)						
Month, Day, Year) Notice 1 Notice						and Describe NOW I	NOON! OCCUR	ieo				
0 8	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — building, atc. (Specify	- At home, farm, s	treet, factory, of	lice	281. LOCATION (Street		Rural Route Number,				
E	4 Homicide detarmined	annung, atec (oppos)				City or Town, State)						
MPLE	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowled	dge, death occurre	d at the time, de	te end place, and due	to the cause(a) and men	nner as stated.					
COM		On the basis of examination a						ause(a) and menner as stated.				
ш	29b. SIGNATURE AND TITLE OF CERTIFIEP	-			29c. LICENSE NUI			IGNED (Month, Day, Year)				
8	3/	2	2 20				037573 > 7/24/95					

Ave, Baltimore

the state of the s

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEAF	3. TIME OF DEATH		
		Mary Const	ance Foley T				July 16	1995			
9		349-18-2370	1 □ M 2 🖔 F 7	(In yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 26,	1921	TINPLACE (State or Foreign untay) MISSOUTI		
pinous	·	Sa. FACILITY NAME (If not institution, give				OR LOCATION OF DI		9c. COUNTY OF			
.23	DIRECTOR	Residence: 361 Po	plar Point R	oad	Pe	rryville			Cecil		
Pages 1	<u>ا</u>	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY		
permit. Pa		Maryland	Cecil			rryville			1 YES 2 NO		
	FUNERAL	361 Poplar Point	Road		10	f. ZIP CODE	1903		S.A.		
020 physician. burial-transit	SNO	11. MARITAL STATUS	12. WAS DECEDENT, EVER II	N U.S. ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yes	s or No — 14. R/	ACE — American Indian,		
2 2 2	ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 (A) YES IF YES, GIVE WAR OR D W. W. I	ATES	If yes, sp	ecity Cuban, Maxica 2 NO Specif	in, Puerto Rican, etc.)	Bi	eck, White, etc. Pecify: White		
ZTS	ED	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a, DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	SINESS/INDUSTRY			
offal or d for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOT u	tion Spe		II C FO	doral C	overnment		
AND he hospit detached once.	NO.	17. FATNER'S NAME (First, Middle, Last)	Six Years	IIIIOIIIIa	cron spe		ME (First, Middle, Maiden		Jverment		
# 84 ×	ш		bert Foley				Helen Gall				
retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a		Route Number, City or Tow				
5 5 5	F	Ralph H. Twining		361 Pc	oplar Po	int Rd.,	Perryville	e, Mary	land 21903		
E E E		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	noval from State	PLACE AND DATE	OF DISPOSITION (Na ther place)			cation — city or	Pennsylvania		
ALLIMORIA Jeath, Page 6 m funeral director, xaminer mus		21. SIGNATURE OF FUNERAL SERVICE LI		0	22. NAME AI	ND ADDRESS OF FA	CILITY				
death death		Manach	(Patterns	aka		A. Patte: vville, N	rson & Son	Funeral	l Home		
urs after d in by the r removal.	1	23. PART I. Enter the diseases, or	complications that caused List only one ceuse on e	the death. Do	not enter the mo	de of dying, suc	h sa cardiac or reapi	lratory arrest,	Approximata		
filled on, o		IMMEDIATE CAUSE (Final disease or condition	Mich Library	27.4	13n - (1	hren			Onset and Death		
B 2 4 5		resulting in death)	DUE TO (OR AS A		F):	Mul					
and and bur matic	RTIFICATION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS A	CONSEQUENCE O	F):						
ficate be physician ne prior to	S	CAUSE, Enter UNDERLYING CAUSE (Disease or Injury									
Hygie g	FE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
0 0 5	8	PART II. Other algolificant condition	an contribution to death b	ust not moulting	la dia conductori						
- 58 -	SA	TAIL II. Other agrinount condition	to death b	at not resulting	in the underlying	g ceuse given in	PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
AL RECORD he law requires that has been signed by e Dept, of Health an	MEDIC						1 TES 2	√7XNO	OF DEATH?		
law red as been Dept. of		DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S NO C	UNCERTAIN	V X				
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEA	TH (Check only one) OTHER:	14	/				
SICIAN: The certificate the State I, or Item	HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	patient 3 DOA 28b, TIM	4 - Nursing Nom		6 Other (Specify) 28d. DESCRIBE HOW II	N HIEW COOLINGS			
PHY state of the Care of the C	BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY WO	PRK?	29d. DESCRIBE NOW I	NJORY OCCURED			
TTENDI TOR: A after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, :	street, lectory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,		
	APLE		ICIAN: To the best of my know								
	COMPL	2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	n and/or investigation	n, in my opinion, d						
TO THE HOSPI TO THE FUNEF be filed within	TO BE	Minula m	N			29c. LICENSE NUN	4/2	29d. DATE SIGN	17 95		
		SUP SIM	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type)	Print)	MAVE	e De a	PMP	MO 21072		
	ļ	31. DATE FILED (Month, Day, Year)	02. REGISTRAR'S SIGN	ATURE	11.7		1/4 4	-inh			
		7777 1000	Charles and a second	- Participan							



ages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

COMPLETED

BE

2

31

95 24251 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ross F. Teets 1995 2:10AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-18-8036 t XM 2 - F 78 Feb. 14, 1917 West Virginia 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR rahrney Keedy Memorial Home Washington Boonsboro MD 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Washington Boonsboro 1 - YES 2 1 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8507 Mapleville Road 21713 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puarto Rican, stc.) 14. RACE — American Indian, Black, White, stc. 1 Never Merried 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondery (0-12) College (1-4 or 5 +) 12 Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 1e, MOTHER'S NAME (First, Middle, Maiden Surname) Teets Alta BE Mosser 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Naomi C. Teets 8507 Mapleville Road, Boonsboro, MD 21713 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 4 Donation 5 Other (Specify) Eglon Cemetery 7/28 Eglon, West Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home 32 S. Second St., Oakland, MD 21550 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List pnly one cause on sech line. Approximeta interval Batwean **IMMEDIATE CAUSE (Final** Onset and Death dieeeee or condition Frenmania resulting in death) 1 wux DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentlelly list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate ceuse. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL AMAILABLE PRIOR TO is releastie Cardioras arles COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO 1 | YES 2 | NO PHYSICIAN: 27. N BY

MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	3 □ DOA 4 N	6 Other (Specify)		
ANNER DF DEATH Natural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 ND	28d. DEŞCRIBE HOW INJURY OCCURED	
Suicide 8 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, struct,	, factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

1 D CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, date and place, end due to the cause(s) and manner as stated. (Check only one)

2 MEDICAL EXAMINER: On the besis of examination and/or in	westigation, in my opinion, death occured at the lime, date and place	, and due to the ceuse(s) and manner as stated,
SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month One Year)

	_										_
D.	NAME .	AND	ADDRESS	OF PERSON	WHD	COMPLETED	CAUSE OF	DEATH (ITEM	27) /Time	Print)	

water my

MO 334 MAGELSTOWN MO 21740

JUL 27	1995	32. AGGISTRAN'S SIGNATURE Julia Michael Randall

D18015

> 5 ULY 25, 1995

-	
	١
9	•
6876	
00	
9	
0	
ВОХ	
_	
O.	
Ξ.	
4	
10	
č	
2	
<u> </u>	
RECORDS	
O	
Ш	
Œ	
⋖	
VITAL	ĺ
	1
L.	į
0	1
7	
0	
\cong	
S	i
5	
DIVISION	
	i
	į
	į

	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND F DEATH				
	1. DECEDENT'S NAME (First, Middle, Last)		VENTIF	IOAIE U	DEATH	REG. NO	•		
	Frank (nmn) Treiling III					MONTH D		YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER					July 28			
- 1	055-10-5196	1 XM 2 F 8	yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Gay Year)		BIRTHPLACE (State or Foreign Country)	
			O YRS.			6/3/1909)	New Jersey	
_	90. FACILITY NAME (If not institution, give	The state of the s				EATH	9c. COUNT	Y OF DEATH	
6	Copper Ridge Nursing Home Sykesville Carrol						roll		
DIRECTOR	RESIDENCE OF DECEDENT 100, STATE 10b, COUNT	rv	40. 0/7	Y, TOWN OR LOC					
프		rroll						10d. INSIDE CITY	
- 1	100. STREET AND NUMBER	111011	1	inksbu				1 TYES 2 NO	
FUNERAL		7			101. ZIP CODE		1/1	EN OF WHAT COUNTRY?	
岁	2701 Valiant F				21048			ed States	
문	11. MARITAL STATUS 1. 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES	J.S. ARMED	13. WAS DI	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	4. RACE — American Indian, Black, White, etc.	
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES		ES 2 XNO Specif			Specify: White	
	15. DECEDENT'S EDI	ICATION .							
ETE	(Specify only highest grad	e completed)	(Give kind of v life. Do NOT us	work done during i	nost of working	16b. KIND OF BUS	SINESS/INDU	STRY	
1 41	Elementary/Secondary (0-12)	College (1-4 or 5+)				NVT To	C 12 M T T		
COMP	17. FATHER'S NAME (First, Middle, Last)		Superv	ISUL		NYL In		ice	
	Frank (nmn)	Mwoiling :	T T			AME (First, Middle, Maiden			
a H	(Treiling 1			Flore		rena	Baldwin	
TO BE	190. INFORMANT'S NAME (Type/Print)	_				Floute Number, City or Town			
n e	Linda T. DeMos						, Fi	nksburg, MI	
	20a. METHOD OF DISPOSITION 1 Denote the properties of the properti								
Ē	1 XBurfel 2 Cremetton 3 Removal from State Cemetery, crematory or other place) 1/31/9 Valhalla, NY								
dical examiner mus	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FA	CILITY			
жаш	P. W	0		Pri	tts Fun	eral Home	& C	hapel	
es	23. PART I Enter the diseases or	complications that caused	ha daeth Da e	412	Washin	gton Rd.	Wes	tminster, N	
medical	23. PART I Enter the diseases, or complications that caused he death. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heart failure. List only one cause on each line. Approximats interval Between								
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Allerosclaratic Coronry United In								
rent, the									
700	resulting in death)				roniny	Value	(-1 P	is - 7 mals	
6	resulting in death)	DUE TO (OR AS A C			roniny	Valer	1-1 P	is - 2 mills	
6	Sequentially list conditions,	DUE TO (OR AS A C	CONSEQUENCE OF	F):	ronny	Value	(-1 P	is- 2 mals	
6	Sequentially list conditions, if sny, leading to immediate		CONSEQUENCE OF	F):	roniny	Value	1-1 P	is - 2 mals	
er traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE OF	F): F):	pronviy	Valux	1-1 P	is - 2 mals	
er traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF	F): F):	pronviy	Valux	(-1 k	is - 2 mals	
or other traumatic en	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	F): F):	roniny	Valux	(-1 k	is - 2 mm/s	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d.	ONSEQUENCE OF	F): F):		Part I. 24s. WAS AN	AUTOPSY	2 MA D	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d.	ONSEQUENCE OF	F): F):		Part I. 24a, WAS AN PERFOR	AUTOPSY MED?	is - 2 male	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF	F): F): in the underlyl		Part I. 24s. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition PART II. Other significant condition	DUE TO (OR AS A CO DUE TO (OR AS	not resulting	F): T): In the underlyl	ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition DID TOBACCO USE CONT	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO	not resulting	F): F): In the underlyl SS NO [ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A DUE TO (OR AS A C RIBUTE TO CAUSE OF HOSPITAL:	CONSEQUENCE OF CONSEQ	F): F): In the underly! S NO [TH (Check only one	ng cause given in	Part I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A RIBUTE TO CAUSE OF HOSPITAL: 1 Inpetient 2 ER/Outpet	not resulting in DEATH YE	F): F): In the underlyl S NO [If (Check only one OTHER: 4 © Nursing Ho	ng cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A DUE TO (OR AS A C RIBUTE TO CAUSE OF HOSPITAL:	not resulting DEATH YE PLACE OF DEAT 29b, TIM	F): F): In the underlyl SS NO [If (Check only one OTHER: 4 © Nursing Ho EURY 28c. If	UNCERTAII	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C RIBUTE TO CAUSE OF HOSPITAL: 1 Inpetient 2 ER/Outpeti 280. DATE OF INJURY (Month, Day, Yeer)	ONSEQUENCE OF DEATH YE	F): In the underlyl SS NO [TH (Check only one OTHER: 4 © Nursing Ho EURY M 1	UNCERTAII	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 Ato 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	DUE TO (OR AS A CO DUE TO (OR AS	CONSEQUENCE OF CONSEQ	F): In the underlyl SS NO [TH (Check only one OTHER: 4 © Nursing Ho EURY M 1	UNCERTAII	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A	CONSEQUENCE OF CONSEQ	F): In the underlyl SS NO [TH (Check only one OTHER: 4 © Nursing Ho EURY M 1	UNCERTAII	Part I. 24a. WAS AN PERFOR 1 YES 2 N Other (Specify) 28d. DESCRIBE HOW IN	AUTOPSY MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A DUE TO (OR AS A C C. DUE TO (OR AS A C DUE TO	CONSEQUENCE OF CONSEQ	F): In the underlyl S NO I'M (Check only on OTHER: 4 Nursing Ho E OF BURY M Intreet, factory, off	UNCERTAII UNCERTAII Dime 5 Residence VUURY AT OVERY 2 NO	Part I. 24s. WAS AN PERFOR 1 YES 2 N	AUTOPSY MED? NJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 299. CERTIFIER (Check only 1 CERTIFYING PHYS)	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C A DUE TO (OR AS A C C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C DUE TO (OR AS A C C DUE TO (OR AS A C	CONSEQUENCE OF CONSEQ	F): In the underlyl S NO I'M (Check only on OTHER: 4 Nursing Ho E OF Rivest, factory, off	UNCERTAII UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D)	Part I. 24s. WAS AN PERFOR 1 YES 2 N	AUTOPSY MED? NJURY OCCU and Number or	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
ry, or other traumatic er	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C D	CONSEQUENCE OF CONSEQ	F): In the underlyl S NO I'M (Check only on OTHER: 4 Nursing Ho E OF Rivest, factory, off	UNCERTALI DIVIDITY AT ORKY YES 2 NO Note and place, and due death occured at the	Part I. 24a. WAS AN PERFOR 1 YES 2 N	AUTOPSY MED? NJURY OCCU and Number or siner se stated d due to the	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, cause(e) end menner se stated.	
8 is marked, or Item 23 shows any Injury, or other traumatic er ED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C C. DUE TO (OR AS A C D	CONSEQUENCE OF CONSEQ	F): In the underlyl S NO I'M (Check only on OTHER: 4 Nursing Ho E OF Rivest, factory, off	UNCERTAII UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D) UNCERTAII D)	Part I. 24a. WAS AN PERFOR 1 UPS 2 1 UPS 2 6 Uniter (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street e City or Town, State) 1 to the cause(e) end man it time, date end place, end	AUTOPSY MED? NJURY OCCU and Number or siner se stated d due to the	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	

Busine 11

C-- f. 1 D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

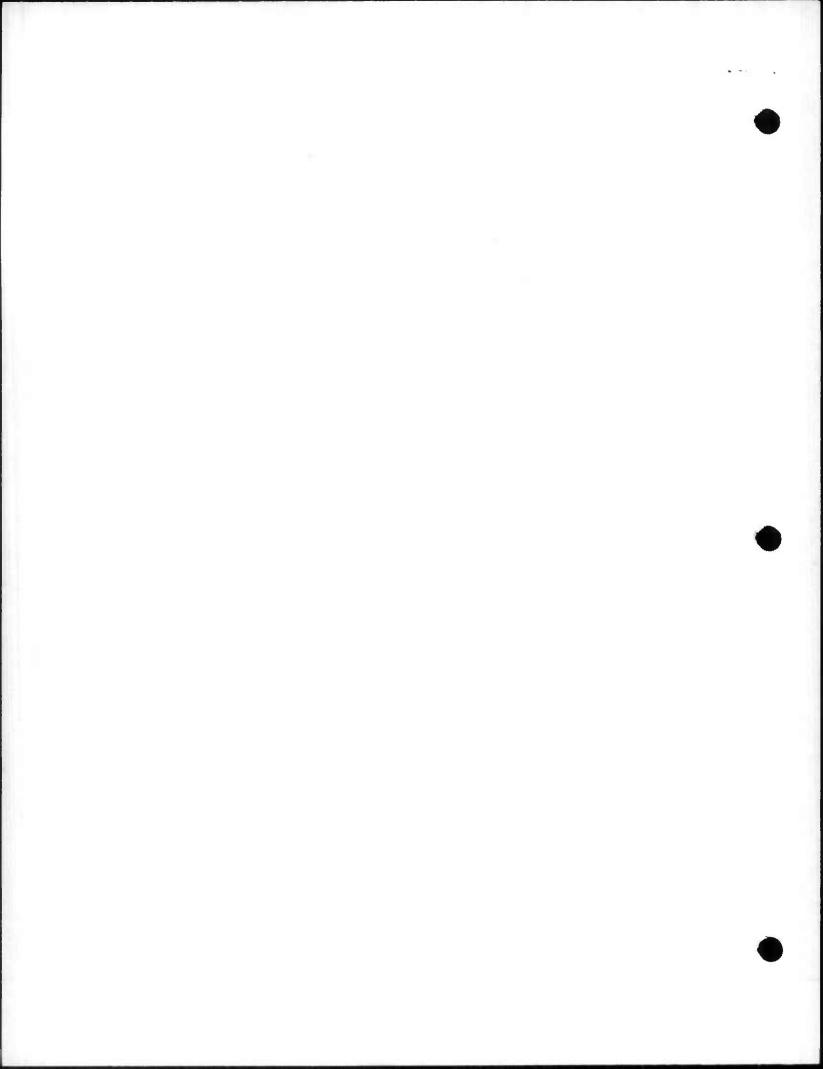
6.

Masi

32. REGISTRAR'S SIGNATURE

26-0

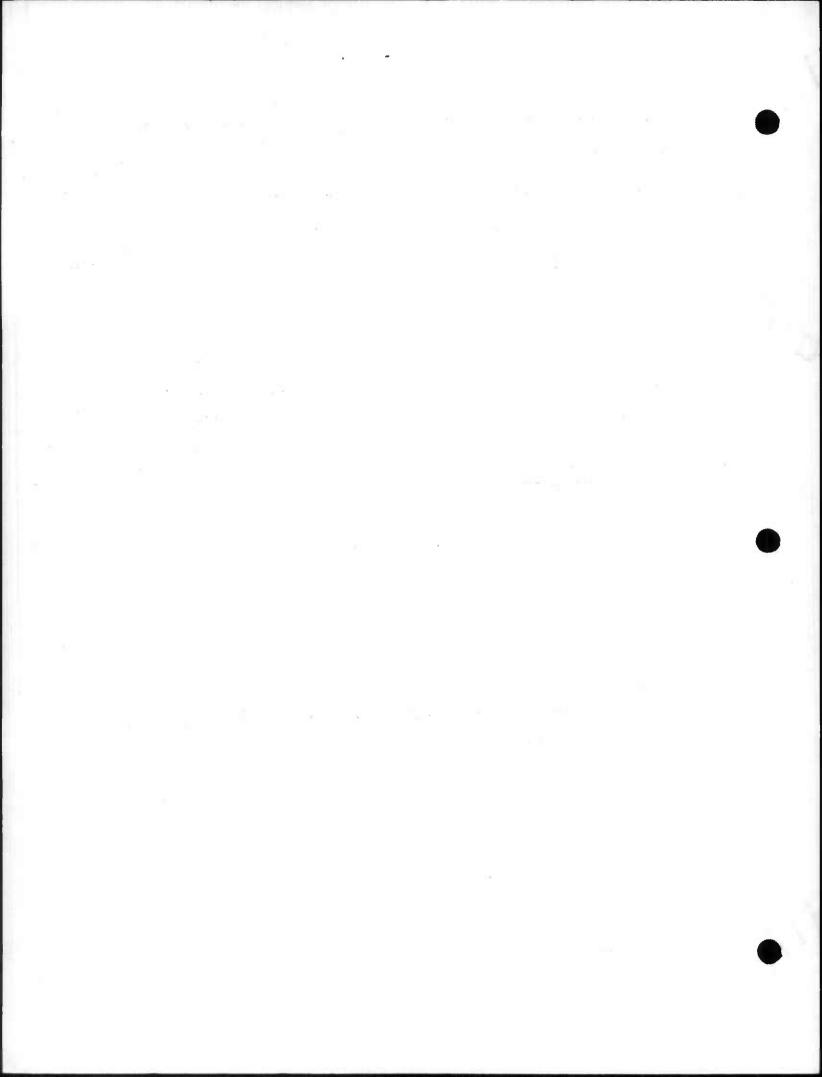
31. DATE FILED (Month, Day, Year)
JUL3 1 1995



020	physici
BALTIMORE, MARYLAND 21215-0020	attending
2	ŏ
QN	hospital
A	the
7	3
MAR	retained
ıı.	2
8	TI ay
0	9
Σ	Page
ALT	death. Page 6 may be
8	after
	hours
	3
90	within
P.O. BOX 68760	executed
$\tilde{\mathcal{C}}$	pe
30	ate
0.	certifica
Δ.	E .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS,

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF			GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE			3. TIME OF DEATH			
	REGINALD VINCEN	T UPPERMAN	l			JULY	2.0 1	995	11:25	Рм	
	The state of the s	. SEX 8. AGE (H	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	RTH	8. BIRTHP	LACE (State or Forei	ign	
	0.000	M 2 □ F	59 YRS.	MONTHS DAYS	HOURS MIN.	Nov 29			nington I	oc	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COL	NTY OF DE			
5	Fort Washington Hos	spital		Fort Wa	ashingtor	1	Pri	nce (George's		
	10e. STATE 10b. COUNTY		10c, CITY	f, TOWN OR LOCA	TION				10d. INSIDE CITY		
DIRECTOR	Maryland Prince	e George	Te	emple H:	ills				LIMITS?	0	
	10e. STREET AND NUMBER				H. ZIP CODE		10g. CIT	_	HAT COUNTRY?		
FUNERAL	5212 Hagan Road				20748		IIni	ted S	States		
1 5		WAS DECEDENT EVER IN		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Spi	cify Yes or No-	14. RACE	- American Indian.	,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X TES	TES		pecify Cuban, Mexica S 2 X NO Specif		etc.)	Specify	White, etc.		
		957-1960						Whit	e		
12	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	(Give kind of w life. Do NOT us	vork done during m		16b. KIND	OF BUSINESS/IN	DUSTRY			
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Realto			De	al Esta	4.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Near con	_	16. MOTHER'S NA		eal Esta	te	<u></u>	-	
6 III	Reginald V. Upperm	nan . Sr			Virgini						
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street	and Number or Rural			p Code)			
	Lorna J. Upperman		5212 F	lagan Ro	oad, Temp	le Hill	s. Md 2	0748			
an reall lander	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Remova	1 from State	PLACE AND DATE O	FDISPOSITION (A	ameJuly 24	,1995	20c. LOCATION —		rn, Stata		
	4 Doneston 5 Other (Specify)										
	22. NAME AND ADDRESS OF FACILITIES FUNERAL HOME, Inc										
	6633 Old Alexander Ferry Rd, Clinton, Md 207										
וי, יוופ ווופטוכש	23. PART unier the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Desting disease or condition reaulting in deeth) a								Ween		
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WER AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
N.	DID TOBACCO USE CO	ONTRIBUTE TO	CAUSE OF	DEATH	YES NO	D 🛛		_ _			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)					
YSICI	1 YES 2 NO	Inpatient 2 ER/Outpa	tient 3 🗆 DOA		me 5 - Residence	8 Other (Spec	cify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI	E OF 28c. IN	JURY AT ORK?	28d. OEŞCRIBE	HOW INJURY OC	CURED			
BY	2 Accident Investigation	00. DI 405 05 IN HUMA			YES 2 NO						
ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Special	— At home, farm, s	treet, factory, offi	ca .	281, LOCATION City or Yow	(Street and Numbe n, State)	r or Rural Ro	ute Number,		
D BE COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowle On the basis of exemination							and manner ee stat	ed.	
С	29b. SIGNAPONE AND WILE OF CERTIFIED	Hatch	\Rightarrow		29c. LICENSE NUI	MBER	29d. DAT	E SIGNED,	Month, Day, Year)	-	
D BE	William J.	IVETGEN,	MD		10-16/2	9	• "	7/21/9	95		
10		OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print) Linton	ms z	0735					
	31. DATE FILED (Month, Dev. 1841) 1995	32. MEGISTRAPHS SIGNA	TURE Rardall								



Pages 1, 2, 3 should

permit.

Page 6 may be retained by the hospital or attending physician, al director, page 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

HOSPITAL OR ATTENDING PHYSICIAN: The law

五五百

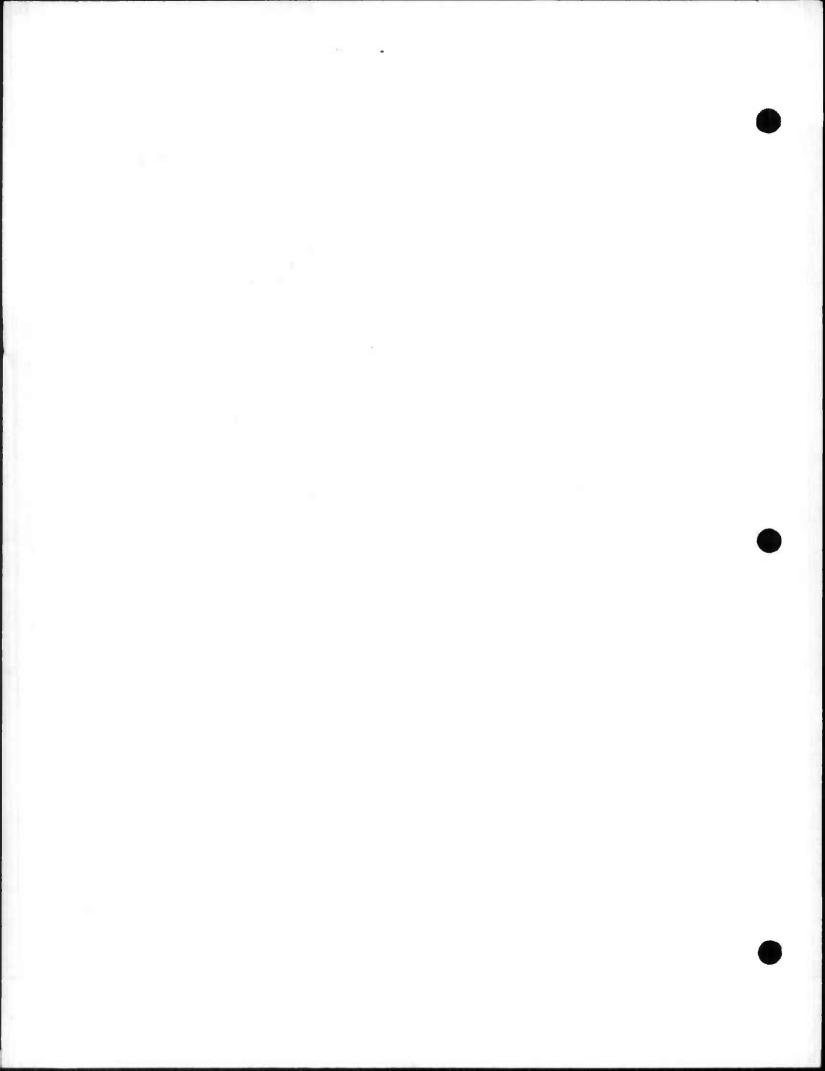
31. DATE FILED (Month, Day, Year)
JUL 24 1995

32. REGISTRAR'S SIGNATURE ha Davidson Rando

burial-transit the funeral director, page 5 should be detached for ysician and completely filled in by prior to burial, cremation, or remo the traumatic event. signed by the attending physician Health and Mental Hygiene prior to other 0 injury, shows any t. of h has be. Dept. 23 Hem DIRECTOR: After this certificate I hours after death with the State 0 marked, 60 item 28 TO THE FUNERAL DE filed within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BERT :20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH HOURS 1 M 2 - F 285-36-7795 59 Nov. 6. 1935 Germany Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Fallston General Hospital Fallston Harford RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Aberdeen 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 486 Roberts Way 21001 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cube 1 ☐ YES 2 ☑ NO 1 Never Married 2 National BY Specify: 3 Widowed 4 Divorced White 1958-1966 16a. DECEDENT'S USUAL OCCUPATION
(Think kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Ш Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 12 2 Chief of Media Prod. Civil Service once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Paul Warzecha BE Elisabeth Grimliza 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mr. Gary Warzecha 20s. METHOD OF DISPOSITION
1 Seuriel 2 Cremetion 3 Removal from State
4 Donation 5 Other Court 486 Roberts Way, Aberdeen Maryland 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Cometery, crometary of other place)
Harford Memorial Gardens 7/27 Aberdeen, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Tarring-Cargo Funeral Home, P.A. 21001-3399 Aberdeen, Maryland 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final Onset and Death** disease or condition GLIOBLASTOMA BRAIN YETHR reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF). cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Minpetient 2 - ER/Outpetient 3 - DOA OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY --- At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE dres Novolconshi D90986 > JULY 22, 1995 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANDREW NOWAKOWSKI, MD 125 N, MAIN ST. PER AIR, MO 21014



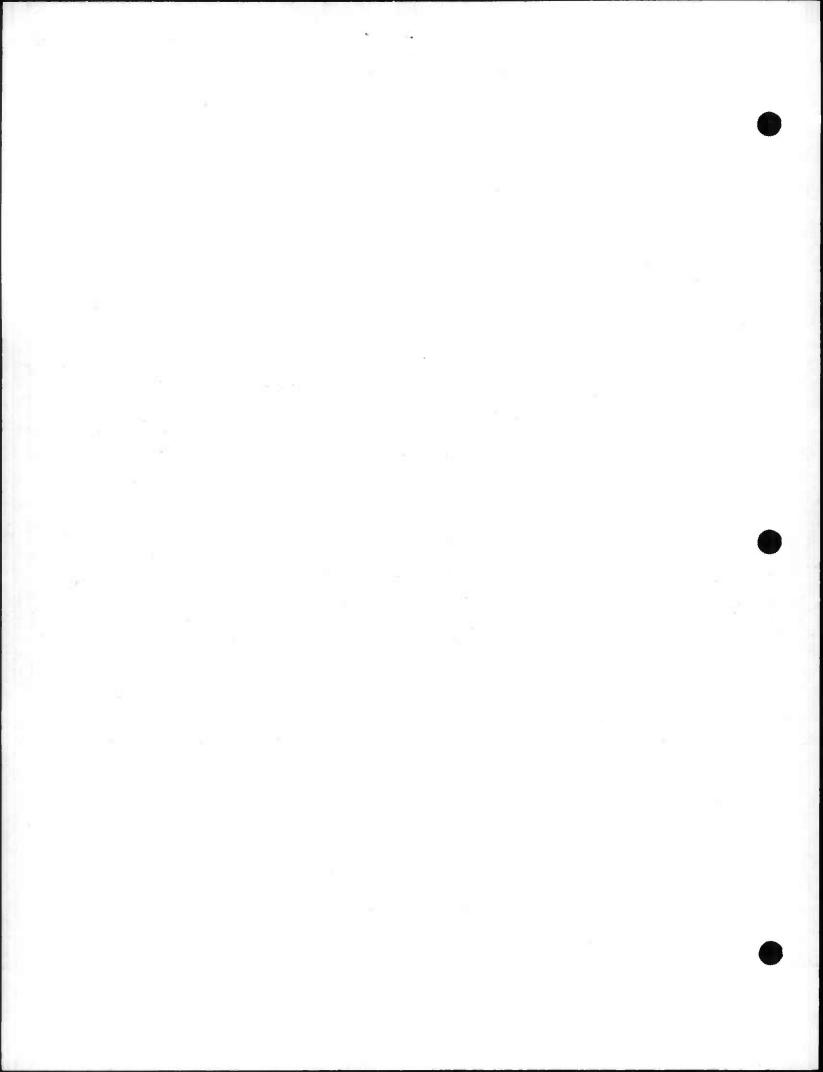
FOR

	1 - STATE REGISTRAR	OINIE OI IIIA	CE	RTIF	ICATE	OF D	FATH	MEN	REG. NO.	E.		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH							3. TIME OF DEATH				
	MARVIN Che	ester		WEA	VER			MO	Jul 21 1995			5:29 pm w
	4. SOCIAL SECURITY NUMBER					YEAR IF	UNDER 24 HRS.	7. DA	TE OF BIRTH		6. BIRTH	PLACE (State or Foreign
	388-16-7153	1 🔀 M 2 🗆 F	76	YRS.	MONTHS D	DAYS HO	OURS MIN.		onth, Day, Year)	010	County	ľchigan
	9a. FACILITY NAME (If not institution, give stre-	et and number)			9b. CITY, TO	OWN OR L	OCATION OF D	Aug	07, 1		INTY OF DE	
DIRECTOR	Saint Joseph Medic	al Center			Т	OEWO	n, Mary	land			altimo	
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	LOCATION						10d. INSIDE CITY
E	Maryland Ha	rford			Be1	l Air					1	LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER						CODE			10a, CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	951 H. Pentwood R	oad					21014				US	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 T IF YES, GIVE WAT WWII	YER IN U.S. ARIN YES 2 NO OR DATES	U.S. ARMED 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Piles) 11 yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						or No—	14. RACE Black Specif	- American Indian, , White, etc. y: White
ED	15. DECEDENT'S EDUCA	TION	16a. DEC	EDENT'S	USUAL OCCL	UPATION			16b. KIND OF BUS	INESS/IN	DUSTRY	
ET	(Specify only highest grade co	College (1-4 or 5+)	(Gh	e kind of a Do NOT us	vork done duri	ing most of	working					
딜		2	Sergeant US			Armv	Army Unit		United	Stat	es G	overnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					_	MOTNER'S NA	ME (Firs	t, Middle, Maiden	Sumama)		
	Solomon Sylveste	r Weaver							atherin		ith	
BE (19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (S				imber, City or Town			
5	Mildred F. Weaver								l Air, I			21014
	20a. METHOD OF DISPOSITION 1 Burlet 2 X3 Cremation 3 Remove	V 2	20b. PLACE A	ND DATE (OF DISPOSITIO	ON (Name o	1				City or Tox	wn, Stata
	4 Donation 8 Other (Specify)	al from State	R.A. F	erri	S & CC	, INC	7-24	-95	West	t Che	ester	PA.
3	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.											
3	> Mosh (11)	Therete										
-1	23. PART I. Enter the diseases, or col	molipations that c	augad the day	th Do c	131	7 Co	kesbur	y R	oad, Ab	ingdo	on, M	
	IMMEDIATE CAUSE (Final disease or condition CARDIAC INSUFFICIENCY HOURS									Interval Between Onset and Death		
	DUE TO (OR AS A CONSEQUENCE OF):											
z	OPEN HEART SURGERY										HOURS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate											
2	cause. Enter UNDERLYING CAUSE (Disease or injury										YEARS	
발	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF):											
5	resulting in death) LAST VALVULAR HEART DISEASE											
PHYSICIAN: MEDICAL	PERFORMED?								WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
¥												1 - YES 2. NO
ž	DID TOBACCO USE CONTRI	BUTE TO CAUS					JNCERTAI	N				
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	QSPITAL:	26. PLACE	OF DEAT	N (Check only OTHER:	one)						
YS	1 TYES 2 NO 1	∬ Inpetient 2 ☐ EF		DOA		Nome 5	Residence	6 🗆 OI	her (Specify)			
표	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, 1		26b. TIM	E OF 26	c. INJURY WORK?	AT	28d. D	ESCRIBE NOW IN	JURY OC	CURED	
à	1 Natural 5 Pending 2 Accident Investigation				M 1	1 YES	2 NO					
	3 Suicide 8 Could not be 4 Nomicide determined	IJURY — A1 hom. (Specify)	A1 home, farm, street, factory, office 26f, LOCATION (S City or Town,					OCATION (Street a ity or Town, State)	Street and Number or Rural Route Number, State)			
ا ت	29a. CERTIFIER (Check only 1	N: To the heat of my	Immuladas das	th	d at the stare	data and						
COMPLETED												and manner as stated.
	200 SIGNATURE AND TYTE OF CENTIFIER	2	. 1	\	1		LICENSE NUI		T			(Month, Day, Year)
B	MINIM	M M	D. An	hot	Mul	///	30446			•	7.5	72-95
임	30 NAME AND ADDRESS OF PERSON WHO					1 40	- or or or or or or or or or or or or or	_			1 4	- 13
	PETER J. HORNEFFE				ERRE C	DRIVE	, SUITE	304	TOWSO	N, MA	RYLA	ND 21204
	31. DATE FILED (MONTH, Day, Year) 1995	Jalia d'un	a en ven	all						. 1		200

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within EV hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769

DHMH-16 Rev 1/89



_
0
(0)
~
100
ထ
(2)
_
\times
BOX 68760,
0
-
ш
P.0.
U
0_
_
- 5
S
0
CC
DIVISION OF VITAL RECORDS,
0
\sim
\circ
ш.
Or .
_
Q
_
_
_
Щ.
0
0
_
Z
_
(A)
_
_
=
_

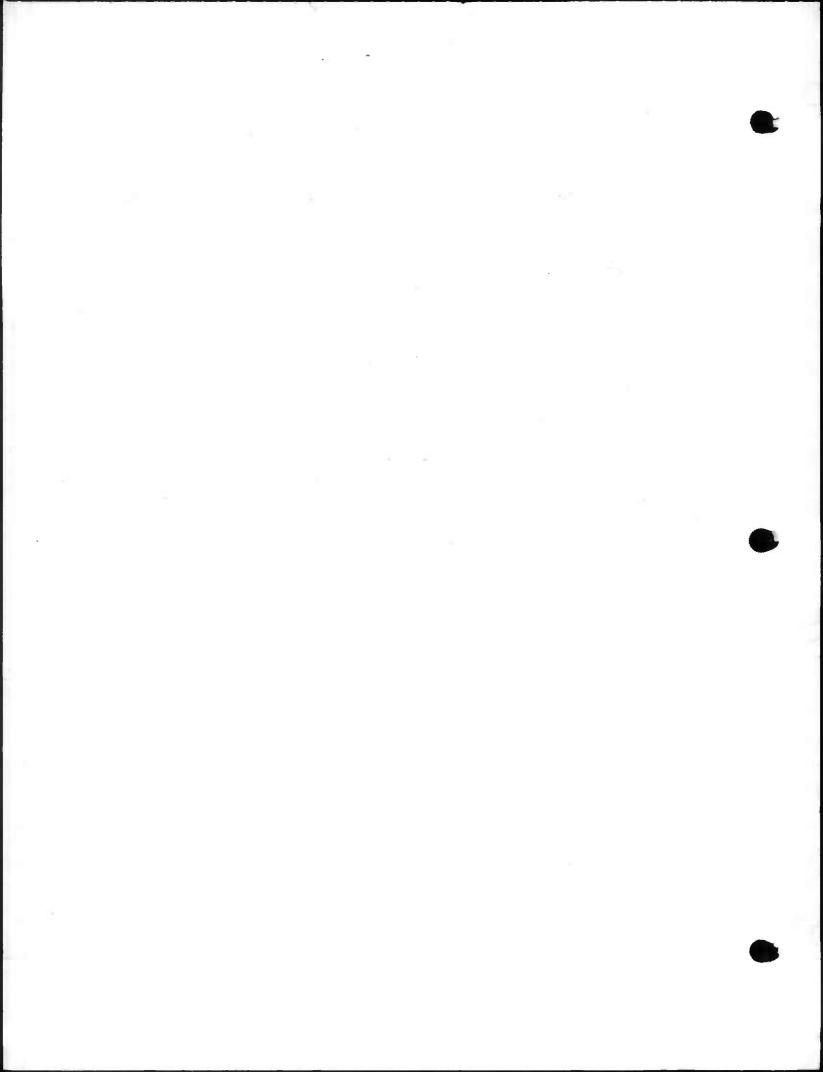
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourth law for the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	ΩF	HEAITH AN	N MENTAL	HYGIENE
						HIGHLINE
		CERTIFICATE	O	F DEATH		REG. NO.

	1 - FOR STATE OF MARY	YLAND / DEPARTI CERTIFIC	MENT OF HE		ENTAL HYGIEN	E			
į.	1. DECEDENT'S NAME (First, Middle, Last)	11/1	1/140		2. DATE OF OEATH	NY Y	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AC	GE (In yrs. lest birthday)	F UNDER 1 YEAR	# UNDER 24 HRS.	7. DATE OF BIRTH	17	BIRTHPLACE (State or Foreign		
Š	100-26-9620 1 D M 2 DXF			HOURS MIN.	(Month, Day, Year) NOV 8, 19		Country) Texas		
	9e. FACILITY NAME (If not institution, give street end number)		b. CITY, TOWN OR	LOCATION OF DEA					
DIRECTOR	Bel Air Convalesant Hor	me	Bel Ai	r		Harford			
RE	10e. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATIO	NC			10d. INSIDE CITY LIMITS?		
	Maryland Harford	Abe	rdeen				1 XYES 2 NO		
FUNERAL	10e. STREET AND NUMBER		101. 2	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
NE	115 Hanover Street			1001		USA			
	11. MARITAL STATUS 1 X Never Married 2 Merried FORCES? 1 Y	ES 2 K NO		NOENT OF HISPANIC lify_Cuben, Mexicen,	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No-	I. RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OF	R DATES	1 🗌 YES 2	PNO Specify:			Specify: Black		
8	15. DECEDENT'S EQUICATION	18. DECEDENT'S US	BUAL OCCUPATION	1	16b, KIND OF BUS	I SINESS/INDUS			
Ē	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wor life. Do NOT use r	k done during most retired.)	of working					
MP		Houseke	eper		Domest	ic			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	E (First, Middle, Meiden				
BE	Henderson Williams			Carrie	Woods				
2	19e. INFORMANT'S NAME (Type/Print)				outs Number, City or Town		1		
	Solomon Woodley	115 H	anover	St. A	berdeen,	MD .	21001		
		20b. PLACE AND DATE OF I					y or Town, State		
	4 Donation 5 Sher (Specify)	St James		Tery ADDRESS OF FACI	<u> 1</u> 7−25 На	avre (de Grace,MD		
						552	Lewis Street		
_	16411/16/14		Havre	de Gra	ce. Mary	fland	21078		
	23. PART I. Enter the diseases, or completeless that cau shock, or heart fellure. Lief only one cause or	n each line.	^			ratory errae	t, Approximate interval Batween		
	IMMEDIATE CAUSE (Fine) disease or condition	r. Ren	21-6	. 1			Onset and Death		
		S A CONSEQUENCE OF:	ry c	inive	_		142.		
-		S A CONSECUENCE OF):	9						
2	Sequentielly liat conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
S	cause, Enter UNDERLYING CAUSE (Diseesa or injury								
E	that initiated evente DUE TO (OR A resulting in death) LAST	S A CONSEQUENCE OF):							
CERTIFICATION	d.								
ALC	PART ii. Other aignificent conditions contributing to deet	but not recuiting in	the underlying	ceuse given in Pr	art i. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS		
					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä						M III	OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE	OF DEATH YES	□ NO 🏋	UNCERTAIN					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH							
YSI	1 YES 2 NO 1 Inpetient 2 ER/O	utpetient 3 DOA 4	Nursing Home	5 Reeldence 6	☐ Other (Specify)				
H H	27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME O	OF 28c. INJUR	RY AT (2	2ed. OESCRIBE HOW IN	JURY OCCUP	REO		
B	2 Accident Investigation			S 2 NO					
입	3 Suicide 6 Could not be determined 28e. PLACE OF INJU building, stc. (S	IRY — At home, ferm, stre pecify)	et, fectory, office	1	281. LOCATION (Street e. City or Town, State)	nd Number or	Rural Route Number,		
	29e. CERTIFIER								
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occurred a	nt the time, date er	nd place, end due to	the ceuse(e) end men	ner as stated.			
8	2 MEDICAL EXAMINER On the beele of examina 29b. SIGNATURE AND TITLE OF CERTIFIER	nion end/or investigation, i	in my opinion, dea	th occured at the fir	me, date end place, end	due to the c	euse(e) end manner ee stated.		
띪	Styl aus'	n.D.	1	D 32		29d. DATE S	IGNED (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri			L	,	1000		
	Kammolin Milhans	MA 703		Lution St	- Harr	De 6	BELLI MAZIUTS		
	31. DATE FILED (Month, Day, Year) JUL 24 1995 Files Disputes		1				000,000		
	JUL 24 1995 Jahra Davelson	n-hardall							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

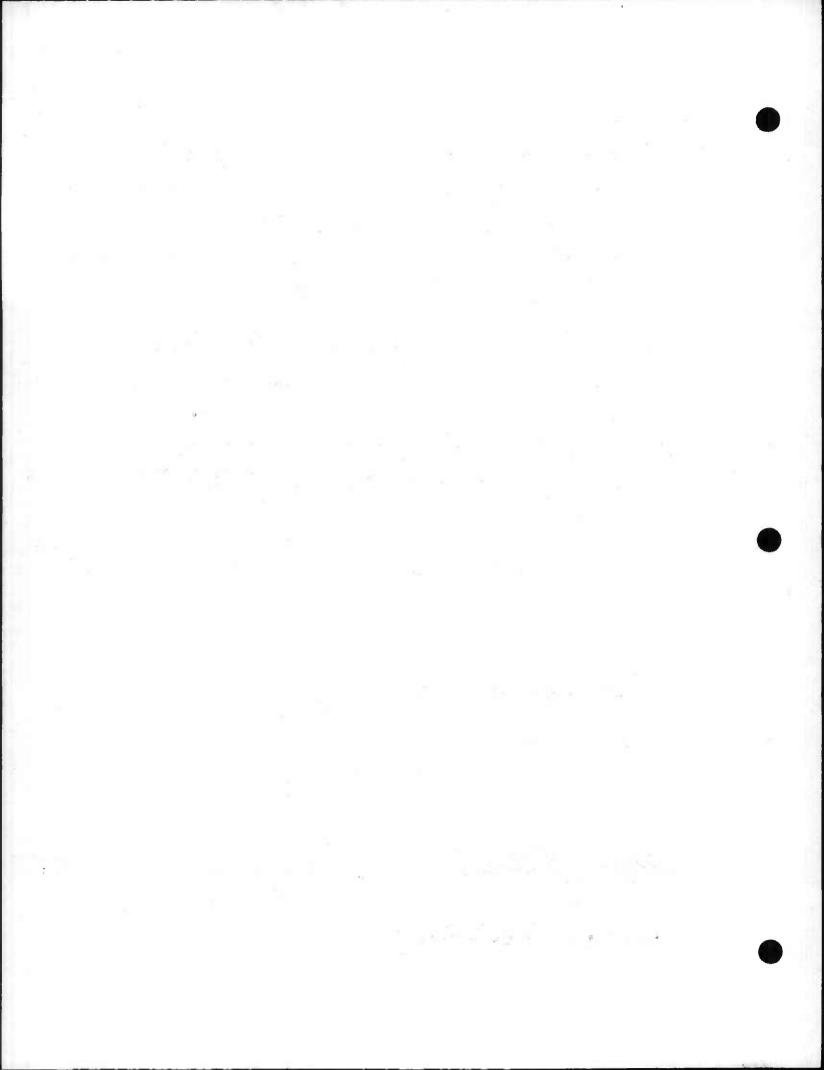
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

	nedio (nan		U	ERITE	CAIL	OF	DEA	ın	P	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Jack B	rown	Wertz						2. DATE OF	D/	1005	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. las	d foliable day it	T INDER A	VELO			July		1995		1:47PM M
	223-28-0022	1 X XM 2 □ F	72	YRS.	IF UNDER 1	DAYS	HOURS	MIN.	Feb.	22° 1	923	e. BIRTH	PLACE (State or Foreign ginia
E E	9a. FACILITY NAME (If not institution, give str Southern Mary		ital		9b. CITY, 1		lint	ON OF DEA	ATH		ec. cou Prir	NTY OF D	eorge's
5	RESIDENCE OF DECEDENT				-								
DIRECTOR	10e. STATE 10b. COUNTY				, TOWN OR								10d. INSIDE CITY
ā	Maryland Princ	e George':	S		Temp1	e H	Hills	5					LIMITS?
AL	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?	
FUNERAL	5111 Ludlow							748				U.	S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 1	MED 10	13. W	AS DECI	ENDENT C	F HISPANI	C ORIGIN? (S. Puerto Ricar	pecify Yea	or No-	14. RACE Black	American Indian, L, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 (YES	2 X NO	Specify:		4,400)		Speck	
回	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a, DE	CEDENT'S	USUAL OCC	UPATIO	ON st of working	na	16b. KIN	O OF BUS	INESS/IN		00201
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) N/A			ork done du e retired.)					rint	ina		
OMI	17. FATHER'S NAME (First, Middle, Last)	11/21	OIC	API II C	11100	1			IE (First, Middl				
BE C	Larry H.	Wer	tz						abeth		Bro	wn	
0	19a. INFORMANT'S NAME (Type/Print)		191						oute Number, C				7.40
	Juanita Wertz								mple I				
	20e METHOD OF DISPOSITION 1. Burial 2 Cremetion 3 Ramo 4 Donation 5 Other (Specify)		Lakenk	ONE ON	enori	DISPOSITION (Name of July 26 , DATE 20c. LOCATION — City or Town, State Davidsonville Maryland							
	21. SIGNATURE OF FUNERAL SERVICE-LICE	ENSEE		22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, 1 6633 Old Alexandria Ferry Rd Clinton									
	10k 9. On	the									20	735	inton, Md.
	23. PART i. Enter the diseases, or co ahock, or heart fallure. L	omplications that c	eused tha da	ath. Do n	ot entar ti	ne mod	da of dyl	ng, such	aa cardlac	or reapli	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Final									Interval Between Onset and Death			
	disease or condition seaulting in death) a. SEPTICEMIM.												
ì	DUE TO (OR AS A CONSEQUENCE OF):												
NO N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury												
₹ I										į			
EDICAL CERTIFICATION	that initiated events	DUE TO (OF	AS A CONSEC	DUENCE OF):								
#	resulting in death) LAST												
الد											WERE AUTOPSY FINDINGS		
Š	COROWARY	ARTGRY	Die	SEA	56	PERFORI						AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEC	hith Secent C	ORONARY	137 r	ASS	SU	RC	CKY	1.			94		OF DEATH? 1 YES 2 NO
ż	DID TOBACCO USE CONTR	IBUTE TO CAUS	SE OF DEA	TH YE	S N	0 🗆	UNC	ERTAIN					
당	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLAC	E OF DEAT	H (Check on	y one)							
PHYSICIAN:	1 TES 2 NO	1 🖂 Inpetient 2 🗆 El	R/Outpatient 3	□ DOA	OTHER:	g Home	5 🗆 Re	sidence 8	Other (Spi	ecity)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN. (Month, Day,		28b. TIME INJ	JRY	WOR			28d. DESCRIE	E HOW IN	JURY OC	CURED	
D BY	Accident investigation 3 Suicide 8 Could not be	28s. PLACE OF IN	JURY — At hor . (Specify)	me, ferm, s				-	28t, LOCATION	Y (Street a	nd Number	or Rural Ri	oute Number,
COMPLETED	4 Homicide detarmined												
MPL	29a. CERTIFIER (Check only one)												
8	2 MEDICAL EXAMINER	: On the basis of exam	ination end/or in	nvestigation	i, in my opii	nion, de	enth occur	ed at the ti	me, deta and	placa, and	due to th	e cause(a)	and manner as stated.
#	296. BIGMATURE AND TITLE OF CERTIFIER	Own					29c. LICE	NSE NUMB	- 2	-	29d. DAT	- 1 -	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO Gurbux Nachnani	M.D. 892	of DEATH (ITEN	1 27) (Type, 7ard	Print) Road	#60)1 Cl	into	n, Mar	ylar	nd 20	735	
- 11		32. REGISTRAR'S	SIGNATURE										
	31. DATE FILED (Month, Day Year) JUL 2 6 1995	Juliad	twelver A	ardall									

9
37
9
×
30
Ö
<u>α</u>
Ś
2
C
Ö
Ä
_
4
>
Ö
7
ō
S
5
ō
_

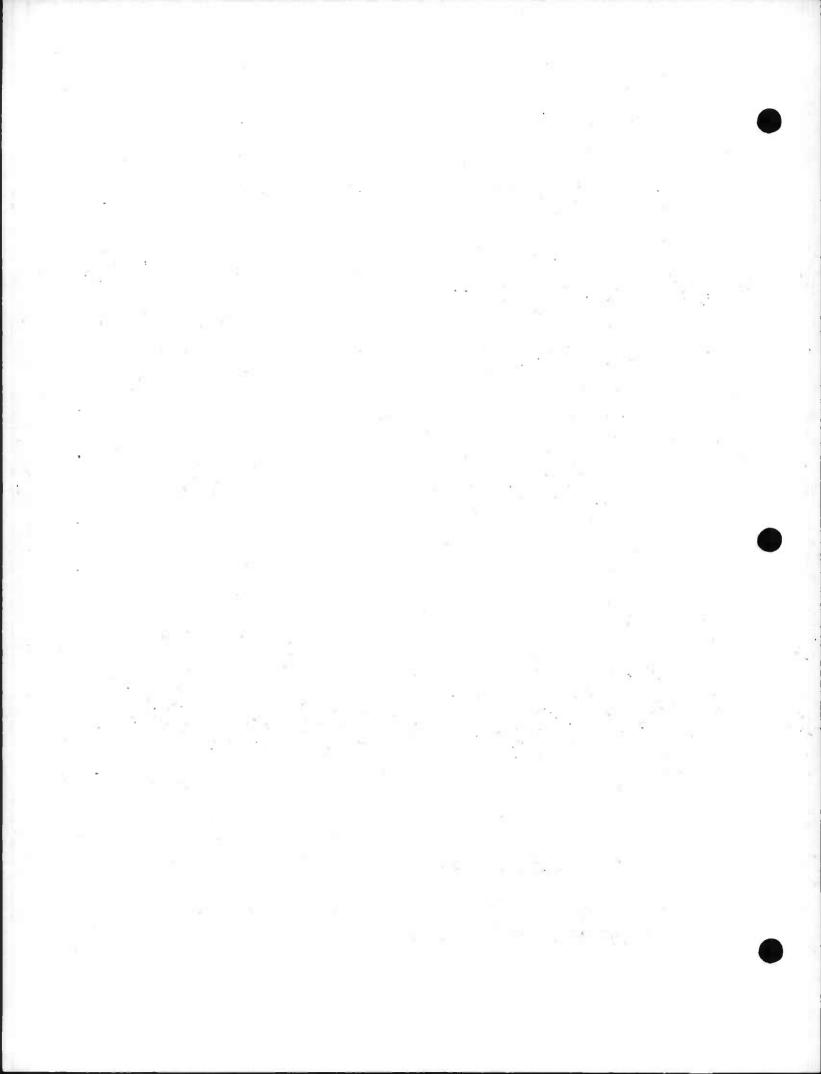
						95	24230		
	1 - STATE STATE O	F MARYLAND / I CE	DEPARTMENT RTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	lusal	461	Ker	2. DATE OF DEATH MONTH DO	1995 YEA	3. TIME OF DEATH 9:30 P. M		
	4. SOCIAL SECURITY NUMBER S. SEX 1218-03-9029	, ,	YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 30, 19	15 MA	RTHPLACE (State or Foreign unity) ARYLAND		
TOR	99. FACILITY NAME (If not institution, give street and number SOUTHERN MARYLAND HOSPI RESIDENCE OF DECEDENT	,		TOWN OR LOCATION OF D	PEATH	PRINCE GEORGES			
DIRECTOR	100. STATE 10b. COUNTY MARYLAND PRINCE GEORG	GES	10c. CITY, TOWN OF				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	9703 CROOM ROAD	•		10f. ZIP CODE 20772			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
B	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARM 1 YES 2 NO VE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or I If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of 0)	(Give life. D	EDENT'S USUAL OCI e kind of work done de Do NOT use retired.)	me during most of working MONTGOMERY"					
BE CON	17. FATHER'S NAME (First, Middle, Lest) HERMAN J. WALKER			10. MOTHER'S N.	NAME (First, Middle, Malden Surname) THOMPSON				
2	190. INFORMANT'S NAME (Type/Print) LINDA E. ALLNUTT	36	32 LANDE		FERSON, MAR	YLAND	21755		
	204 METHOD OF DISPOSITION 1 A Burfel 2 — Cremetion 3 — Removed from State 4 — Donation 5 — Other (Specify) 205. PLACE AND DATE DISPOSITION (Name of Other (Specify)) 21. SIGNATURE OF PUMERAL SERVICE LICENSEE								
	Murief H. /	Barker	/ P ² .0	AYTONSVILLI	MURIEL H. E, MARYLAND	BARBER 2088	FUNERAL HOME		
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CINCEY - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 2. Cancer - Problem Colons 3. Cancer - Problem Colons 4. Cancer - Pr								
EHIIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significent conditions contributing	to death but not res	suiting to the und	In the underlying cause given in Part i. 24a. WAS APPERFO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAIN.	DID TOBACCO USE CONTRIBUTE TO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL								
PH TSICIAN:	1 YES 2 NO Population 27. MANNER OF DEATH 28s. DATI (Mon	2 ER/Outpatient 3		8c. INJURY AT WORK2	2				
IED DI	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	CE OF INJURY — At home ling, atc. (Specify)	e, farm, street, factor	TES 2 NO			and Number or Rural Route Number,		
COMPLEIED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besie			nion, death occured at the	time, dats and placs, and	d due to the caus			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM	27) (Type, Print) 🚁	29c. LICENSE NU	259	≥ Z /	(Month, One Year)		
	31. DATE FILED (Month, Day, Year) 12. REGUL	TRAN'S SIGNATURE	6	inton	17/1/	2	0735		
	AUG 0 7 1995 James 2016	value Randall							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within exposed within exposed after the same of the hospital or attending physician.
TO THE FUNERAL DIRECTOR After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF	HEALTH AND	MENTAL HYGIEN					
V	1. DECEDENT'S NAME (First, Middle, Lest) ANNA PAYNE CARPE	NTER WEAVER				2. DATE OF DEATN	DAY YEA				
			In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTNPLACE (State or Foreign			
1	225-92-8913 1	□ M 2 XX	94 YRS.	MONTHS DAYS		(Month, Day, Year) 10/16/00	M.	ADISON, VA			
DIRECTOR	RAVENWOOD NURSING		ER	1 1 1 1	STOWN, M		WASHI				
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
	Virginia Madis	son		adisor		LIMIT 1 YES					
NA	10e. STREET AND NUMBER				IOf, ZIP CODE			OF WHAT COUNTRY?			
FUNERAL	Rt. 1 Box 101				2272			S.A.			
윤	1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 TYES	2 NO	If yee,	specify Cuben, Mexi	ANIC ORIGIN? (Specify Ye cen, Puerto Ricen, atc.)		RACE — American Indien, Bleck, White, etc.			
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 Y	S 2 NO Spe	olfy:	'	Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION maletradi	18e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUSTI				
		College (1-4 or 5 +)	life. Do NOT us	se retired.)	nost or working						
MP	12	4	homem	aker		domes					
응	17. FATNER'S NAME (First, Middle, Last) Oliver Henry Ca	rnontor				IAME (First, Middle, Maiden					
8	19e. INFORMANT'S NAME (Type/Print)	rpencer	Tile anders			de Valent					
임	F. Wister Weave	r				A Route Number, City or Tov		, Va 22701			
			PLACE AND DATE				Theber				
	20s METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	of from State	etery, crematory or o	ther place)	riew Chur	DATE 200. DO		rginia			
Į į	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	30/199	22. NAME	AND ADDRESS OF	FACILITY	047 71	тутпла			
	Joseph W. P.	redder In	2502730	Pr	eddy Fi	ineral Ho	me				
	23. PART Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximate										
	interval Between Onset snd Death disease or condition										
	resulting in desth) e	DUE TO (OR AS A	CONSEQUENCE OF	7:				Text.			
Z	C b.										
일	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):							
5	CAUSE (Disease or Injury c.	OHE TO (OR AC A	CONSEQUENCE OF								
CERTIFICATION	thet initieted events resulting in death) LAST	DOE TO (OR AS A	CONSEQUENCE OF	-):				į			
B	d							İ			
A	PART II. Other eignificent conditions of	contributing to deeth be	ut not resulting	n the underly	ng cause given i	n Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
200	HeroHesci		Nelio	1005	C	1 _ YES :		COMPLETION OF CAUSE OF DEATH?			
MEDI	Conjection Nart	tadira						1 YES 2 NO			
ä	DONESTOE										
SICIAN:		IOSPITAL:		28. OTHER:	PLACE OF DEATH (Check only one)		•			
ΥS		☐ Inpetiant 2 ☐ ER/Outp		4 Nursing H		8 🗆 Other (Specify)					
РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY	NJURY AT YORK?	28d. DEŞCRIBE NOW	INJURY OCCURE	0			
B	2 Accident Investigation	28e. PLACE OF INJURY	- At home ferm is		YES 2 NO	281. LOCATION (Street	and Number of D	and Device March			
E	3 Sulcide 8 Could not be 4 Nomicide detarmined	building, etc. (Spec	ffy)	invari, rectory, or		City or Town, State)	rai noute number,			
LET	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowl	edge death occurs	ed at the time de	to and place, and d	us to the source(s) and mu					
COMPL	(Check only one) 2 MEDICAL EXAMINER:							se(a) and menner as stated.			
	296. SIGNATURE AND THE CALL THE	Of	a rather		29c. LICENSE N			NED (Month, Qay, Year)			
BE	(CELLIN				02	2806	▶ 7	12 £150			
유	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type,	Print)	1000	1	/	20/101			
	AllasuDikne.	747 NO	Hon 1	4 1	LEGETY	au M	15 a	742			
	AUG 0 7 1995	31. REGISTRAR'S SIGN	Carlall		V			*			



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: L OR ATTENDING P. DIRECTOR; After t hours after death

	en en	
	23	
	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s reach with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	nit. P	
	per	
<u>.</u>	ansit	
ysicia	rial-tr	
6	e pn	
ulbu(as th	
arre	nse	
23	for	
losor	ched	65
ille Ille	deta	Onc
6	p pe	a at
iallie(shoul	III
200	10	00 6
ay c	bad.	of H
0	ector	Ë
LAG	al di	ner
edili.	uner	ami
iei o	the oval.	al e
0	re by	edic
5	n, or	E
	ely fi	# 1
	replet	ven
רתונים	d cor	ile e
CAE	n an	em.
5	sicia	tra
3	o ph	the
20	endin I Hyg	0 10
000	e att	MY.
1	by th	in /
2011	afth a	an
dolla	n sig	10WS
-	s bee	3 8
2	te De	m 2
	ificat Sta	r He
2	th the	0 p
-	r this	arke
TOTAL THE STATE OF THE STATE OF THE GOAL OF THE STATE OF SACULOUS ALICE USES IN THE SACULOUS STATE OF THE SACU	: After this certificate has been signed by the attending physician and completely filled in by the fur death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

plnor

DIRECTOR

FUNERAL

8

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

8

2

28

HOSPITAL FUNERAL (within 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I

2 Accident

3 Suicide

4 Homicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN HILDA WALSTON Ε. July 23 1995 6:12 P. 5. SEX 8. AGE (In yrs, last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Sept. 18, DAYE HOURE 1 M 2 X F 80 MIN. Maryland 1914 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Princess Anne, MD Somerset 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY

4. SOCIAL SECURITY NUMBER 220-03-9023 9a. FACILITY NAME (If not institution, give street end number) Home- 11796 Beechwood St.- Apt. B RESIDENCE OF DECEDENT 10a. STATE Maryland Somerset Princess Anne TE YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11796 Beechwood St. - Apt. B 21853 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married Specify: White 1 TYES 2 TONO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (t-4 or 5+) Grade 6 Employee Tomato Cannery 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Unknown Unknown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) Annie Walston (Daughter) 11218 Wood Duck Rd. - Dames Quarter, MD 21820 20a. METHOD OF DISPOSITION
1 D Burlel 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Mechanics Cemetery - 7/27/95 Fairmount, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Robert H. Bradshaw, J Bradshaw & Sons Funeral Home Jr 306 W. Main St. - Crisfield, MD 21817 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mods of dying, such as cardiac or respiratory arrest, Approximata shock, or hasrt fellure. List only one ceuse on sech lins. interval Batwean IMMEDIATE CAUSE (Final **Onsat and Death** disease or condition Cardiac arrest Seconds resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic heart diasese years Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE

t TYES 2 NO 1 - YES 2 - NO

7-26-95

DID TOBACCO USE CONT	RIBUTE TO CAUSE OF DEATH	YES □ NO □	UNCERTAIN
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE O	F DEATH (Check only one)	

1 YES 2 NO t | Inpatient 2 | ER/Oulpatient 3 | DOA 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF t Natural

OTHER:
4 □ Nursing Home 5 Residence 8 □ Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

Di0818

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the ceuse(s) and manner es stated. 29b. SIGNAPORE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30 MARE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. Sutter, M.D. - 24859 Deal Island Rd. - Dames Quarter, MD 21820

AND THE PROPERTY SERVE UNE 31. DATE FILED (Month, Day, Year) JUL27 1995

Investigation

8 Could not be determined

7

_	
	4
68760	
9	
_	
-	
∞	
10	
~	
-	
BOX	
\cap	
$\overline{}$	
m	
-	
0	
\circ	
ο	
م	
ശ	
-	
\Box	
-	
ш	
RECORDS	
\cup	
13	
\mathbf{C}	
2 2 5	
-	
OC.	
JITAL	
-	
eq.	
-	
>	
-	
OF	
_	
О.	
7	
-	
dia.	
0	
$\mathbf{\mathcal{C}}$	
ISION	
(n	
-	
2	
Contract of the last	
=	
\Box	

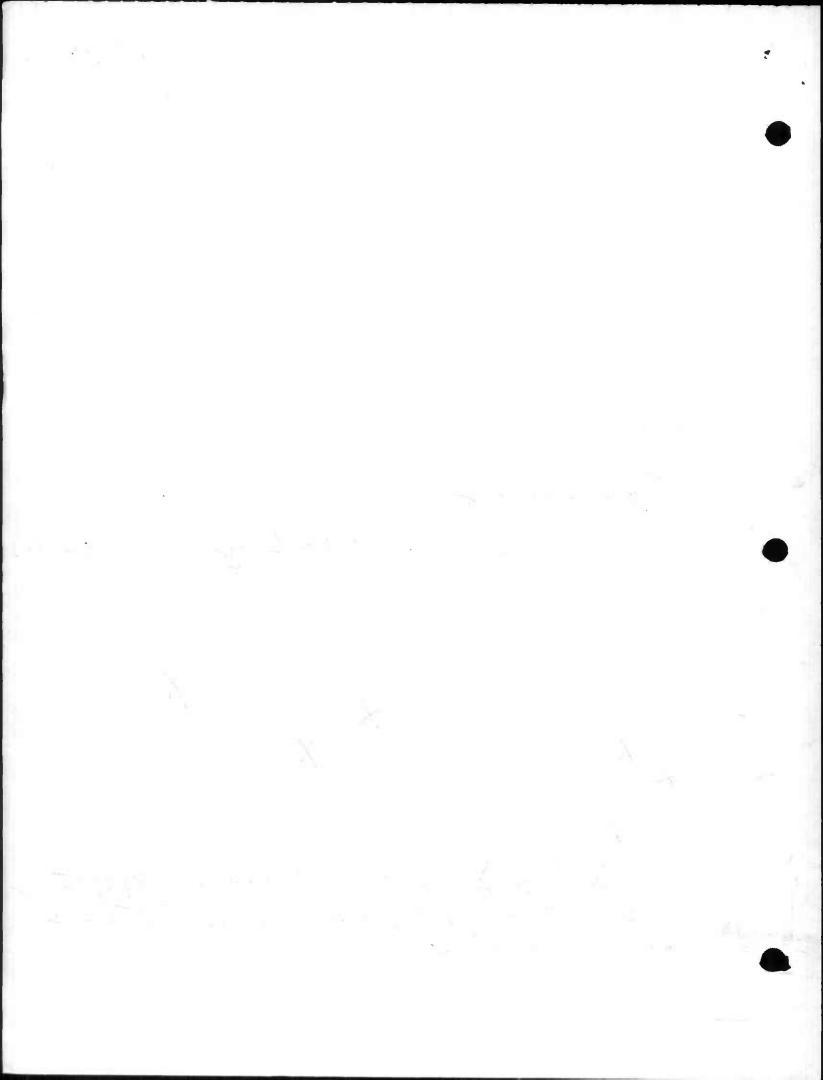
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing a hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPA	RTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTI	FICATE	OF	DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Midd				2. DATE OF DEATH MONTH DAY	YEAR	TIME OF DEATN
John 4. SOCIAL SECURITY NUMBER	E. 5. SEX 6. AGE	Albert (In yrs. last birthday) IF UNDER		Aug 5, 199		S:50 P M
220-44-5813	1 🕅 M 2 🗆 F 8	4 YRS. MONTHS	DAYS HOURS MIN.	Sept. 17,19	10 Mar	yland
9e. FACILITY NAME (If not institution 1) 199. See 199. Se	a Road	9b. CITY,	Woodlawn	EATH 9	Baltin	
RESIDENCE OF DECEDI	COUNTY	10c. CITY, TOWN O	R LOCATION		10-	d. INSIDE CITY
2811 Rons RESIDENCE OF DECEDI 10a. STATE 10b. Maryland	Baltimore		Woodlawn	1		LIMITS? YES 2X NO
10e. STREET AND NUMBER			101, ZIP CODE		g. CITIZEN OF WHA	
10e. STREET AND NUMBER 2811 Rot 11. MARITAL STATUS 1 Never Married 2 Merri	na Road 12. WAS DECEDENT EVER	WILLS ADMED 12.1		NIC ORIGIN? (Specify Yee or		American Indian
1 Nover Married 2 Merri	CORCEGO 4 TO VEG	DATES 1	tyes, specify Cuben, Mexico	en, Puerto Rican, atc.)	Black, White, etc. Specify	
	IT'S EDUCATION	16a. DECEDENT'S USUAL OC		16b. KIND OF BUSINE		White
15. DECEDEN (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle,	college (1-4 or 5 +)	(Give kind of work done of life. Do NOT use retired.)	during most of working			
	8 Years	Pries	st	Archdioces	se of Bal	timore
17. FATHER'S NAME (First, Middle,		-	18. MOTHER'S NA	AME (First, Middle, Melden Sun	neme)	
John John	Alber	t		Anna T.	Mulhear	'n
190. INFORMANT'S NAME (Type/P	rint)	19b. MAILING ADDRESS	(Street end Number or Rural	Route Number, City or Town, S	tate, Zip Code)	
Mr. John A. I	Hiltz	10809 Dav	is Avenue W	Voodstock, M	21163	
20e. METNOD OF DISPOSITION 1 Buriel 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec	☐ Removal from State C6	b. PLACE AND DATE OF DISPOS metery, crematory or other place) New Cathedra		1	ion — city or town, timore, M	
21. SIGNATURE OF FUNERAL SE		22.	NAME AND ADDRESS OF F	ACILITY		
John	KAJeld			Funeral Dire		
	sea, or complications that cause failure. List only one cause on		the mode of dying, suc	ch as cardiac or respirat	ory arreat,	Approximata Interval Between
IMMEDIATE CAUSE (Final			L M. 1			Onset and Death
disease or condition reaulting in death)	aa	cinoma ot	1 Te L	4-5		3 month
	DUE TO (OR AS	A CONSEQUENCE OF):		0		
Sequentially list conditions	b	A CONSEQUENCE OF):				
If any, leading to immediate cause, Enter UNDERLYING		A CONSEGUENCE OF):				
Sequentially list conditional if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF):				
resulting in death) LAST						
	0.					
Z	onditiona contributing to deeth	but not resulting in the ur	iderlying ceuse given in	Part 1. 24e. WAS AN AU PERFORME	D2 AV	ERE AUTOPSY FINDINGS WILABLE PRIOR TO
3				1 TYES 2		OMPLETION OF CAUSE F DEATH?
DID TOBACCO USE 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH				/	1	YES 2 NO
DID TOBACCO USE	CONTRIBUTE TO CAUSE		NO UNCERTAL	ИП		
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	26. PLACE OF DEATN (Check				
1 TYES 2 NO	1 Inpetient 2 ER/Ou			8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJU	INT OCCURED	
2 Accident Inves	stigation	RY — At home, term, street, tact	1 YES 2 NO	281. LOCATION (Street and	Number or Rural Bour	to Number
3 Suicide 8 Coul 4 Nomicide date	id not be building, atc. (So	ecify)	ory, orner	City or Town, State)	Normal of Hotel Hotel	o reprison,
[Check brilly	NG PNYSICIAN: To the best of my kno EXAMINER: On the basis of examinat					nd menner ee steled
3		Total and an adjustion, in my				
29b. SIGNATURE AND TITLE OF	us & Dr	nger	29c. LICENSE NU	1442	SI 7	1 95
30. NAME AND ADDRESS OF PE	SE. GCC	DEATH (ITEM 27) (Type, Print)	D. 1101	N. C.1.	ナタナラ	1202
31. DATE FILED (Month, Only Year)	REGISTRARY SIG			13-11-14		
AUG1 0.1995	C C C C C C C C C C C C C C C C C C C	F44				

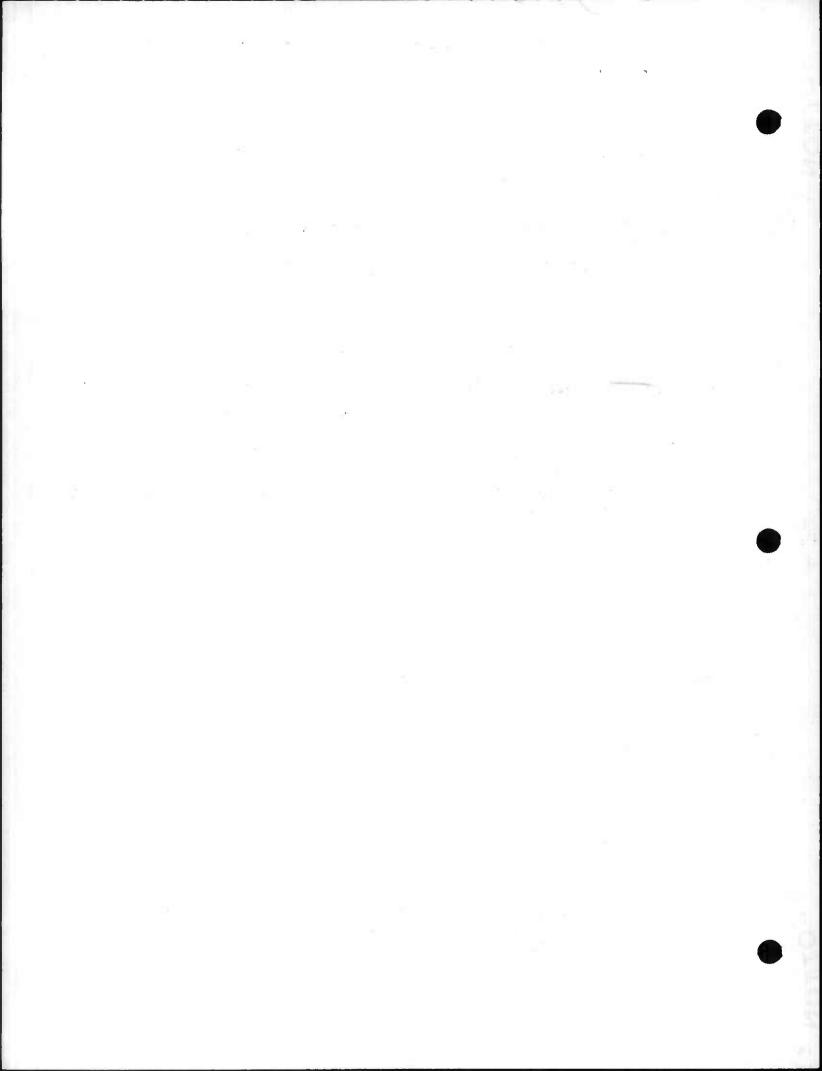


		90
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the continued to the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Parameters don't have been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Parameters are the burial-transit permit.
BOX 68760	icate be executed with	ohysician and completely
ECORDS, P.O.	quires that the death certifi	signed by the attending p
DIVISION OF VITAL RECORDS, P.O. BOX 68760	NG PHYSICIAN: The law red	fler this certificate has been
DIVISIO	OR ATTENDI	DIRECTOR: A

iges 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. It hours after death. Page 6 may be retained by the boss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN	E	
9	1. DECEDENT'S NAME (First, Middle, Last) ROSE		RONOFF			2. DATE OF DEATH MONTH DATE AUGUST 7	1995 ^{YEAR}	3. TIME OF DEATH 1:20pm M
	4. SOCIAL SECURITY NUMBER 219-28-8768	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 \(\text{M} \) 2 \(\text{YF} \) 94 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH	7. DATE OF BIRTH MARY, 10, 1901 MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give atn CHERRYWOOD MANOR RESIDENCE OF DECEMENT				ISTERSTO		9c. COUNTY OF D	TIMORE
DIRECTOR	MARYLAND N/A			y, town or locat BALTI			10d. INSIDE CITY LIMITS? 1 Yes 2	
FUNERAL	2500 W. BELVEDERE	E AVE, APT. 111	9	101	ZIP CODE 2121	5	10g. CITIZEN OF V	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	Mo	If yes, sp	ENDENT OF HISPAP ecity Cuban, Mexica 2 NO Specifi	NC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Blac	E — American Indien, k, Whita, etc. [#] /WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 16e completed) College (1-4 or 5+)	(Give kind of v life. Do NOT us	USUAL OCCUPATION WORK done during moter retired.)	st of working	16b. KIND OF BUS		
OM	17. FATHER'S NAME (First, Middle, Lest)			INCODEMIL		ME (First, Middle, Maiden		
BE C	Meyer Meyer	MARK			REBEC		KOTCHEV	ITCH
70	19a. INFORMANT'S NAME (Type/Print) MR . MARK	ARONOFF				Poute Number, City or Town VE BALTIMO		1208
	20a. METHOD OF DISPOSITION 1	rail from State cemetery	CE AND DATE OF	FDISPOSITION (Na H TEILOH	8-9	-1995 BALT	CATION — City or TO IMORE, M	
	21. SIGNATURE OF FEMERAL SERVICE LICE	y Leur	_	SOL 6010	REISTER	& BROS.,	BALTIMO	RE, MD 21215
	23. PART I. Enter the diseases, or constant selection. Limited in the constant selection resulting in death)	DUE TO (OR AS A COR	ilne.	F):				Approximata interval Between Onset and Death
Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):					insection			
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. PRITIAL LEFT LINE LOSE INCLUSION PERFORM 1 YES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN VES 2. DID TOBACCO USE CON						MED?	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL			S NO C	UNCERTAIN	۷ 🗆 📗		11
SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatien		OTHER:	6 C Buildings	6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJU		26d. DESCRIBE HOW IN	NJURY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, s	treet, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or Rural F	Route Number,
COMPLETED		IAN: To the best of my knowledge : On the basis of examination and						and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER My	Sadvert			29c. LICENSE NUN	G 7	29d. DATE SIGNED	(Mogth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO DR. MIQUEL SADOVI	IK -1777 REIS	TERSTO		SUITE 1	08 BALTIMO	RE,MD 21	208
	AUG1 0 1995	REGISTRARIS SIGNATUR	dall					



REG. NO

CA	6
7	ò
QN	hosnital
A	4
\geq	2
BALTIMORE, MARYLAND 212	retained
	2
8	MAN
0	Œ
M	Pane
ALT	death.
8	after
_	hours
	17.4
50	with
BOX 68760	tate be executed within 74 hours after death. Page 6 may be retained by the hospital or a
×	90
2	9
113	20

AUG1 0 1995

32. REGISTRAR'S SIGNATURE

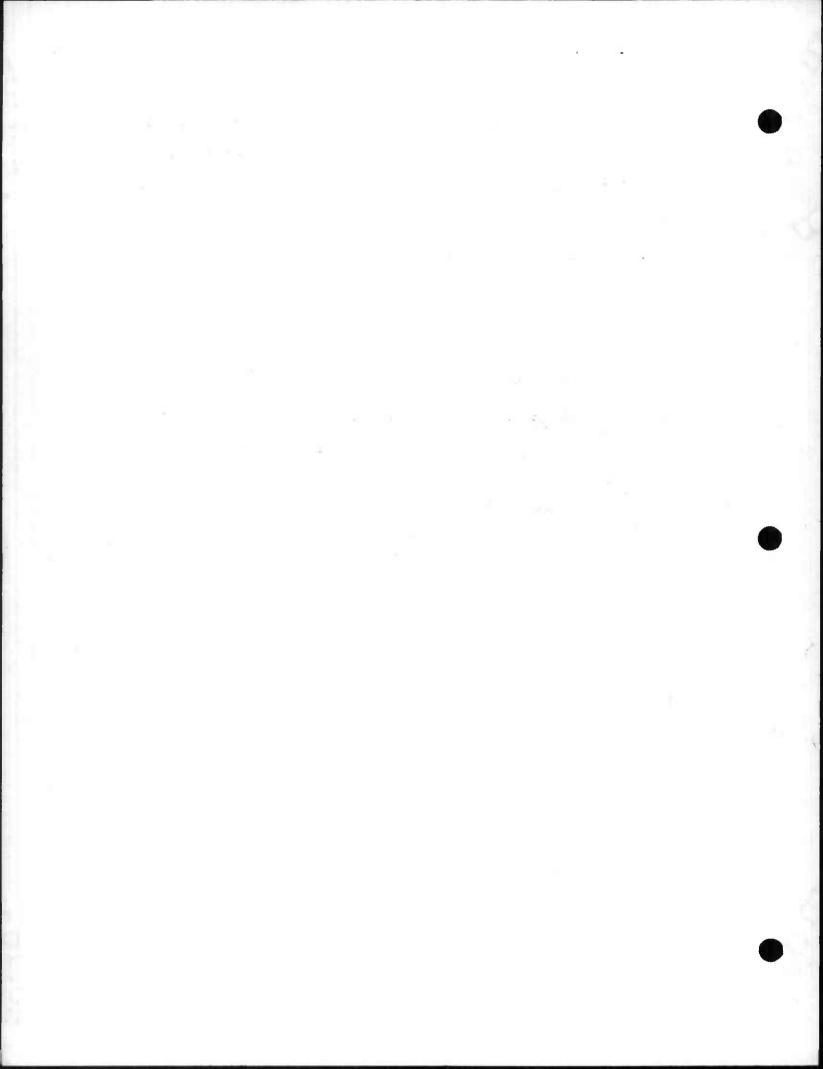
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROBY August S. BOSWELL 1995 1035 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 214-16-3135 28, April 1920 1 X M 2 - F HOURS Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 525 Robert Street Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1timore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rober Street 2121 use as the burial-transit ittending physician. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-15-0020 14. RACE - American Indian, Black, White, etc. 2 Merrie If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 4 Divorced Koreani Was 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during ille. Do NOT use retired.) ٥ Porter Um track detached once. 18. MOTHER'S NAME (First V Idelia BE page 5 should notified 19b. MAILING ADDRESS (Street and Number or Rural Route 2 must be 20e, METHOD OF DISPOSITION

1 M. Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (No DATE 20c. LOCATION - City or Town, State funeral director, 4 Donation 5 Other (Specify) Mi 8-1195 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William C. March F /H, West Baltimore filled in by the fi Wabash Ave., 4300 21215 MD medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart fallure. List only one ceuse on each line. Interval Batwe cremation, or IMMEDIATE CAUSE (Final Onsat and Death 100 disease or condition Esophageal CANCER completely 6 MONTHS traumatic event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) in and com CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician ntal Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. resulting in death) LAST 0 n signed by the attent f Health and Mental F PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? ашх 1 TES 2 NO OF DEATH? shows 1 YES 2 NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO K UNCERTAIN has by Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) certificate h HOSPITAL OTHER 1 YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ng Home 5 Residence 6 - Other (Specify) 5 ap. 27. MANNER OF GEATH 28e. QATE OF INJURY (Month, Day, Year) marked, 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this (1 Natural
2 Accident 14 1 YES 2 NO BY After 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after di .50 ETED. Could not be 4 Homicide datarmined COMPL CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) M 8/9 other of 045025 95 · tram 2 30. NAME AND ADDRESS OF PERSON VIHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT FRAM 22 SOUTH GREENE STREET BALTIMORE, MD 21201

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



0
Ö
N
8
6876
<u> </u>
BOX
m
~
<u>Р</u>
n°
10
77
00
$\overline{}$
0
ECORDS
77
Τ.
OF VITAL
⋖
_
>
1
~
J
\circ
-
n
_
-
7

JOHN

BUTLER

31. DATE FILED (Month, Day, Year)
AUG 1 0 1995

SINAI

32 AEGISTRAR'S SIGNATURE

HOSP MAL

2401

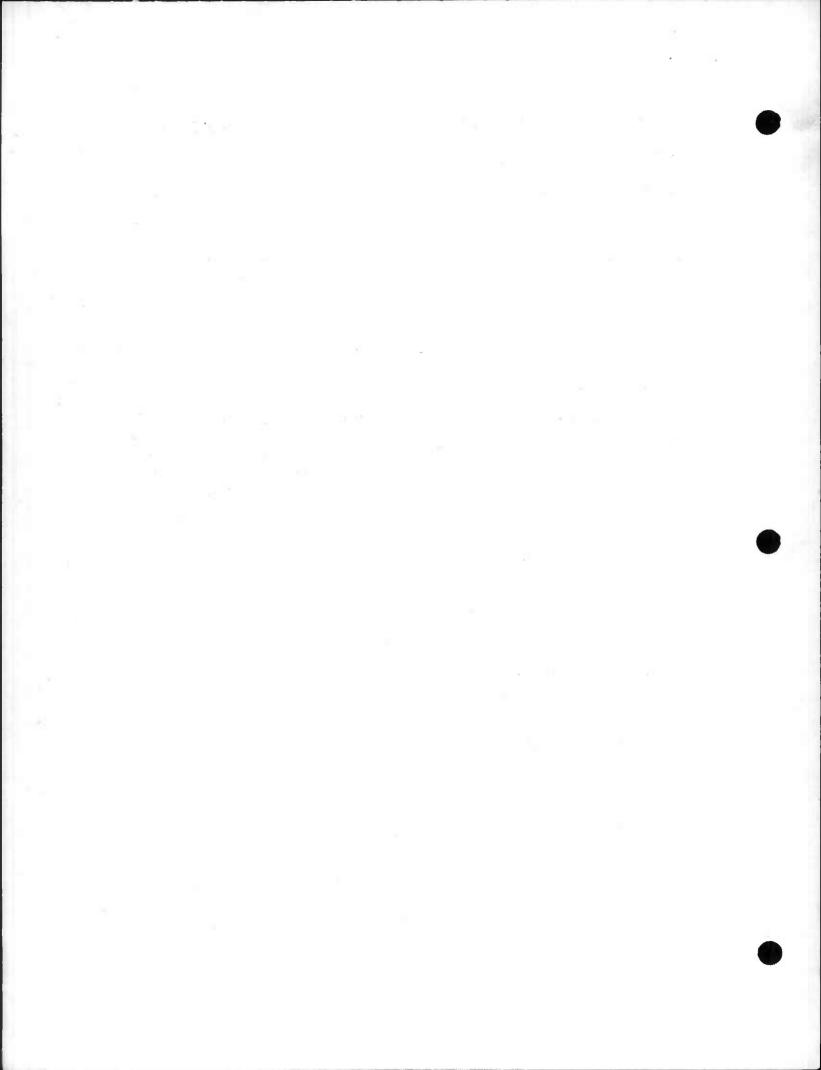
WEST

BALTIMORE, MD

BELVEDERE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY HUGUST MARION BERKOWITZ 1:30 AM 1995 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) AUG 2, 1904 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 097-20-3563 1 M 2 KF 9 DAYS HOURS MIN. NETHERLANDS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAT HOSPI-LTAL BALTIMORE OF BALTIMORE N/A 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE RANDALLSTOWN 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 9109 LIBERTY ROAD 21133 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Specify: WHITE 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Oive kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com College (1-4 or 5 +) Elementery/Secondary (0-12) HOUSEWIFE UNKNOWN AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) LOUIS RUBENS ROSE SCHOYLMEISTER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. LEWIS BERKOWITZ 627 LEAFYDALE TERRACE BALTIMORE, MD 21208 20e. METHOD OF DISPOSITION
1 Disposition | Burlei | 2 Cremation | 3 Disposition | State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE mikro Kodesh beth israel -8-8-1995 baltimore, md 4 Donetion 6 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition PNEUMONIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. QUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO HYPERTERGION, DIABETES, CERONARY ARTERY DISTASE COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO PARKINSONS DISTASE 1 TYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 1 Natural 26c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED 5 Pending M 1 YES 2 NO BY Investigation Accident 26e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide Ш 29a. CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, data end piece, end due to the cause(s) end manner es atsted. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) AUGUST 6, 1995 AS 2402321-JB-99 12 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	ITEM: 19a, PER F.H.	FILM 6-/26 8/1	0/95 t.t					
	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI	RTMENT FICATE	OF HEALTH AND OF DEATH	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	HERBERT BAT	ES				AUGUST 4.		6:00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthda)			7. DATE OF BIRTH	0.3	BIRTHPLACE (State or Foreign
	218-52-2186	17 € M 2 🗆 F	45 YRS.	MONTHS	DAYS HOURS MIN.	0 I - 2 I - 5) M	aryland
	9a. FACILITY NAME (If not institution, give s	rireet and number)		9b. CITY, 1	OWN OR LOCATION OF D	DEATH	9c. COUNTY	OF OEATH
							N/	A
REC	10a. STATE 10b. COUNT	Υ'	10c. C	ITY, TOWN OR	LOCATION			10d. INSIDE CITY
	MD. N/	A		Ba1	timore			LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
E	796 Linnard St	reet			21229		U.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. W	AS DECENDENT OF HISPA	NIC ORIGIN? (Specify Y	en or No.— 14.	. RACE — American Indian.
BY FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 SNO DATES	l n	res, specify Cuban, Mexic YES 2 1 NO Speci	an, Puerto Rican, atc.)		Specify: Black
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT	S USUAL OCC	UPATION	16b, KINO OF B	USINESS/INDUST	TRY
Ħ	Elamentary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	l work done du use retired.)	ring most of working			
ם	11th	0	Gener	al Mo	tors	Asser	nbly L	ine
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maids		
0	Bryant Bates					n Dennis		
BE	19a. INFORMANT'S NAME (Type/Print)	EDNETTE DATEC	19b. MAILIE	G ADDRESS (Street and Number or Rural	Boute Number Chung To	uun Stete Zin Co.	del
٩	-Vernet Bates	ENNETTE DATES	796	Linn	ard Stree	et Balto	., MD.	21229
	20a. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Competency Crematory Officer Place) 20c. LOCATION - City or Town, State Cedar Hill Cemetery 8/11 Glenburnie, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N. Monroe St.							
	Douth 2	4444				os F/H Ba	alto.,	MD. 21217
	23. PART I. Enter the diseases, or abook, or heart fallure	complications that cause List only one cause on a	d the deeth. Do	not enter ti	ne mode of dying, suc	ch as cardiac or rea	piratory arrest.	
	IMMEDIATE CAUSE (Fine)	Clar only one cause on a	rach line,					Interval Between Onset and Death
1	disease or condition							
l	oue To (or As A consequence of):							
z								/
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):				
8	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				
분	resulting in death) LAST	4						
씽		0						
A	PART II. Other algnificent condition	s contributing to death i	but not resulting	in the unde	erlying ceuse given in	Part I. 24s. WAS A	N AUTOPSY ORMED3	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 _ YES		COMPLETION OF CAUSE
Ä					. /		7	OF GEATH?
	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C	DE DEATH Y	ES D N	UNCERTAL	N		
₹ I	25. WAS CASE REFERRED TO MEDICAL	/	26. PLACE OF OE			., .		
Sic	EXAMINER?	HOSPITAL:	noticet 3 DOA	OTHER:	- U			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. Ti		g Home 5 🗆 Residence	28d. DESCRIBE HOW	INTERN OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	- 19	IJURY M	WORK? 1 YES 2 NO			
BY	2 Accident Investigation 3 Suicide & Could get be	28a. PLACE OF INJURY	V — Al home Jeem	street featon		204 1 00471011 (0)		2 10 10 10 10
COMPLETED	4 Homicide 6 Could not be	building, atc. (Spe	icify)	allest, tactor	, once	261. LOCATION (Street City or Town, State	and Number of H	rurar Houte Number,
Ш	29a. CERTIFIER							
MP.	(Check only	CIAN: To the best of my know						
Ö	2 MEDICAL EXAMINE	H. On the basis of examination	on and/or investigat	ion, in my opi	nion, death occured at the	time, data and place, e	nd due to the ca	suse(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	1		_ ~	29c. LICENSE NU	MBER	29d. DATE SH	GNEO (Month, Dey, Year)
			1	MI	M63.	35	I A	+4 1995
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLES OF SI			102		1.110	4.51 111-

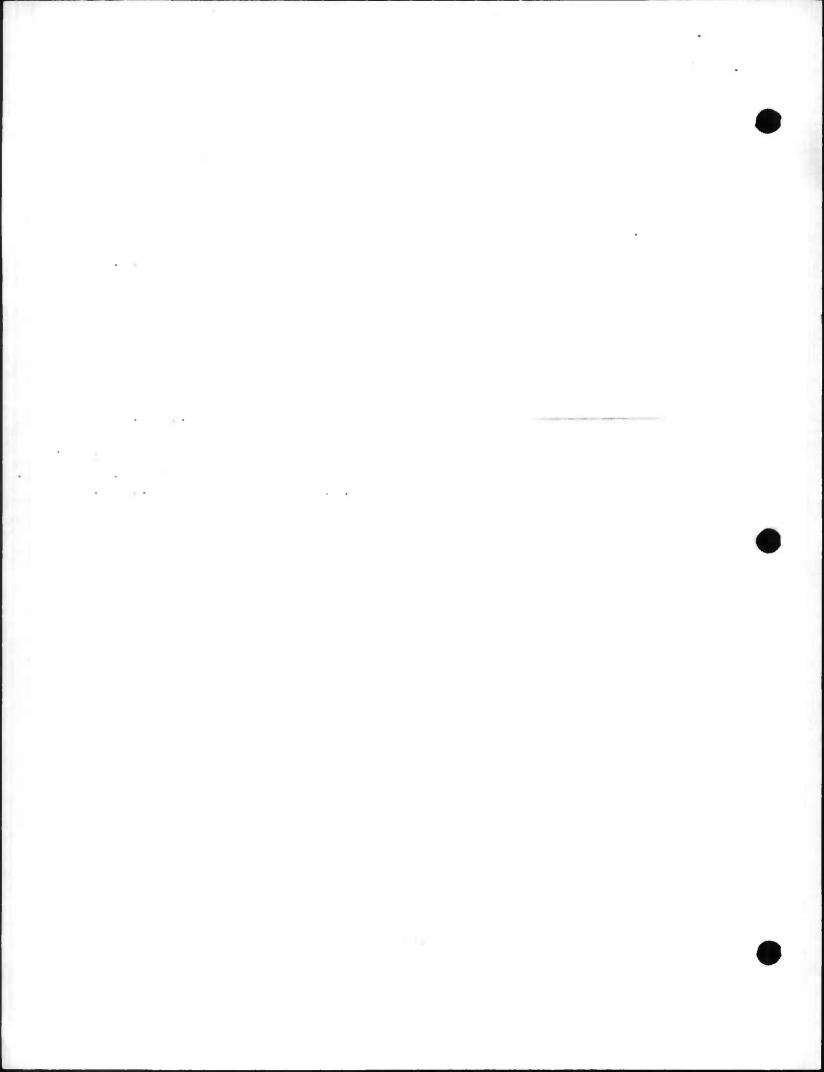
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MCCCS

REGISTRAR'S SIGNATURE

O'AUDION NANGAL

0



_	affe
	MICE
	10
5	THE
9	3
68	execute
â.	2
). B(rlificate
Ž.	80
'n	death
Ö	the
Ä	hat
$\ddot{\circ}$	rec
X	real
-	W.
-	H.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SOUTH OR ATTENDING PHYSICIAN. The law remines that the death certificate be executed within 28 hours after
2	NDING
3	ATTE
5	OR
	SPITAL

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 7. DATE of BIFTH (Month, Day, Yes SHERMAN 778 A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Country) 224-24-7824 1 X M 2 F 69 Sept. 18, West Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3707 Sylvan Drive DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 NO permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 3707 Sylvan Drive 21207 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. 1 Never Married 2 XX Merried If yes, specify Cuber, Mexican, Puerto Ricen, atc.)

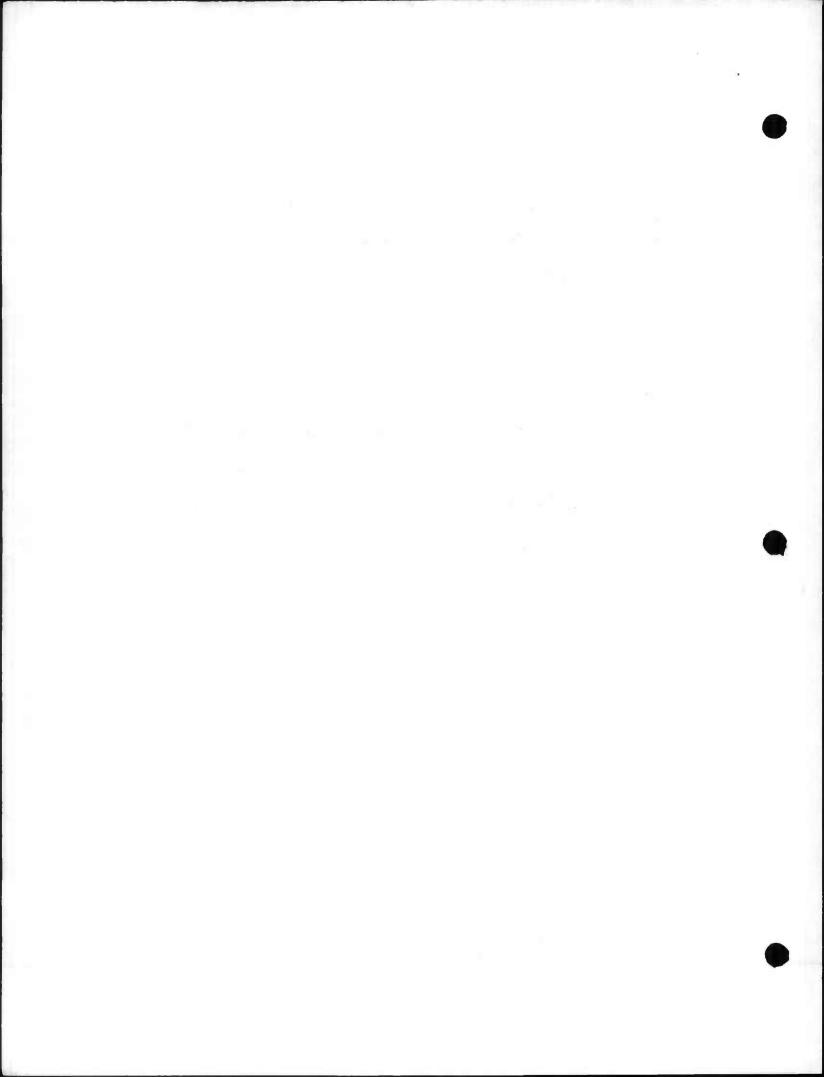
1 YES 2 NO Specify: Specify: Specify White ВУ 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) COMPL Physcal Analyst Social Security Adminis. Years 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) 75 Sherman Lee Clark Elizabeth Alexander notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3707 Sylvan Drive Baltimore, MD Mrs. Jane Clark death. Page 6 may be must be 20q, METHOD OF DISPOSITION
1 N Burial 2 Cremation 3 Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE emetery, cremetory or other place)

Maryland Veteran Cemetery 8/11/95 Garrison Forest, MD examiner 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 completely filled in by the medical , or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abook, or heart failure. List only one cause on each line. Interval Between 6 IMMEDIATE CAUSE (Final Onset and Death the cremation, disease or condition resulting in death) Hypevolemia
BUE TO (OR AS A CONSEQUENCE OF): traumatic event, an and corr 1 emia CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ymphoblestil /eulzemiene
De to (or as a consequence of): prior CAUSE (Disease or Injury injury, or other that initiated events resulting in death) LAST en signed by the atte PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? abetes shows any 1 TYES 2 NO. 1 | YES 2 | NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO LUNCERTAIN PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one certificate h HOSPITAL OTHER: 1 TES 2 Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 - Desidence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED this c Metural 5 Pending Investigation BY 1 YES 2 NO After 2 Accident DIRECTOR: Aft hours after dei item 28 Is n 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide TO THE HOSPITAL OR ATTY
TO THE FUNERAL DIRECTO
DE filed within 72 hours af
IMPORTANT: If Item 21 29a, CERTIFIER 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 1213006 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 101 W. Read St. Boltimore

a tradical conservation of the conservation of

0
92
~
9289
ВОХ
0
m
ш.
<u>~</u>
Ų.
P.0
_
Š
~
~
ECORD
O
LL.
Œ
_
TAL
2
\vdash
=
Ц.
OF
_
Z
0
=
S
DIVISION
_

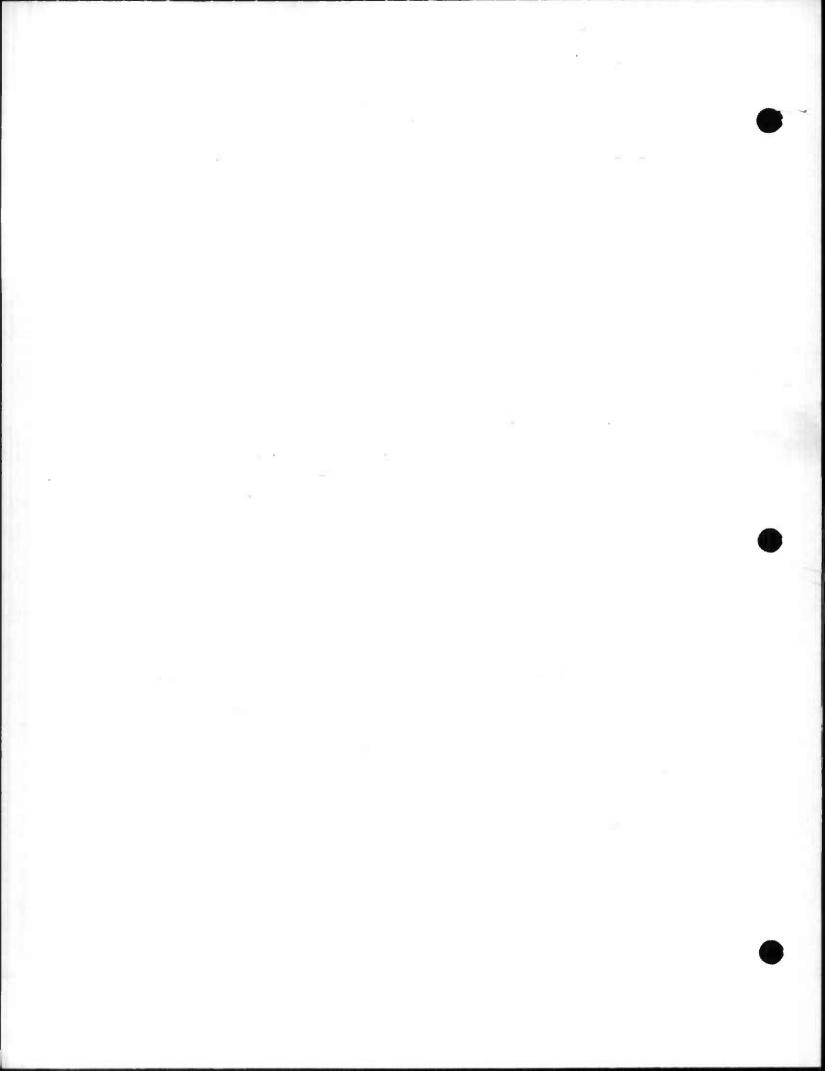
		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF H	IEALTH AND N	MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last) WILLE COK	Eley				2. DATE OF DEATH MONTH DA		YEAR O	TIME OF DEATH : 45 A - M	
pin		4. SOCIAL SECURITY NUMBER 217-52-7435	1₺ M 2 🗆 F 43	(In yrs. lest birthday) YRS.	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 2/14/195	2	Wash	CE (State or Foreign		
1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give attreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH BON Secours Hospital Baltimore N/A									
permit. Pages	L DIRECTOR	Maryland 10b. COUNTY	N/A			TION C				I. INSIDE CITY LIMITS? X YES 2 NO	
ian. -transit	FUNERAL	10e. STREET AND NUMBER 4006 Bonner Roo				21216			USA		
21215-0020 al or attending physician. for use as the burial-tra	ВУ	1 Never Married 2 X Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 100	If yes, sp-	CENDENT OF HISPANI Hecify Cuban, Mexican B 2 X NO Specify:	C ORIGIN? (Specify Yes I, Puerto Rican, etc.)	or No- 14	Black, Wh	American Indian, offe, atc. Black	
	PLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT (s USUAL OCCUPATION work done during mouse retired.) eria He	ost of working	166. KIND OF BUSINESS/INDUSTRY School				
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.	COMPL	12th 17. FATHER'S NAME (First, Middle, Lest) Haskell Corle		Careo	erra ne	18. MOTHER'S NAM	IAME (First, Middle, Meiden Surname) otte Pressley				
MAR e retained e 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Charlotte Hende				and Number or Bural Ro	oute Number, City or Town	n, State, Zip Co		216	
AORE, pe 6 may be rector, page		20e. METNOD OF DISPOSITION 1	cam	PLACE AND DATE	E OF DISPOSITION (Na	ama of	DATE 20c. LOG	CATION - CH	ty or Town, S	Steta	
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		21. SIGNATURE OF FUNERAL SERVICE LICE	INGEE CL	H	Leroy	O. Dye Liberty	tt & Son	fune	eral	Home	
in 24 hours after the stranger of the stranger		23. PABT 1. Enter the disease, or consider the process of consideration resulting in desth)	ist only one ceuse on e	ech line.	not enter the mo	de of dying, such	ss cardiec or respi	ratory srres	it,	Approximats intervsi Between Onset and Death	
687 xecuted and com burial, lattic en	LION	Sequentially list conditions, if any, leading to immediate Market and Education									
De phy	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. END Stage HIDS DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
e dea he att Menta	빙	PART II, Other significant conditions				n ceuse chun in E	had I far una su	A1770-04			
RECORI requires that the been signed by t. of Health and shows any Ir	N: MEDICAL	-CNS TOX -Seizure	, coose given in P	PERFOR	MAS AN AUTOPSY PERFORMED YES 2 MO 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO						
	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Chec					
the the	PHYS	27. MANNER OF DEATH	1 Inpetient 2 ☐ ER/Outp. 28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. INJU	URY AT	Other (Specify) 28d. DESCRIBE NOW IN	NJURY OCCUP	RED		
	B	Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJURY		M 1 7	YES 2 NO					
TISH MITTEN CTOR: after	ETED	3 Suicide 8 Could not be detarmined	building, etc. (Spec	:ify)	street, factory, office		28f. LOCATION (Street a. City or Town, State)	nd Number or	Rural Route i	Number,	
보 되었 등	COMPL	29a. CERTIFIER (Check only one) TERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated, Discretely and menner as stated.									
TO THE HOSPIT TO THE FUNERA DE filed within ? IMPORTANT: 1	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	reed	M.	D	D391	27	29d. DATE S	SATIONED (Mont	oth, Dey, Year)	
		30. Name and address of person who	COMPLETEO CAUSE OF DE	ATN (ITEM 27) (Type	Balh.	more	MD	21	20	,]	
1		AUG 1 0 1995	HEGISTRAR'S SIGNA	ATURE							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

1000-C1717 GUICH (1110-1117)	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ral.	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI			MENTAI	HYGIEN REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)	Dorothy J. Cotter				2. DATE OF DEATH DAY AUGUST 6, 1995				TIME OF DEATH 8-3-PM	
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN			S. 7. DATE OF BIRTH 8. BIRTH			BIRTHPL.	ACE (State or Foreign Land	
		279-30-6546 1 M 2 X F 86 YRS. SEPT. TO, 1908 MC. ACCILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF									
TOR	Medbridge Nursing Home Rossville Baltimore										
DIRECTOR	100. STATE 106. COUNT		10c. CITY, 1	TOWN OR LOCAT	N OR LOCATION Dundalk				- 1	d. INSIDE CITY LIMITS?	
FUNERAL	10e. STREET AND NUMBER			101	101. ZIP CODE 10g. CITIZEN C						
UNE	93 Kentway 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea of No.					ited States 14. RACE — American Indian, Black, While, etc.		
В	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			2X NO Speci		lican, atc.)		Black, W Specify:	White	
COMPLETED	1S. DECEDENT'S EDU (Specify only highest grade	CATION 16 completed)	Se. DECEDENT'S US (Give kind of won life. Do NOT use n	UAL OCCUPATION MORE	N st of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	writte	
PLE	Elementary/Secondary (0-12) 6 Years	College (1-4 or 5+)	Homemak				Own H	(im 0			
NO	17. FATHER'S NAME (First, Middle, Last)		Homenan		16. MOTHER'S N	AME (First, N					
BE (Joseph Gibson				Maise						
10	19e. INFORMANT'S NAME (Type/Print)	7.			nd Number or Rural					0100/	
	Edward L. Cotter 204, METHOD OF DISPOSITION		ACE ANODATE OF		leasant			CATION - City			
	1 Burial 2 Cremation 3 Rem	ioval from State Sac	ry crematory of other	on Jesu	us Cem.8	19/95	20c. 10	undalk	. Ma	ruland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AN	RUCK FU	ACILITY	Hama	a / Du	ada 0	h Tue	
	1 Teast of	- Loud		7922	Wise Au	e. I	undali	k. MD	212	22	
	23. PART 1. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Eo Rej	NAR.							Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CE	A TOTE WAA								ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Ingellent 2 ER/Outpellent 3 DOA A Municipal Many 5 Residence 5 Other (County)										
Ή	27. MANNER OF CEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 286. CESCRIBE HOW INJURY OCCURED										
BY	1 Natural 5 Pending 2 Accident Investigation	M 1 🗆 Y	ES 2 NO								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner as stated.										
B	29b. SIGNATURE AND TITLL OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mornth)									onth, Day, Year)	
임	30. MAME AND ADDRESS OF PERSON WH	O COMPLETED ANDSE OF DEATH	(ITEM 27) (Type, Pri	int) 3	440 9	35	AT		D	Ringe	
	31. DATE FILED (Month, Day, Year) AUG1 0 1995 July	32. REGISTRAR'S SIGNATU	TRE			(0.0	M	n	2/213	



DIVISION OF VITAL RECORDS, P.O. BOX 68760

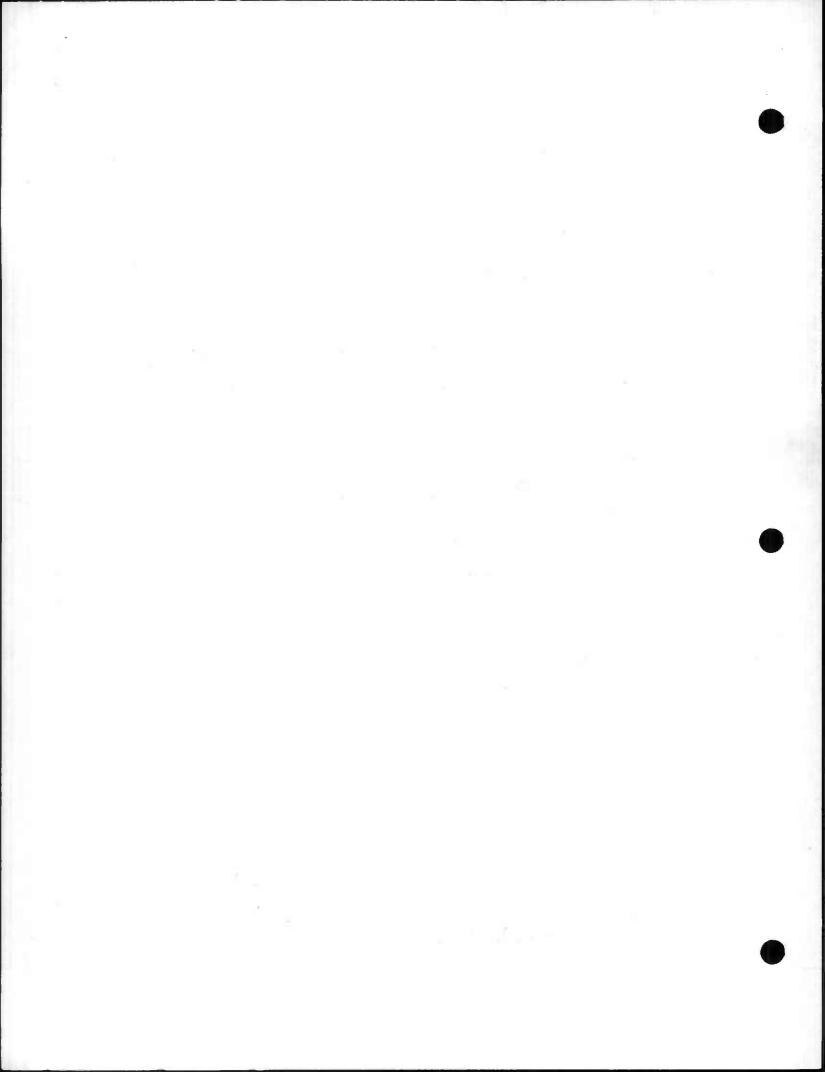
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Inlury, or other traumatic event, the medical examiner must be maintened at once.

1 - FOR STATE REGISTRAR

	HEGISTRAR		CERTIF	ICALE	OF DEATH	Н	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) William	Emory		Day		2.	DATE OF DEATH D	6. 1	year L995 5:10 A		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	AR IF UNDER 24	HRS. 7.	DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	219-20-3417	1 € M 2 🗆 F	67 YRS.			MIN.	(Month, Day, Year)	1928	Country) Maryland		
	Sa. FACILITY NAME (If not institution, give stre	set and number)	9b. CITY, TOWN OR LOCATION OF DEATH						TY OF DEATH		
8	Frederick Memoria	1 Hospital		F	rederick	ζ			ederick		
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Jefferson										
	Maryland Fred	erick	Jefferson				1 TYES 2 X NO				
FUNERAL	4801 Pioneer Circ	1.			101. ZIP CODE 2.1.75				EN OF WHAT COUNTRY?		
W.	United States										
5	1 Never Married 2 Married	FORCES? 1 YES	N U.S. ARMED		DECENDENT OF s, specify Cuban,			n or No- 1	14. RACE — American Indian, Black, Whita, atc.		
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	IF YES, GIVE WAR OR DATES			Specify:			Specify: White		
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/INDLI			
П	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of v	vork done durir se retired.)	g most of working		10000000				
. 로	12th grade		Manager	Manager General El			c Major	Appli.	ppliance Service		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						First, Middle, Maiden				
BE	Rufus A. Day				My	rtle	D. Thomp	son			
TO E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or	Rural Route	Number, City or Tow	n, State, Zip C			
	Mrs. Helen W. Day		4801	Pione	er Circ	le J	lefferson	, MD	21755		
	20s. METNOD OF DISPOSITION 1 String Burlet 2 Cremetion 3 Remon	val from State Col	D. PLACE AND DATE O	POSPOSITIO	N (Neme of	Ţ	OATE 20c. LO		Ity or Town, Stata		
	4 Donation 5 Other (Specify)	P	rospect l					Airy	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			E AND ADDRESS				D A		
CYC	ames	BLOT	Rey				neral Di				
200	23. PART I. Enter the diseeses, or co	23. PART Legislations that ceused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory street, Approximate									
	inock, or heart feilure. List only one cause on each-line. IMMIDIATE CAUSE (Final Onset and Death										
	disease or condition resulting in desth)										
1	DUE TO (OR AS A CONSEQUENCE OF):										
Z	myocardil intenti										
CERTIFICATION	Sequentielly list conditions, if sny, lasding to immediate	OUE TO (OR AS A	OUE TO (OR AS A CONSEQUENCE OF):								
	cause. Enter UNDERLYING CAUSE (Disease or injury										
Ē	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7):							
	d.										
	PART II. Other significent conditions		out not resulting i	n the under	lying ceuse giv	en in Par	t i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS		
EDICAL	Digital Mellitus Performed? AMILABL										
ME	Chamil and discount										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL	26. PLACE OF DEAT		one)						
Sign	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	ontient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 - Reald	lenca 8 🗆	Other (Specify)				
표	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28a. DATE OF INJURY (Month, Day, Year) 28b. TIMI			28	28d. DESCRIBE NOW INJURY OCCURED				
B	Natural 5 Pending 2 Accident trivestigation					10					
ED	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify)								r Rural Route Number,		
	4 Nomtcide detarmined										
	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner as stated.										
COMPLET	one) 2 MECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
ш	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENS	SE NUMBER	3	29d. DATE SIGNED (Month, Day, Year)					
D-09/-09								5/6/95			
12	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE			_						
	A. Austin Pear	e 300		thst	Frede	rick	MD	2170	>2_		
	AUG1 0 1995 Jali	Studentar	J.								



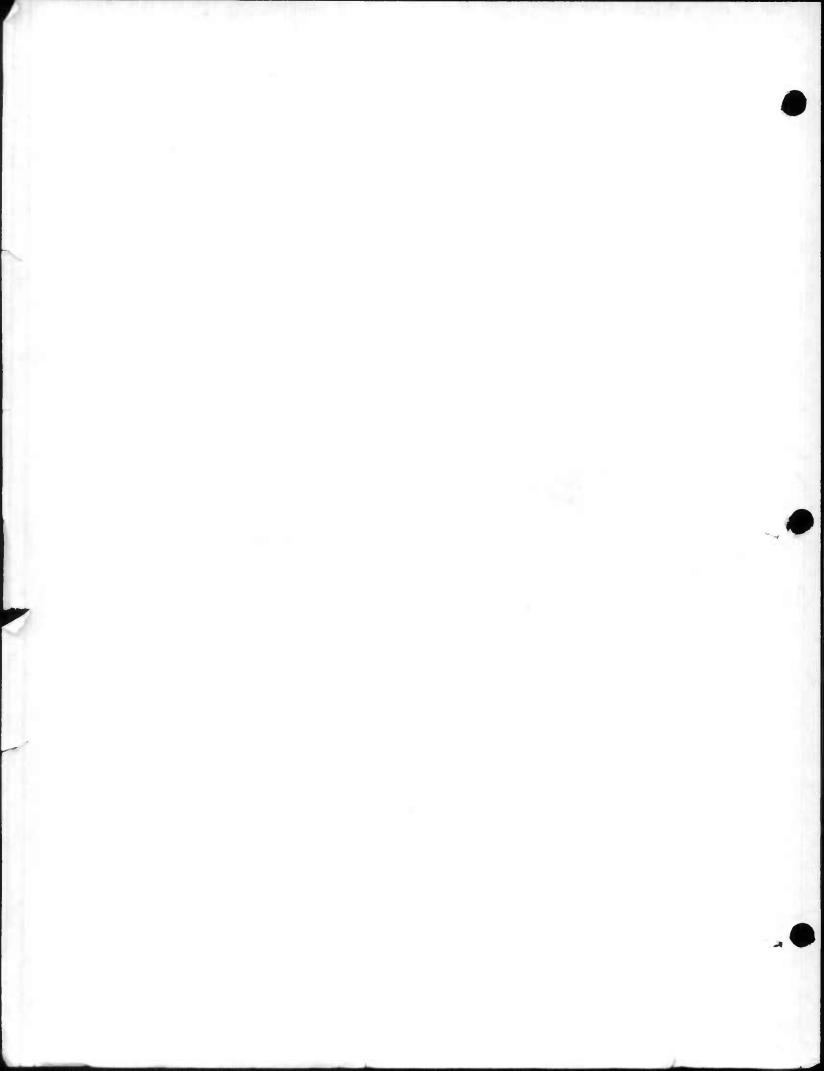
VOID
CERTIFICATE #

95-24210

SEE

CERTIFICATE M

95-28399



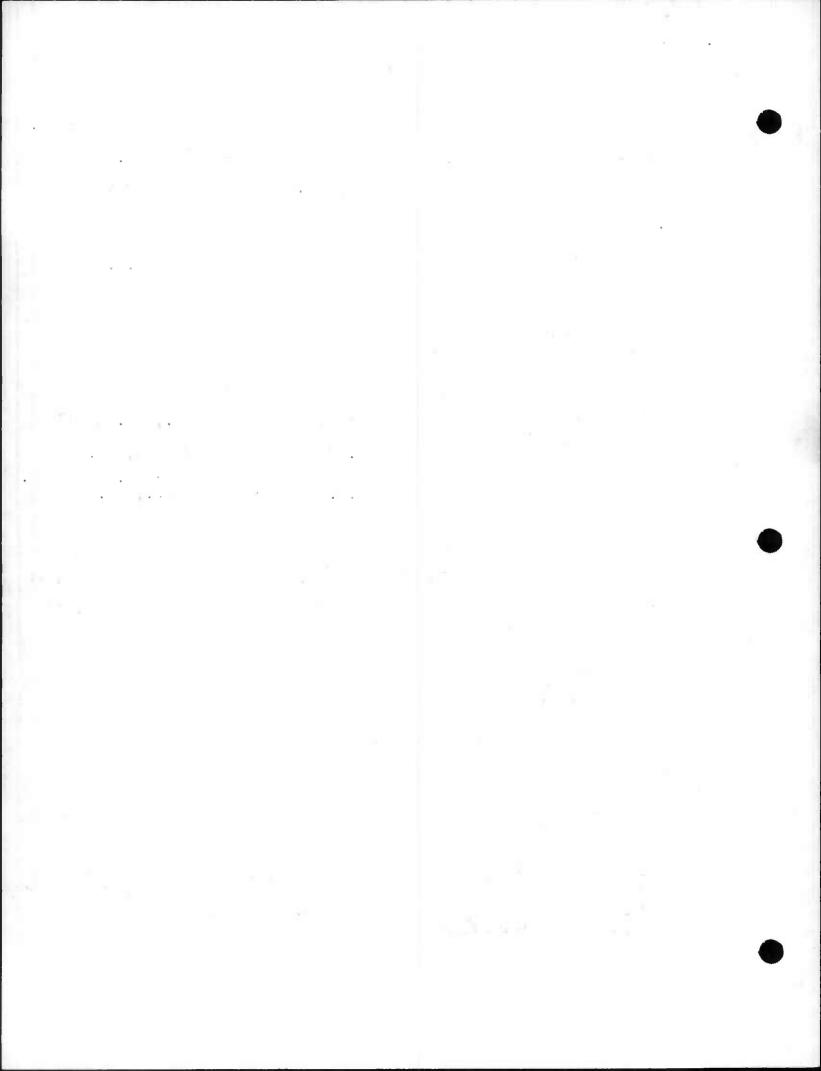
FOR

	2
3	ith ho
5	3
100	executed
5	28
0.0	e law requires that the death certificate be executed with
1	death
Ś	the
ב כ	that
	requires
į	W.
ζ	The
2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. DOA 80700	PITAL OR ATTENDING PHYSICIAN; The
-	OR
-	PITAL

STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Lula Hall 06 95 August 11:25P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 07-14-17 HOURS 1 M 2 4F S.Carolina 080-28-4969 burlal-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Lorien Frankford N/H Baltimore N/A 10c. CITY, TOWN OR LOCATION
Baltimore 10a. STATE 10b. COUNTY 10d. INSIDE CITY MD. N/A 1 TYPES 2 T NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5009 Frankford Avenue 21206 U.S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Black BY the 3 Widowed 4 Divorced page 5 should be detached for use as COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Coilege (1-4 or 5+) 7th 0 Domestic New York at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Walla Williamson Luemealure Benjamin BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 John Franklin Pembrooke Avenue Balto., MD. 21207 pe 20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE Burial 2 Cremation 3 Ramoval from State funeral director, Mem. rbutus Park 8/11/95 □ Donation 5 □ Other (Specify) _ Arbutus, MD. traumatic event, the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St. CFSP #281 E.L. Phillips F/H Balto., MD. filled in by the 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallura. i.lat only one cause on each line. Interval Between 0 IMMEDIATE CAUSE (Final **Onset and Death** cremation, disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and completely to burfal, cremation work METASTATIC BREADT CANCER CERTIFICATION howTH Sequentially list conditions. 2 DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY signed by the shows any ASCUP 1 TYES 2 NO HTM 1 TES 2 NO t, of DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item EXAMINER? certificate h HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 8 Other (Specify) Inpatiant 2 - ER/Outpetlant 3 - DOA marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 1 YES 2 NO BY After t Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 COMPLETED 8 Could not be DIRECTOR: hours after 4 Homicide Item 28 determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MP D41291 8 95 10 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRUSS Rinos 08 21117 DWINGS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



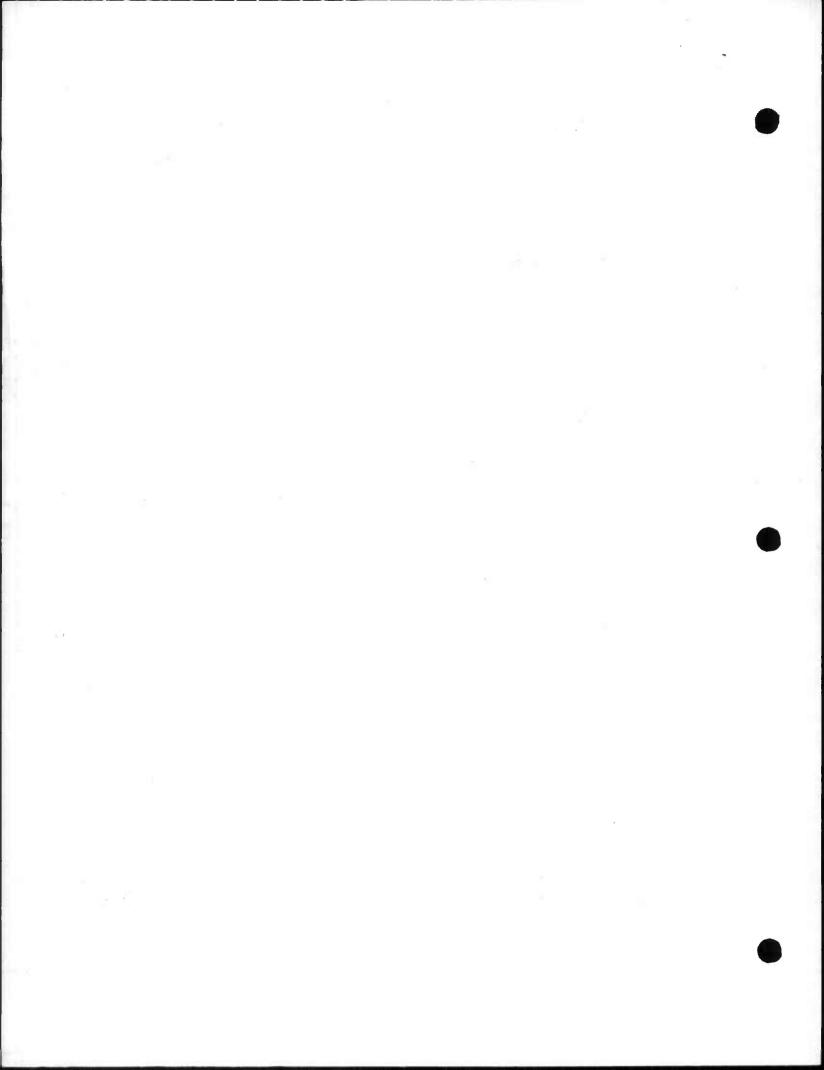
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traur

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERTIF	ICATE	OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE OF		AY	YEAR	3. TIME OF	F DEATH	
	LAWRENCE				ISB	EE		AUG	8	AY	1999	7.4	45 p	M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, C	BIRTH			PLACE (Stat	te or Foreign	
	081-36-3058	1 🗔 M 2 🗆 F	49	YRS.	MONTHS	DATS	HOURS MIN.		.19,	1945		NEW YO	ORK	
~	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN	OR LOCATION OF DE			T	INTY OF D			
DIRECTOR	SINAI HOSPITAL						LTIMORE				N/A			_
DIRE	MARYLAND 10b, COUN	N/A			Y, TOWN OF							10d. INSID LIMIT: 1 VES	87	
FUNERAL	10a. STREET AND NUMBER					10	f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUN		_
띮	6400 CROSS COUNT	TRY BLVD.					21215			r	JSA			
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED	13. V	AS DEC	CENDENT OF HISPAN	VIC ORIGIN? (Specify Yes		14, RACE	- Americe	en Indien,	_
⋒	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	NO.			ecify Cuben, Mexica 2 XNO Specifi		nn, etc.)		Speci	white, etc.	HITE	
COMPLETED	15. DECEDENT'S EE (Specify only highest gra	de completed)	(G	CEDENT'S ive kind of v	USUAL OC	CUPATION INC.	ON ost of working	16b. K	ND OF BU	SINESS/INI	DUSTRY			_
2	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+			,	. 7					_			
8	17. FATHER'S NAME (First, Middle, Last)	JT		A11	ORNE	Y	18. MOTHER'S NA	ME /First Mich		r LAV	V			
	LOUIS	г –	ISBI	er.			IS. MOTHER 3 NA		zre, mreicien	Surneme)				
BE	19e. INFORMANT'S NAME (Type/Print)				ADDRESS	(Street o	and Number or Rural I	ROSE	City or Tray	n State 7k	n Code	OWALS	SKY	_
일	MRS. AVIVA ISBEE	2					UNTRY BLV					03.03.5		
1	20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE (E DISPOSI	TION /N	ame of	DATE	20c 1.0	CATION -		21215		_
	1X Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	ACTIDAT	matory or of	her place)	OF	BALTO. 8	10/05						
j	21. SIGNATURE OF FUNERAL SERVICE I	LK:ENSEE	AGODA.	111 11			ND ADDRESS OF FA		I R	DSEDA	ALP:	MD		_
	- allens	me to	we	00			LEVINSON						03.5	
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximate													
ŀ	shock, Dr heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final											Inter	val Betwe	
ĺ	disease or condition	YXIA							IMMEDIAT					
ı	resulting in death)		OR AS A CONSE	DUENCE OF	 j:							TIVIIVI	IEDTA.	. h
z		TRAC	HEAL HE	MORR	HAGE							1 н	m	
2	Sequentially list conditions, If any, leading to immediate TRACHEAL HEMORRHAGE DUE TO (OR AS A CONSEQUENCE OF):											1 1 1	IK	_
5	cause. Enter UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING												
HIFICALION	that initiated events	DUE TO (C	OR AS A CONSEC	SEQUENCE OF):										
2 2	resulting in death) LAST	d												
- 1	PART II. Other eignificent condition	ons contributing to d	leeth but not r	eaulting I	n the unc	lerivin.	n cause alven in	Part I 24	a. WAS AN	AUTOBOV	245	WERE AUTO	DOV FILIDAL	-
DICAL PICAL	ALS					y	g onder given in	rait 1. 24	PERFOR		240.	AVAILABLE I		
	PULMONARY FI	PROCEC						_ 1	YES 2	NO NO		OF DEATH?		
Ξ			ICE OF DEA	TII VE	СПХ	- E	I III ICEDTAIN					1 TYES	2 NO	
{	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL	TRIBUTE TO CAC			H (Check or		UNCERTAIN	1 1						_
፯	EXAMINER?	HOSPITAL:			OTHER						_			_
ru tsician:	27. MANNER OF DEATH	1 Inpatient 2 X		28b. TIM		_	URY AT							_
- 40	1 Netural 5 Pending	(Month, Day		INJ	URY	WO	PRK?	28d. DESCR	IBE HOW I	NJURY OC	CURED			
5	2 Accident Investigation 3 Suicide & Could set by	28a PLACE OF	INJURY — At ho	me farm s	treet fector			28f. LOCATIO	N /Ctmmt o	and Maranhara	on Dural D	la sta M h		_
COMPLETED	4 Homicide 6 Could not be determined	building, et	Ic. (Specify)			.,		City or 1	own, Stete)	no Number	or nurer n	Dute Namber,	,	
2 1	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of m	ry knowledge, de	eth occurre	d at the tim	ne, date	and place, end due	to the cause(s) end mar	iner ee stat	led.			_
5	one) 2 MEDICAL EXAMIN	ER: On the basis of exa	mination and/or i	nvestigatio	n, In my op	Inlon, d	eath occured at the	time, date an	f place, en	d due to th	ne cause(s)	end menne	or as stated.	
	296. SIGNATURE AND TITLE OF CERTIFI						29c. LICENSE NUM					(Month, Day,		_
	Inte	SH	2						l	DAI			rear)	
2	30. NAME AND ADDRESS OF PERSON W	THI) MPLETED CAUSE	OF DEATH (ITE	1 27) (Type.	Print)		D2503	9			8	/8/95		_
	JULIAN JAKOBIVI	rs 6503	PARK HE				BALTIMO	RE, MI) 2	1215				
	AUG1 0 1995	SE RECOSTRAR	GNATURE									-		





TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be received within 24 hours with the figure in mained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR-After this certificate has been signed by the attending physician and companies men companies men the three and rector and a signed by the attending physician and companies men the three and the property of the second of the secon
be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burst, cremation, or removal
iMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatis, event, the medical examinar must be motified at once.

30. NAME AND ADDRESS OF FERSON WHO CERVIL Shettle.

31. DATE FILED (Month, Day, Ybar)

AUG 1 0 1995

IQ COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

UMMS 22 South Green ST. Baltimore, MD.21201
32 AEGISTRAR'S SIGNATURE
Java dividuo hardell

,	Item10b 8-10-95 FilmG726 W.H	l.Per F/H				95	24273						
	1 - FOR STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF HE	ALTH AND I	WENTAL HYGIEN								
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH						
		effrey			Aug 0		5 1508 p M						
		GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.7	BIRTHPLACE (State or Foreign Country)						
	256 01 3426 1⊠ M 2 □ F	58 YRS.			June 11, 1		ngland						
m	94. FACILITY NAME (If not institution give street and number) University of Maryland		9b. CITY, TOWN OR		ATH	9c. COUNTY	OF DEATH						
P	Medical Center		Baltimo	re		N/A							
E C	10a, STATE 10b. COUNTY	10d. INSIDE CITY											
1 2	Maryland -N/A Anne Arundel Annapolis												
FUNERAL DIRECTOR	Maryland Annapolis 100. STREET AND NUMBER 100. CITIZEN OF WITH THE PROPERTY OF WITH THE PRO												
Ē	705 ½ Arundel Place		21	401		USA							
15	11. MARITAL STATUS 12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.						
BY	1 Never Married 2 Married FORCES? 1 Y 3 Widowed 4 Divorced IF YES, GIVE WAR O		1 TES 2	NO Specify	:		Specify:						
	15. DECEDENT'S EDUCATION	45- DECEDENTIA	USUAL OCCUPATION		T		ucasian						
COMPLETED	(Specify only highest grade completed)		rock done during most		166. KIND OF BU	SINESS/INDUST	TRY						
1	Elementary/Secondary (0-12) College (1-4 or 5+)	Electric	cal Engin	aar	United	States	Navy						
COM	17. FATHER'S NAME (First, Middle, Last)	22000110			ME (First, Middle, Meiden		Navy						
BEC	Frank Jeffrey		- 1	Eileen 1		,							
10 B	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street end	Number or Rural F	loute Number, City or Tow	n, State, Zip Cor	(a)						
F	190. INFORMANT'S NAME (Type/Print) Cheryll Clapp 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cheryll Clapp 606 Great Glen Ct., Greenville, 29615												
5	20s. METHOD OF DISPOSITION 1 □ Burist 2 Commetton 3 □ Removal Form State	20b. PLACE AND DATE O	F DISPOSITION (Name	e of	DATE 20c. LO	CATION — City							
	4 (1) Donattory 5 Other (Specify)	Mt. Comfor				kandria	, Virginia						
	21. SIGNATURE OF FORMULA SEMPLE LICENSEE			ADDRESS OF FAC	ral Homes,	Tno							
200	1 May VI Vagora				Virginia								
	23. PART IS Enter the diseases, or complications that cau	ised the death. Do n	ot enter the mode	of dying, auct	an cardiac or reapi	ratory arrest.							
	Interval Onset a												
3	disease or condition Multi;	ole Organ	System	n Failı	4Days								
	DUE TO (OR A	S A CONSEQUENCE OF):	Lalle									
N N	Sequentially list conditions,	ent Rena	oma		4Months								
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):										
E S	CAUSE (Disease or Injury	AS A CONSEQUENCE OF):										
E	reaulting in death) LAST		,				i						
Ö													
MEDICAL	PART II. Other algorificant conditions contributing to deat			cause given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
ă	Chronic Enterocutan	leous FIS	tula		1 YES 2	Ж но	COMPLETION OF CAUSE OF DEATH?						
	DID TODA CCO LICE COLUMNIA						1 YES 2 NO						
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE 25. WAS CASE REFERRED TO MEDICAL			UNCERTAIN									
2	EXAMINER? HQSPITAL;		OTHER:										
PHYSICIAN:	1 ☐ YES 2 ☑ NO 1 ☑ Inpatient 2 ☐ ER/C 27. MANNER OF DEATH 28a. DATE OF INJUI		4 Nursing Home										
	1 Netural 5 Pending (Month, Day, Yes		JRY WORK	(7	28d. DEŞCRIBE HOW II	HJURY OCCURE	ED						
2 Accident Investigation 1 YES 2 NO													
City or Town, State)													
LET	29e. CERTIFIER 1 10 CERTIFYING PHYSICIAN: To the heat of my ke	to the same of the		HERE SAME	ter and control	es restrain							
COMPL	(Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the best of my kr one) 2 MEDICAL EXAMINEF: On the basis of examiner						timefal and manner as stated						
- 1	29b. SIGNATURE AND TITLE OF CERTURER												
B	Codin Helling MI	1] 2	D 396			O1, 1995						
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	Print)	_ 550		, may	32,2333						

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

BRAGER

1 XYES 2 NO

WHITE

Interval Between

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF OEATH? 1 TES 2 ANO

Onset and Death

8. BIRTHPLACE (State or Foreig

MARYLAND

9c. COUNTY OF DEATH

USA

N/A

10g. CITIZEN OF WHAT COUNTRY?

Specify

240

2. DATE OF DEATH MONTH

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BESSIE

1 -

BOX 68760	
P.O. BOX	
L RECORDS,	
OF VITAL	
DIVISION	

MUGUST 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) JF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) FEB. 25,1901 DAYS HOURS 1 M 2 KF 219-18-5662 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE RANDALLSTOWN permit. FUNERAL 10e. STREET AND NUMBER 21133 26 MAINVIEW COURT w requires mat the ceath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerlo Rican, etc.) 1 YES 2 X NO BY 3 Widowed 4 Divorced Specify: COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE OWN HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE MORRIS COHEN CELIA 19e. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 26 MAINVIEW COURT RANDALLSTOWN, MD 21133 MARTLYN NAVIASKY å 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 200. METHOD OF DISPOSITION

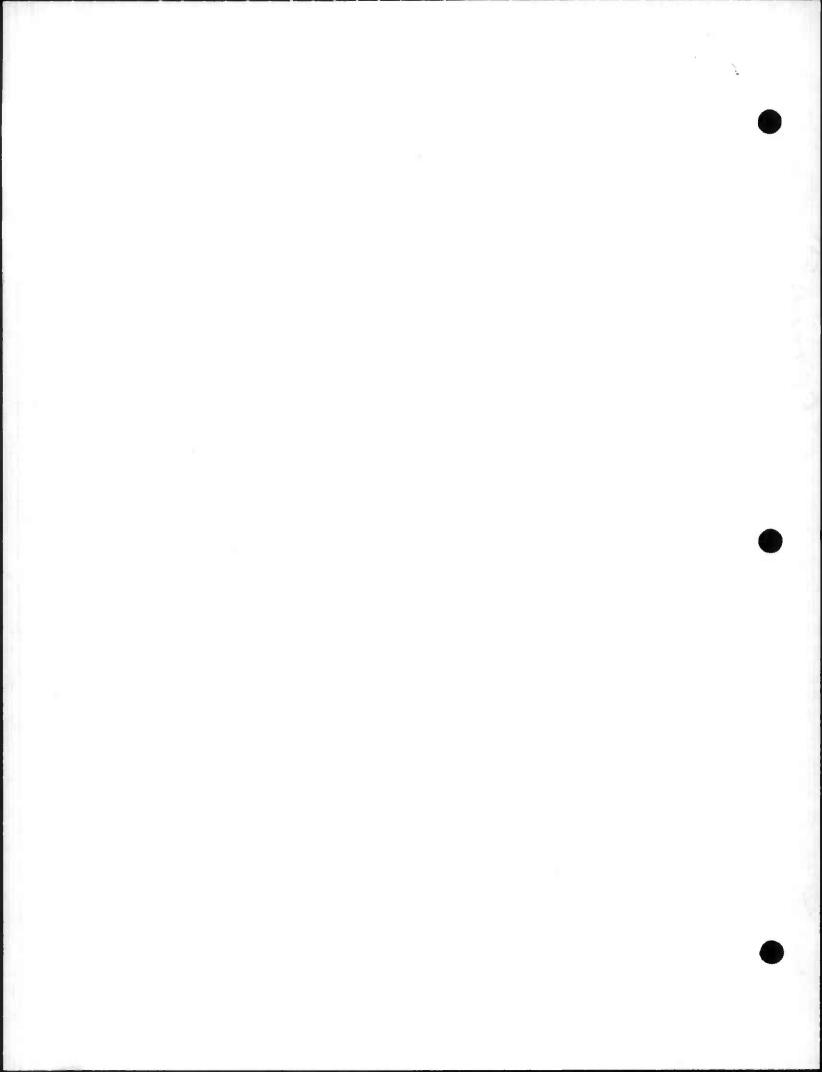
1 Disposition 3 Removal from State
4 Donetion 5 Other (Specify) ÄNSHE EMUNAH (AITZ CHAIM) -8-8-1995 BALTIMORE, MD examiner 21. SIGNATURE OF FUNGRAL SERVICE LICENSE 22. NAME AND AGORESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD BALTIMORE, MD 21215 medical 23. PART i. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or haert fallura. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition MYOCARDSAL event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART ii. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 - YES 2 - 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Napatient 2 | ER/Outpatient 3 | DOA DIRECTOR: After this certificate hours after death with the State OTHER: 1 | YES 2 | 100 4 Nursing Home 5 Residence 6 Other (Specify) 6 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO marked. 1 Natural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Yown, Stete) 3 Suicide 60 6 Could not be COMPLETED 4 Homicide 28 datermined Item CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. THE HOSPITAL I THE FUNERAL I TO THE HOSPITAL OF THE FUNERAL DE BE filed within 72 h (Check only one) HOSPITAL 2 ___ MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER BE 2 38. NAME AND ADDRESS OF PERSON WITE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A REGISTRAR'S IGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

29d. DATE SIGNED (Month, Day, Year) DHMH-16 Rev 1/89

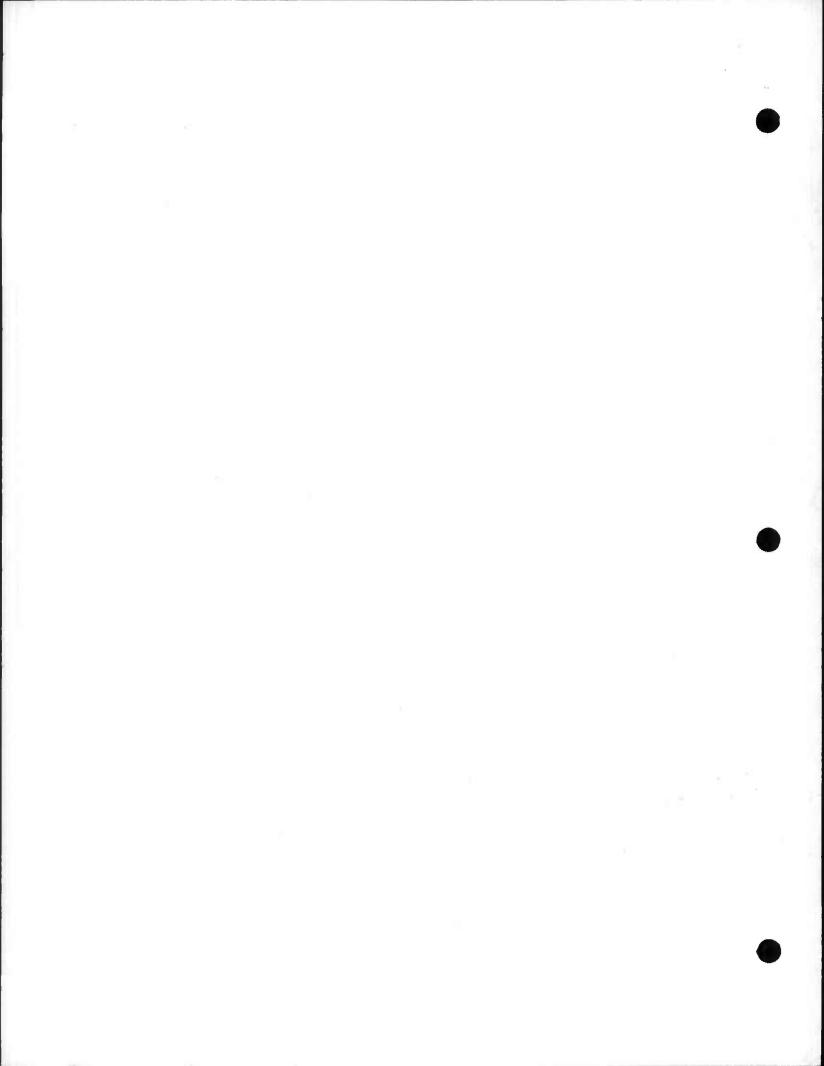


MARYLAND 21215-0020
BALTIMORE,
X 68760

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.
MADONIANT Miles Of temporal on Norm Of absence care influence on other described account the months of a country of the

	500												
_	1 - STATE REGISTRAR	STATE OF MARYLAND A	DEPARTI	MENT OF	HEALTH AND DEATH	ID MENTA	REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)	レクヘエフ				MON			3. TIME OF DEATH	1			
		SEX 6. AGE (In yrs. le	-a historian) a	F UNDER YEAR	IF UNDER 24 H	0'		1 9	5 6:15 H	М			
	213-10-7748	□ M 2 N F 88	YRS.	ONTHS DAYS	HOURS M	N. APR	OF BIRTH th, Day, Year) IL 13,19	07 1	BIRTHPLACE (State or Foreign Country) MARYLAND	7			
CTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH N/A RESIDENCE OF DECEDENT												
L DIRECTOR		1/2		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	104. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY 109. CITIZEN OF WHAT COUNTRY USA 109. CITIZEN OF WHAT COUNTRY												
B	3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		II yes, s	CENDENT OF HI pecify Cuben, M S 2 (M)NO S	sxicsn, Puerto		or No- 14	I. RACE — American Indian, Black, White, atc. Specify:				
once. COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade cont Elementary/Secondary (0-12)	npleted) (C college (1-4 or 5+)	ECEDENT'S US Silve kind of work Do NOT use n		ION ost of working		Retai						
111 m	ANTONIO LOM	IBARDI			A	S NAME (First,	Middle, Maiden	Surname)					
TO B	19s. INFORMANT'S NAME (Type/Print)	THAM 2		DRESS (Street	and Number or F			n, State, Zip Co	2123L				
must be	20s. METHOD OF DISPOSITION 1 1 Staurlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of completery, cremationy or other place) 4 Donestion 6 Other (Specify) BALTIMORE, Md.												
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LAND THE EVANS CHAPEL OF MEMORIES BEOD HARFORD Rd PARKVILLE, Md. ZIZZY												
event, the medical	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or reapiratory arreat, immediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
inhows any injury, or other traumatic event, the MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
DICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ATRIAL FTB 2 (ATRIAL) 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?												
			TH YES	ONO [UNCER	AIN 🗆			1 Tes 2 No				
ed, or item 23 :	EXAMINER?	26. PLAC OSPITAL: Inpatient 2 - ER/Outpatient 3	_ 0	Check only one) THER: Nursing Hor	ne 5 🗆 Raside	nce 6 🗆 Oth	er (Specify)						
marked, (BY PH)	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y W	JURY AT ORK? YES 2 NO		SCRIBE HOW IP	NJURY OCCUP	RED				
28 Is TED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, stree	et, 1ectory, offic	ce .		CATION (Street s or Town, State)	and Number or	Rural Route Number,				
		it: To the best of my knowledge, de in the basis of examination and/or							suse(s) and manner as stated	ı.			
IMPORTANT:	29h. BIOMATURE AND TITLE OF CENTURE!	la			29c. LICENSE	NUMBER 295	3	29d. DATE \$	IGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO CO		M 27) (Type, Pri	CH P.F.	ner	Bi	IT	MU	2239				



	į
0	
68760	
-	
00	
Ø	
P.O. BOX	
\cap	
\simeq	
\circ	
٧.	
0	
_	
ທົ	
97	
00	
RECORDS,	
U	
O	
iii	
ш	
Œ	
-4	
⋖	
-	
_	
>	
OF	
\circ	
-	
7	
=	
0	
_	
ഗ	
>	
=	

		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN						
		1. DECEDENT'S NAME (First, Middle, Last)	2 / 4				2. DATE OF DEATH		3. TIME OF DEATH				
				WSON			AUGUST		9-10Pm				
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
Pin		217-05-3614		86 YRS.			03-04-0		Carolina				
2, 3 should	стов	96. FACILITY NAME (If not institution, give street end number) Northwest Hospital Ctr. Randallstown Balto.											
isit permit. Pages 1,	1 E	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCAL	TION			10d. INSIDE CITY				
	DIREC	MD. N	/A		Ва	1timore	9		LIMITS?				
	M	10e. STREET AND NUMBER			101	. ZIP CODE			OF WHAT COUNTRY?				
	FUNERAL	3504 Cedar Da	le Road			21215			U.S.				
21215-0020 or atlanding physician. r use as the burial-transit	BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 TWildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPAL Secify Cuben, Mexica 2 NO Specific	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) fy:	99 or No — 14	RACE — American Indian, Black, White, etc. Specify: Black				
215 attend ise as	ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16. DECEDENT	S USUAL OCCUPATION	ON	16b. KIND OF BU	ISINESS/INDUS	TRY				
21 for us	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT	*								
AND he hospital detached to once.	F	12th	4yrs.	Chemi	cal Spe			Line					
YLA by the be det	1 - 1	17. FATHER'S NAME (First, Middle, Last) Joseph Lawson				Cora F	AME (First, Middle, Meider	Sumame)					
	96	190. INFORMANT'S NAME (Type/Print)		105 MAII IN	C ADDRESS (Street of		Route Number, City or Tov	- 0 Tr. 0					
	유	Franklin Beard					oad Balto						
Page 6 may be if director, page		20s. METHOD OF DISPOSITION	206										
AL FIMOR death, Page 6 ma funeral director, p.		1 Burlel 2 Cremation 3 Bemon 4 Donetion 6 Other (Specify)	combment	Awson C	hape e Bar	emst 8/3	11/95 Be	lto.,	exboro, N.C.				
AL I IN death. Pag tuneral di i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N. Monroe St.											
~ 53 -		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
in the		23. PART I. Enter the diseasea, or oc shock, or heart fellure. Li	implications that ceused let only one ceuse on e	the death. Do ach line.	not enter the mo	de of dying, aud	ch as cardiac or reap	diratory arrest	Approximate				
P on H		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	A Cute R	unal	Failme	۷			Onset and Death				
S 2 2 2			DUE TO (OR AS A	CONSEQUENCE	DF):				m. to				
UX 687. be executed sician and control to burial, traumatic en	o N	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):											
ste be ysiciar prior trau	САТІО	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c. Meta Static Mystate Came 7248											
certificate ding physical principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the princip	RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):								
1 5 5 5	CER	d.											
Injer of Me	AL (PART II. Other eignificent conditions	contributing to deeth b	ut not resulting	In the underlying	g ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS				
- co - co -	음						1 YES :		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
requires seen sign of Heal	MEDIC								1 YES 2 HO				
e law requents been Dept. of 123 sho	AN:	DID TOBACCO USE CONTRI				UNCERTAI	NO						
N: The N: The State D	SICI		HOSPITAL:		OTHER:								
SICIAN: The Certificate the State	14S	1 TYES 2 JANO 27. MANNER OF DEATH	1 Impetient 2 ER/Outp.		4 - Nursing Hom		6 Other (Specify)						
NG PHYS Her this auth with	/ РНУ	1 Natural 5 Pending	(Month, Day, Year)	26b. TII	JURY WO	PRK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED				
WDING WDING S After death	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm,			281. LOCATION (Street	and Number or I	Rural Route Number				
2 声音 2	111	4 Homicide determined	building, etc. (Spec	elfy)			City or Town, Stete)					
to GRI PI	COMPLET	290. CERTIFIER 1 DERTIFYING PHYSICI	IAN: To the best of my knowl	ledge, death occur	red at the time, date	end place, end due	to the cause(s) end ma	nner as stated.					
THE HOSPITAL THE FUNERAL filed within 72 P	OM								euse(e) end menner ee stated.				
THE HOSPI THE FUNEF filed within PORTANT:	w	296. SIGHATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Ybar)				
₽ ₽ 2 3	TO B	ngrelle	1			D400	+91	> AL	egust. 07.1991				
$/\lambda$		S A M A NO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Qan	Pale To	na ?	1137					
10		31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNA	ATURE		~> (V			?				
1		AUG1 0 1995 / 10/4	WILLIAM TO THE THE	J.									

. . ÷

FilmG, 726, item #7, 8/14/95,cyw, per B.W.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Allen Eugene Merriman 2. DATE OF DEATH 3. TIME OF DEATH August ,1995 Allen Lugerie 11:50 Merriman AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Aug, 1 1.0 1 X M 2 🗌 F 217-20-2348 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE CITY N/A 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 TES 2 NO ANNE ARUNDEL LINTHICUM HEIGHTS permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. 421 MADINGLEY ROAD 21090 S. A. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rici 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: 1942 - 1945WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Spi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) INSPECTOR 12 NONE FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE ALBERT LeROY MERRIMAN BERTHA JANE REXRODE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LINTHICUM HEIGHTS. GERALDINE ELIZABETH MERRIMAN MADINGLEY ROAD MD 21090 9 20a. METHOD OF DISPOSITION
1 ☐ Burlat 2 ♥ Crampation 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of Burial 2 Cremation 3 Ramoval from State

Donation 6 Other (Specify) Must HILLTOP SERVICE TOWSON, MARYLAND ехатіпег 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. SINGLETON FUNERAL HOME PA SECOND AVE. S.W. GLEN BURNIE. MD_21061 medical 23. PART i. Enter the diseases, or complication that ca the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition 4415 and event. resulting in death) requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 nock traumatic CERTIFICATION da Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): signed by the attending physician a Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING Maryona other CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 any injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL 24s. WAS AN AUTOPSY 1 TES 2 NO COMPLETION OF CAUSE 1 | YES 2 NO has been s Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) . DR ATTENDING PHYSICIAN: The I DIRECTOR: After this certificate ha hours after death with the State Di 1 YES 2 NO OTHER: patient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural м 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 28 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE HOSPITAL I THE FUNERAL C filed within 72 h = 2 MEDICAL EXAMINEII: D TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 2868 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM 27) /A HOMAS T. PENROACH c/o Maryland General Hospital

31. DATE FILED (Month, Day, Year) 0 1995 32. REGISTRAR'S SIGNATURE

X x ×

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH

						TOATE	- 01	DEA	111		TEG. NO.			
	1. DECEDENT'S NAME (First		NARD	AN					MONTH DAY YEAR			3. TIME OF DEATH 4 · 33 p M		
	4. SOCIAL SECURITY NUMBER 188-32-481	BER	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs.			1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D.	BIRTH ny, Your)			LACE (State or Foreign
	9e. FACILITY NAME (If not in		9b. CITY,	TOWN (OR LOCATI	ON OF DEA	Nov.	10,1		NTY OF DEA				
DIRECTOR	LIBERTY MI		CENTER					ORE					N/A	
E	10e. STATE	10b. COUNTY			10c. CI1	ry, TOWN O	R LOCAT	TION						IOd, INSIDE CITY
	MARYLAND 100. STREET AND NUMBER		N/A		BA	LTIM(CITY						YES 2 NO
FUNERAL	2324 McCULI							2121					U.S.A	• COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	HIO NO	- 1	f yes, sp	ecity Cuba	F HISPANI n, Mexican Specify:	C ORIGIN? (S , Puerto Rica	ipecify Yes n, etc.)	or No—	Specify:	- American Indian, White, etc.
9	15. DEC (Specify onl)	EDENT'S EDUC	ATION completed)	16e, I	ECEDENT'S	USUAL OC	CUPATIO	ON of wordsin		16b. Kil	ND OF BUS	INESS/INC		DLACK
COMPLETED	Elementary/Secondary (0 12th grade		College (1-4 or 5 -		fe. Do NOT u	ware.					CARE	Ү НАІ	RDWAR	E
Š	17. FATHER'S NAME (First, M							18. MOTI	HER'S NAM	E (First, Midd	lle, Maiden	Sumame)		
BE	DAVID L MOF		SR.	1.	DA MAN DIS					E LEGG				
2	YVONNE MORGA	AN			2324	McCUL	LOH	STR	EET,	BALTI	MORE	, State, Zip , MAI	RYLAN	D 21217
	20a METHOD OF DISPOSIT	(Specify)	A		UTUS"				K	8/11			RE MA	RYLAND
	21. SIGNATURE OF FUNERA	flege	11	*/		22, I	ILL I	AM°C	BRC	WN co	MMUN	ITY I	F/H	
-		1 4	Depur							AVENU				
	IMMEDIATE CAUSE (Findisease or condition	eert fellure. L	ist Dnly one cau	se on each III	16.							retory arr	rest,	Approximsta Interval Batween Onset snd Daeth
	resulting in death)		DUE TO	(OR AS A CONS	EOUENCE O	F):	ua	Con	_	10				10 min
ATION	disease or condition resulting in death) s. Nantucalae Abrillates Due to (or as a consequence of): Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING Die to (or as a consequence of): Die to (or as a consequence of):													
CERTIFICATION	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):													
		a.												
EDICAL	PART II. Other significa			desth but not	resulting	in the un	derlying	cause g	iven in P	art i. 24	PERFOR			VERE AUTOPSY FINDINGS
ă	Destate	- M	Metica				_			1	YES 2	KNO		OMPLETION OF CAUSE IF DEATH?
Σ	DID TORACCO II	SE CONITR	IDLITE TO CA	USE OF DE	ATLL VI	· · ·	10	CINIC	EDTA IA I				1	YES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 125. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chock only one)													
SIC	EXAMINER?		HOSPITAL:			OTHER	:	5 🗆 Ba	sidence 6	Other (Sc	neafful			
PHYSICIAN:	27. MANNER OF DEATH		28a, DATE OF (Month, Da	INJURY	26b, TIM		28c. INJU	JRY AT	-	28d. OESCRI		JURY OCC	CUREO	
B⊀	2 Accident	Pending Investigation		F INJURY — At 1		М	1 🗌 Y	'ES 2 [-		20000			
ETED		Could not be determined	building,	atc. (Specify)			ну, опіс			261. LOCATIO City or To	m (Street al wn, State)	nd Number	or Runal Rou	ite Number,
COMPLETED			IAN: To the best of											nd menner es stated.
	29b. SIGNATURE AND TITLE					,					piace, enc			
TO BE	Goraca	HER	Hal Z	ے				D	13	004		18	19/	190th, Day, Year)
	RONA W	5.	POT OT	SKY		Print)	831	X	Ess	S men	7 ,	BAC	70 19	(0212 0
	AUG1 0 19	95 Sa	32. REGISTRAI	R'S SIGNATURE										
				-										

should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE DI	THE De filed	IMPOR

											95	1 6.	4219
	1 - FOR STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENTAL	HYGIEN REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)	М.	1. 11						2. DATE (OF DEATH	AY	YEAR	3. TIME OF DEATH
	MACK A,		rshall						Aug	ust	7,19	195	3:08 P M
	219-52-7028	5. SEX	6. AGE (In yrs. Ia 45	st birthday) YRS.	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE ((Month,	29 1		S. BIRTHE	LAND
	Se. FACILITY NAME (If not institution, give a		40	1110.	9h CIT	Y, TOWN O	R I OCATI	ON OF DE		29 1		INTY OF DE	
R	MARYLAND GENERAL					LTIM			AIII			N/A	AIR
DIRECTOR	RESIDENCE OF DECEDENT							0111				П/Л	
IR.		r N/A				OR LOCAT							10d. INSIDE CITY LIMITS? VX YES 2 \(\) NO
10	10e. STREET AND NUMBER	N/A		DA	L 11		ZIP COD				100 017		N\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
FUNERAL	1330 DIVISION S	TREET				100	212				130	U.S.A	
S	11. MARITAL STATUS	12. WAS DECEDEN' FORCES? 1	EVER IN U.S. A	MED	13.	WAS DECI	ENDENT C	F HISPAN	IIC ORIGIN	(Specify Yes		14. RACE	- American Indian
ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	☐ YES 2 入人 AR OR DATES	МО		If yes, spe 1 YES	2 A NO	n, Mexica Specify	n, Puerto R	ican, etc.)			White, stc.
	15. DECEDENT'S EDUC	CATION			- 1								BLACK
ETE	(Specify only highest grader	completed)	(0	CEDENT'S live kind of Do NOT us	Work done se retired.)	during mos	n st of workin	g	16b.	KIND OF BU	SINESS/INC	JUSTRY	
PL	12th grade	College (1-4 or 5+		RUCK	DRIV	ER			l	JNKNOW	!N		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	HER'S NA	ME (First, M	iddle, Meiden	Surname)		
BE (ROBERT MACK								GASTO				
2	1981. INFORMANT'S NAME (Type/Print) PATRICIA MACK		19	6. MAILING	ADDRES	S (Street er	nd Number	or Rural F	Poute Numbe	or, City or Tow	n, State, Zip	Code)	01016
	20e. METHOD OF DISPOSITION							JAD,	_	7 -			21216
	1 X Buriel 2 Cremation 3 Remarks 4 Donation 6 Other (Specify)	-	20b. PLACE	IG ME	MOR1	AL P	ARK		8/10			ORE, M	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIE	Leven			1	206	W. NO	ORTH	AVEN				
	23. PART I. Lijet the diseases, or of the color of the co	complications that	caused the de	eth. Do r	ot anta	r tha mod	de of dyl	ng, aucl	n as cardi	ac or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition												Several Posth
	resulting in death)	a. Pneun	nonia a	and	Grai	n Ne	gat.	ive	Bac	teri	ımia		days
_		AIDS	ON AS A CONSE	OUENCE O	r):								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate		OR AS A CONSE	OUENCE OF	F):								
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
TIF	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	QUENCE O	F):								
S		d					_						
	PART II. Other significant condition	s contributing to	death but not i	reaulting	In tha u	ndarlying	cause g	iven in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
20									_	1 YES 2		-	COMPLETION OF CAUSE OF DEATH?
M	DID TOD 4660 1161 601												T YES 2 NO
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	RIBUTE TO CAL		TH YE			UNC	ERTAIN	1 🗆 📗				
S	EXAMINER?	HOSPITAL:			OTHE	R:		97845-V					
Ä	27. MANNER OF DEATH	28e. DATE OF	INJURY	26b. TIM	E OF	28c. INJU	JRY AT	sidence	6 Other	(Specify)	NJURY OCC	CURED	
ВУР	1 Natural 5 Pending 2 Accident trivestigation	(Month, De	y, Year)	INJ	URY M	1 Y	RK? ES 2 [NO					
ED B	3 Suicide 8 Could not be	28e. PLACE Of building,	INJURY — At he	me, term, s	street, fac	tory, office			281. LOCA	TION (Street e	nd Number	or Rural Ro	ute Number,
	4 Homicide determined									, ,			
COMPLET		CIAN: To the beet of i											
S	2 MEDICAL EXAMINE	a: On the basis of ex	amination end/or	Investigatio	n, In my	opinion, de	ath occur	ed at the	time, date e	end place, en	d due to th	e ceuse(e)	end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	al					29c. LtCE				29d. DATI		Month, Day, Year)
0	AND ADDRESS OF DEPOSIT AND	GANESH	PRASAD	Hou:	se of	ficer	05	260				8-7-	- 95

296. SIGNATURE AND TITLE OF CERTIFIER

AND PRASAD HOUR Office 89260

30. NAME AND ADDRESS OF PERSON VINO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

T Gransh Prasad, M.D. c/o MarylandGeneral Fiospital 29d. DATE SIGNED (Month, Day, Year) 8-7-95

Sulli STEGITEAR FIGHTUP

DHMN-16 Rev 1/89

	pio	
	3 sho	
	-transit permit. Pages 1, 2, 3 s	
	88 1,	
	Pag	
	H.	
	De .	
	ansid	
Sicia	ial-tr	
E S	Day	
ding	the	
atten	98	
6	or us	
Spital	bed for	
e ho	etach	000
y th	o d	90
De D	Pin	-
etain	Sho	ntiff
90	ge 5	9
may	r, pa	et h
9	recto	2
230	al di	new
rtificate be executed within 24 hours after death. Page 6 may be retained by	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans with the State Dept, oil Health and Mental Hyplene prior to burial, cremation, or removal.	on the motion of the profile of the motion of the motion and the motion of the motion of the motion of
er de	the fi	No. le
Saff	remo	dies
NO.	of in	E
124	y filly	the
N CONT	pletel	and form
Pa	al, c	975
Mecu	prind	Silve
90	or to	2010
safe	hysic pri	- 64
artific	ng p	othe
SICIAN: The law requires that the death cert	tendi	90
dea	e att	7617
t the	nd It	Jel .
tha :	Ined I	200
Juire	Sign	O Prince
V rec	beer of	de.
9	has	22
=	State	160.00
CIA	the	-
BHYSI	his c	Part .
0 5N	ter t	1
N	R. Al	1
ATTE	CTO	90
OR	DIRE	160
THE HOSPITAL OR ATTENDING I	O THE FUNERAL DIRECTOR: After this ce in filed within 72 hours after death with the	spontant of them 20 is marked
OSP	UNE	T. T.
エチ	HH	2000
E	10	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I	TEALTH AND	MENTAL	HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE OF	DEATH	2. DATE O	F DEATH			TIME OF DEATH		
	Helen	A. Mille	n			AUO.	8.199		EAR 1(0:30PM		
1 1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		1	BIRTHPLAC	CE (State or Foreign		
	215-22-2137	1 M 2 F	90 YRS.	MONTHS DAYS	HOURS MH.	Apri	I 28,	1905	Per	nnsylva		
	9a. FACILITY NAME (If not institution, give a		7 -	96. CITY, TOWN	OR LOCATION OF D			9c. COUNTY	OF DEATH	1		
S.	3114 Westfiel	d Ave.		B	altimo	re		N/	A			
DIRECTOR	RESIDENCE OF DECEDENT		I in one									
8	Md.	, Ν/Α		ry, town on Loca Baltimo						I. INSIDE CITY LIMITS?		
		0/B								YES 2 NO		
3A	3/14 Westfie	11 1		10	1. ZIP CODE 2/2/4	,		10g. CITIZEN	U.S.			
FUNERAL			NII O ADUGO	1								
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 XNO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexic	en, Puerto Ric		or No 14.	Black, Wh	American Indian, hite, etc.		
B	3 XWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗌 YES	S 2 X NO Speci	ffy:			Specify: (Vhite		
8	15. DECEDENT'S EDUCATION 166. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY											
E	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)											
P	Unknown	Unknown	Ho	omemake	r		H	ome				
COMPLET	17. FATNER'S NAME (First, Middle, Last)	7-11			18. MOTNER'S N.	AME (First, Mi	ddle, Maiden S	Sumeme)				
В	John E. Myer	4										
100	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural				ide)			
2	Mr. Gladys B.	Miller	3//	4 West	Lield t	Ave.	Balte	a. Md	. 21	1214		
	20a, METNOD OF DISPOSITION	201	D. PLACE AND DATE	OF DISPOSITION (A	ame of	DATE		ATION — City				
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	metery, gremetory or a R R W O O O	l Cemet	enu	8/1	2 Be	alto.	.Md.			
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADDRESS OF F	ACILITY	r	,	11	21234		
	A STOCK	00		Tan	tley 111	LLLer	rune	2 ral	Home	2/22/		
	21 PART I. Enter the disesses, on	complications that cause	d the death. Do	not enter the m	/ Marte	oha cardi	a. Do	ZLTO.	$\frac{1}{1}\alpha$	Approximats		
		List only one cause on		not enter the m	oue or dying, su	CIT ES CSIGN	oc or respir	atory orteo	,	Interval Batwe		
	IMMEDIATE CAUSE (Final disease or condition	D								Onset and Der		
	resulting in desth)	e. OFFE	A CONSEQUENCE C	ance						275		
_	_	302 10 (011110	N 0011020021102 0	,,,								
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS	A CONSEQUENCE O	OF):								
AT	If eny, leeding to immediate cause. Enter UNDERLYING	-										
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE C	OF):								
E	reaulting in death) LAST	d										
CAL	PART II. Other significant condition	is contributing to deeth	but not reaulting	in the underlyli	ng cause given i	n Part I.	24a. WAS AN / PERFORI		AVA	RE AUTOPSY FINDING		
l a							1 YES 2	No		MPLETION OF CAUSE DEATH?		
MEDIC									1 [YES 2 NO		
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE C				IN []						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	OTHER:)							
YSI	1 YES 2 NO	1 tripatient 2 ER/Out		4 Nursing No	me 5 Realdence							
표	27. MANNER OF DEATN Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	IJURY W	JURY AT ORK?	28d. DE\$0	RIBE NOW IN	JURY OCCU	RED			
B	2 Accident Investigation				YES 2 NO	-			-			
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, atc. (Spe		atreet, factory, off	ce		TION (Street a r Town, State)	nd Number or	Rural Route	Number,		
ETED												
집	Check only	HCIAN: To the best of my know	wledge, death occur	rred at the time, dar	te end place, end du	e to the caus	e(a) end man	ner ea atated,				
COMPL	one) 2 MEDICAL EXAMINI	ER: On the beals of examineting	on and/or investigati	ion, in my opinion,	death occured at th	ie time, date a	and place, and	d due to the o	euse(a) en	d manner ea stated		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R	0		29c. LICENSE N	UMBER		29d. DATE S	IGNED (Mo	onth, Day, Year)		
00	arbent	() voer	ul		D23	076		> T.	16-91			
유	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ	e, Print)			-					
	Kichard L.Di	amond. M	.D. 57	30 Fall	s Rd.	Dalt	more	- M	12	12/1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			-							
1	ALICA A TOOK	V / A6 1	PI									

			MILDRED		RUTH		MAIT	Н			AU	ig 4
			4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		R 24 HRS.		OF BIRTH
Pi			215-28-5	341	1 🗆 M 2 🔼 F	63	YRS.	MONTHS DAY:	HOURS	MIN.	NO	1. 22.
3 should		~	9a. FACILITY NAME (If not in:					9b. CITY, TOW		ION OF DE	ATH	,
.2		DIRECTOR	3603 BELLMO					n/A	7			
Pages		Ä	10e, STATE	10b. COUNTY	x 1 / k		10c. CITY	, TOWN OR LO	CATION			
-F		- 1	Md		NIA		P	Utim	orc)		
t permit.		FUNERAL	10e. STREET AND NUMBER	1	. 1 ()			10f. ZIP COD	E		
020 physician. burial-transit		NE	4800 161	DWA	40001 I-	He			217	209		
)20 hysic			11. MARITAL STATUS 1 Never Married 2	Merried	FORCES? 1	T EVER IN U.S. AR	MED 10	If yes,	specify Cubi	en, Mexicar	IC ORIGII	N? (Specify Ye Rican, etc.)
ding the t		8	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES		1 T Y	ES 2 NO	Specify.	:	
21215-0020 al or attending physician. for use as the bunial-tran		COMPLETED	15. DECI (Specify only	EDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPA	TION	laa	166	. KIND OF BL
(A = 5			Elementary/Secondary (0-		College (1-4 or 5	His	Do NOT us	e retired.))	"'9		1
AND the hospit detached	e5	₩ I	17. FATHER'S NAME (First, MI			IHO	SUS	e With	<u>ب</u>		7	Jom
YLAND 2 by the hospital be detached to	at once.	_	TY CC CC	k C	Thomas	02020			16. MOT	HER'S NAM	AE (First,	Middle, Maider
MARYLAND retained by the hospit 5 should be detached	8	8E	19e. INFORMANT'S NAME (7)	rpe/Print)	TIMIN	191	. MAILING	ADDRESS (Street	t and Numbe	C OX Burni B	nuda Num	Kall
	not	우	Patricia	M.J	Bush	3	603	Rell	Mrs.~	Rd	Pal	time
- ro	of to		20a, METHOD OF DISPOSITION 1) Burlal 2 Cremation		and from Cont.			F DISPOSITION	Name of	1 100	DAT	
ALTIMORE Jeath. Page 6 may funeral director, pa	must		4 ☐ Donation 5 ☐ Other	(Specify)		- Garr	matory or of	her place)	-		8-8	95 Ou
H. Pa	examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE				AND ADDRE			300 W
			Dlas .	lus	4200	(-00		PIAR	Cn r/	U-ME	ST 4	:300 W
at A	medical		23. PART I. Enter the dis	seases, or c	omplications the	t caused tha de	ath. Do n	ot entar the r	node of dy	ing, auch	aa car	diac or reap
T Poe	5 E		IMMEDIATE CAUSE (Fin		List only ona cat	ise on each lina	•					
E 2 6	it, the		disease or condition resulting in death)	→	n	-ung	cun	cen				
68760 executed within and completely	traumatic event,	1			OUE TO	(OR AS AGONSE	DUENCE OF):				
	natic	o N	Sequentially list condition		OUE TO	(OR AS A CONSEC	UENCE OF	١٠				
BOX	tran	\$	If any, leading to immed cause. Enter UNDERLY!!	VG				,				
Certificate nding physical Hydroge put	or other	Ĕ	CAUSE (Disease or injust that initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF):				
O # #	0	CERTIFICATION	resulting in death) LAS1									
The o	2 23	- 11	PART II. Other significan	nt condition	s contributing to	death but not r	eauiting is	n the underly	ing cause	given in F	Part I.	24a. WAS AN
Signed by Health and	any I	MEDICAL			suce		-					PERFO
	240	율Ⅱ	0								_	1 TYES
- > A .		ž	DID TOBACCO US	SE CONTR	IBUTE TO CA	USE OF DEA	TH YE	S 🗆 NO	□ UNC	ERTAIN		
TAL The law tte has b	item 2:		25. WAS CASE REFERRED TO EXAMINER?					H (Check only on				
VITA IAN: The I	or ite	ğ I	1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 The	esidence (☐ Othe	r (Specify)
VISION OF VITABLE ATTENDING PHYSICIAN: ECTOR: After this certifical	ed.	PHYSICIA	27. MANNER OF DEATH	3.47	28e. DATE OF (Month, D		28b. TIME INJU	OF 28c. I	NJURY AT VORK?		28d. DES	CRIBE HOW
NG Py	marked	à I		ending rvestigation			- 1100	M 1	YES 2 [NO		
SIC TENDI	28 Is	a		could not be etermined	28e. PLACE O building,	F INJURY — At hor atc. (Specify)	me, ferm, st	treet, factory, of	lice			ATION (Street or Town, Stete
DIVISION OF VITAL. OR ATTENDING PHYSICIAN: The Ian DIRECTOR: After this certifician confine after death with the State Dea	Item 2		an ormalism									
TAL O	= 1	COMPLET	(Check only		JAN: To the best of							
HOSPITAL FUNERAL	IMPORTANT:	8			I: On the beele of a	camination end/or i	nvestigation	i, in my opinion	death occur	red at the t	lme, date	and place, ar
是 半 達	PORT	W	296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICI	ENSE NUMI		
263	₹	2	30. NAME AND ADDRESS OF	PEDECNAMA	COMPLETED CALL				1 1	303	5/	/

Coope

REGISTRAR'S SIGNATURE

Robert M.

CERTIFICATE OF DEATH

100 d. Broadway

1 - FOR STATE REGISTRAR

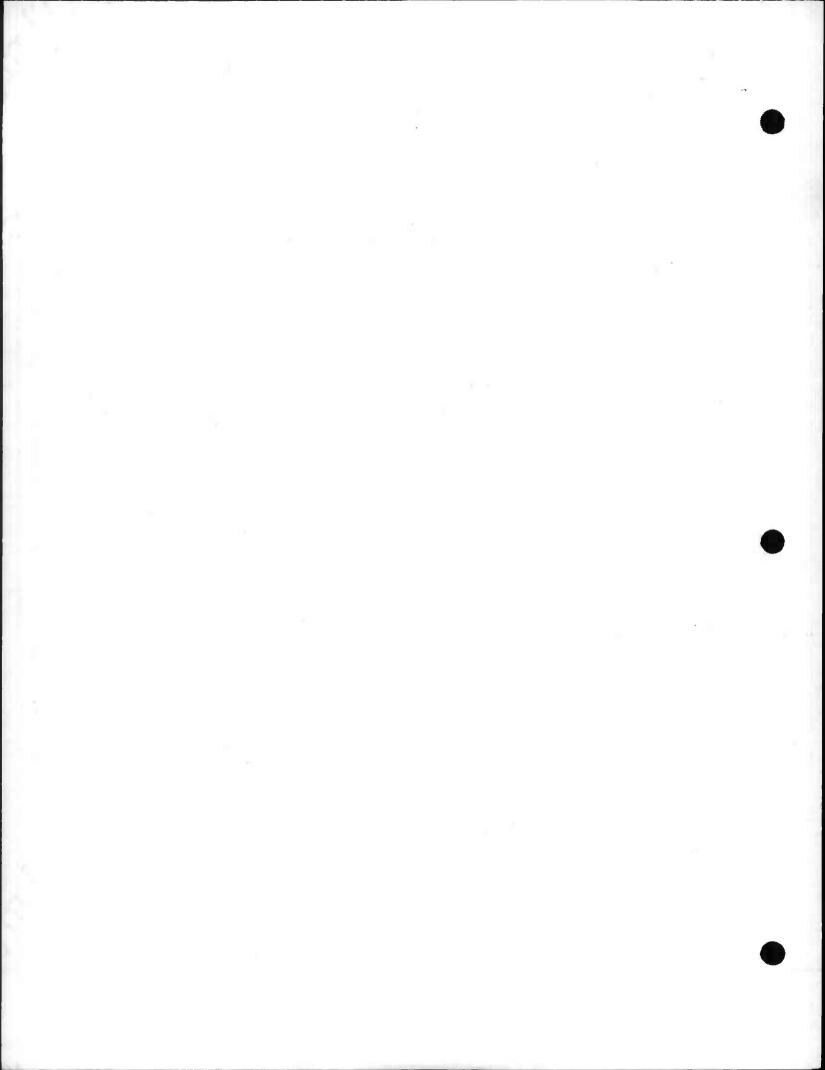
1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 1995 YEAR 6:00 a.m 8. BIRTHPLACE (State or Foreign Country) 9c. COUNTY OF DEATH BALTO 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? es or No-14. RACE — American Indian, Black, White, etc. as K USINESS/INDUSTRY estic n Surname) INE State, Zip Code) v. Md OCATION - City or Town, State Nings ABASH AVE piratory arrest, Approximate Interval Between **Onset and Death** N AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 YES 2 NO INJURY OCCURED end Number or Rural Route Number, nner en stated. nd due to the cause(e) end manner ee stated.

29d. DATE SIGNEO (Month, Day, Year)

2123

BALTUMD



8	affer (
	DOLLER
	Ì
60	witte
687	poperithe
õ	2
0.8	rtificate
٩.	ath ca
Š	e de
Ä	hat th
	Lifes 1
œ	N FRG
A	he law
=	AN. T
DIVISION OF VITAL RECORDS, P.O. BOX 68760	PHYSICE
5	DING
2	ATTEN
\leq	DR
_	THE HOSPITAL OR ATTENDING PHYSICIAN: The law remines that the death certificate be executed with
	H

	FOR			STATE OF I	WARYLAND	/ DEDAR	TMEN	T 05 L	JEAITU	AND I	MENTAL	UVCIEN		2	4282	•
_	1 - STATE	TRAR		OINIE OI I		ERTIF						REG. NO.				
	1. DECEDEN		at, Middle, Last) ay	Н.		Mo					2. DATE OF		BY -	YEAB	3. TIME OF DEA	
ŀ	4. SOCIAL S	ECURITY NUM	adi-	5. SEX	6. AGE (In yrs. I		rti				Aŭgu		, 1	995	8:00	
		2-584		1 M 2 X F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, L	12, 1	1016	Country	PLACE (State or Fi	oreign
	9a. FACILITY	NAME (If not	institution, give :	street and number)			9b. CITY	r, TOWN (OR LOCATI	ON OF DE		12,1		NTY OF DI		
OB	24 9		Road				Edg	geme	ere				Ba	ltim	ore	
DIRECTOR	10a. STATE	CE OF DE	10b. COUNT	Y		10c. CITY	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY	Y
	1.100 001.0	and		Baltim	ore					Ea	lgemer	e			LIMITS?	NO
FUNERAL	10e. STREET	AND NUMBER						101	f. ZIP COD	E			. 424		HAT COUNTRY?	
NE	11. MARITAL	Shore 1	Road	40 1110 1120 11							2121	-		Unit	ed Stat	es
	M	ferried 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 1	NO	- 1	If yes, sp	ecify Cuba	n, Mexica	ilC ORIGIN? (n, Puerto Ric	Specify Yes an, etc.)	or No-	Black	- American Indi White, atc.	len,
BY		rd 4 🗌 Div	rorced	IF TES, GIVE V	WIN ON DATES			1 YES	2 1X NO	Specify	<i>(</i> :			Specif	White	
ETED			CEDENT'S EDU			ECEDENT'S	vork done	CCUPATIO	ON ost of working	19	16b. Ki	ND OF BUS	SINESS/INC			
PLE	12 ye	ry/Secondary	(0-12)	College (1-4 or 5	+)	16. DO NOT US Iminis	,	ion	1	· +av		State	Cau	0 to 10100	010 +	
COMPL	17. FATHER'S	NAME (First, I	Middle, Last)		I Au	unurus	Nun	LON			ME (First, Mid			<i>e</i> Crun	en	
ш	Not	Know	n	Hutchings Not KN												
TO BE	196. INFORMANT'S NAME (Type/Print) Arthur L. Rhoads, Jr. 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip 704 Frederick Road Baltimore, Mary															
	Arth			Jr.						id E	Baltim	ore,	Mary	land	21228	
	1 [Buriel	OF DISPOSI 2 Cremeti on 5 C Othe	lon 3 🗆 Rem	oval from State	20b. PLACE cemetery, c	e AND DATE OF THE COMPANY OF THE COM	her place)	SITION (No	ame of	10110	OATE		CATION —			
		-	AL SERVICE LI	ENSEE	_ var	Lawn	22.	NAME A	ND ACORE	SS OF FAC	CILITY	1 50	ultim	ore,	MU	
	K	Son	STE	aura	9			uda•	Ruck	Fur	ieral	Home	Of D	unda	lk, Inc	•
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											ata				
		E CAUSE (FI		The state of the s										Onset and		
	disease or resulting is		\rightarrow	K	espirat					1/2	_					
				DUE TO (OR AS A CONSEQUENCE OF):											100	
NO.	Sequential	ly list condi		DUE TO (OR AS A CONSEQUENCE OF): Clavor Distriction lay Disas DUE TO (OR AS A CONSEQUENCE OF):											109	2.
S	cause. Ent	ar UNDERLY	ING	Q												
TIFICATION	that initiate		212	DUE TO	(OR AS A CONSI	EOUENCE OF	7):									
CER				d											-	
	PART II. O	thar algnific	ant condition	s contributing to		resulting i	n tha ur	darlyln	g cause g	lven in	Part I. 24	a. WAS AN		246.	WERE AUTOPSY FI	
EDICAL		1-1-10	me	depent	ent &	hal	us				1	YES 2	-		COMPLETION OF O	
Σ	DID TO	PACCOL	ISE CONT	RIBUTE TO CA	LICE OF DE	ATIL VE	c ET	<i>K</i> F	1						1 YES 2	NO
SICIAN:	25. WAS CAS	REFERRED 1		KIBUIE IO CA		CE OF DEAT			JUNC	ERTAIN	1 1					
SIC	1 TYES	2 (LHO		HOSPITAL:			OTHE	₹:	e 5 🗆 Re	sidence	6 Other (S	inecthy)				
PHY	27. MANNER		e like	26e. DATE OF (Month, D		26b. TIME	E OF	28c. INJ	_		28d. DESCR		NJURY OC	CURED		_
BY	1 Natu	_	Pending Investigation				М	1 🗆 1	rES 2] NO						
ED	3 Sulci		Could not be determined	28e. PLACE O building,	FINJURY — AI h etc. (Specify)	ome, ferm, s	treet, fact	ory, office			281. LOCATION OF THE	ON (Street a Town, State)	nd Number	or Rural Re	oute Number,	
LET	29a. CERTIFIE	R 1 CAR	TIEVING BUVE	CIAN: To the hear of	on bounded.	leath and	4 -4 -									
COMPL	(Check or one)			CIAN: To the best of R: On the basis of a											and manner as =	tated.
ECC	29b. SIGNATU		OF CERTIFIE)					NSE NUM					'Month, Day, Year)	
O BI		le	lun	h Re	en	-	u	1	4		555		•	8/5/	95	
	II an MARK AND										_					

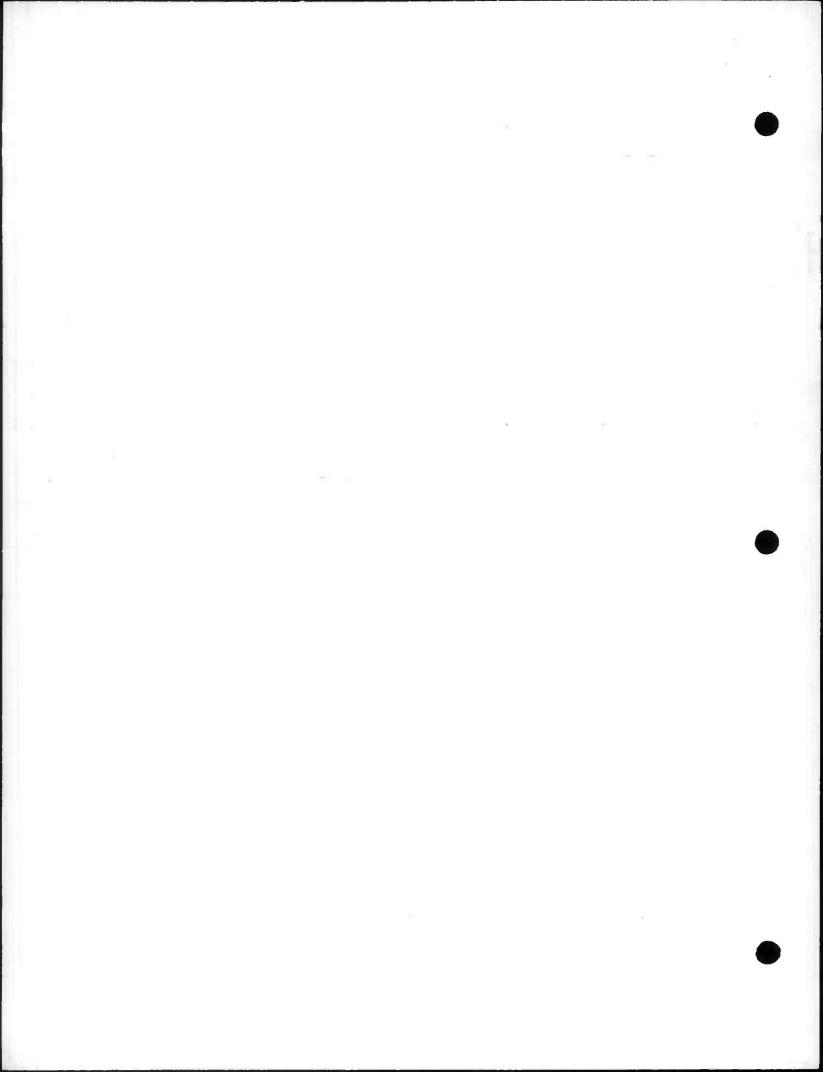
ANTI-	1 STEEVING BUYCALAN, To the head of an inches
(Check only	1 FCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
one)	2 MEDICAL EXAMINER: On the basis of exemination end/or investigation in the case of exemination and a second of the basis of exemination and a second of the

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

						(. ypo, i may			
Dr.	Alan	Dennis	7568	North	Pt.	Road	Edgemere,	Maryland	21219

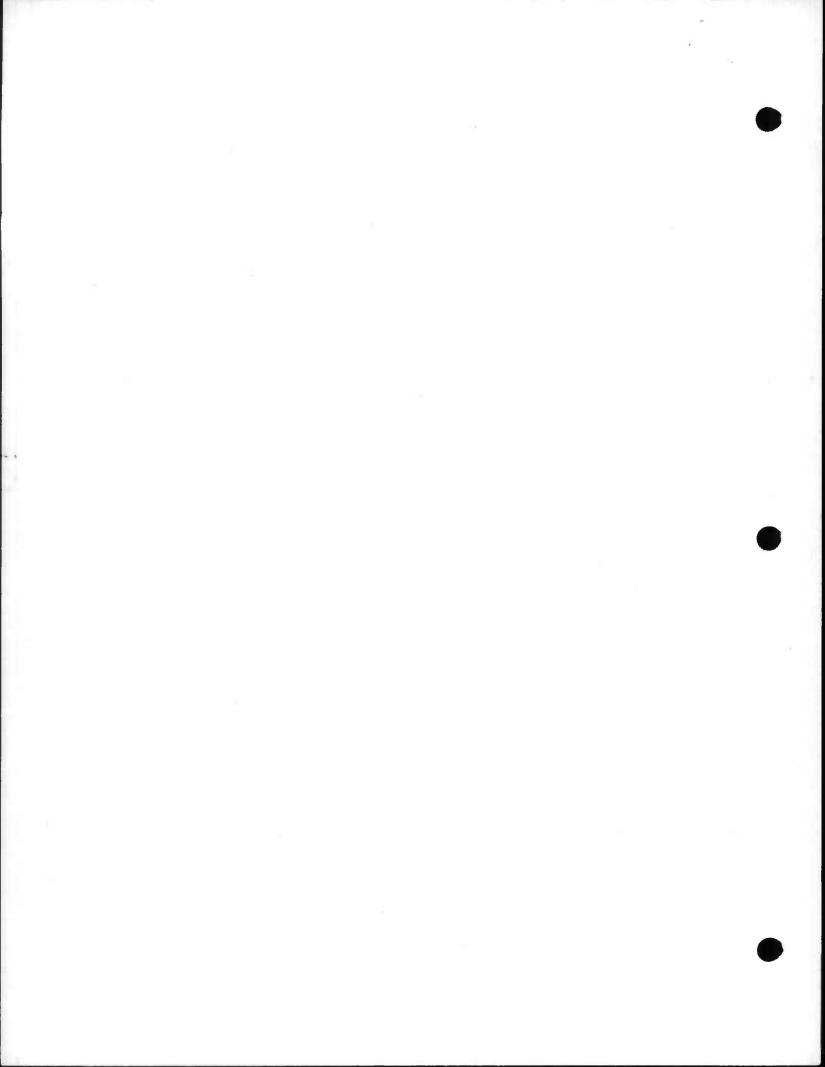
AUG1 0 1995 Files Churcher Signature

5

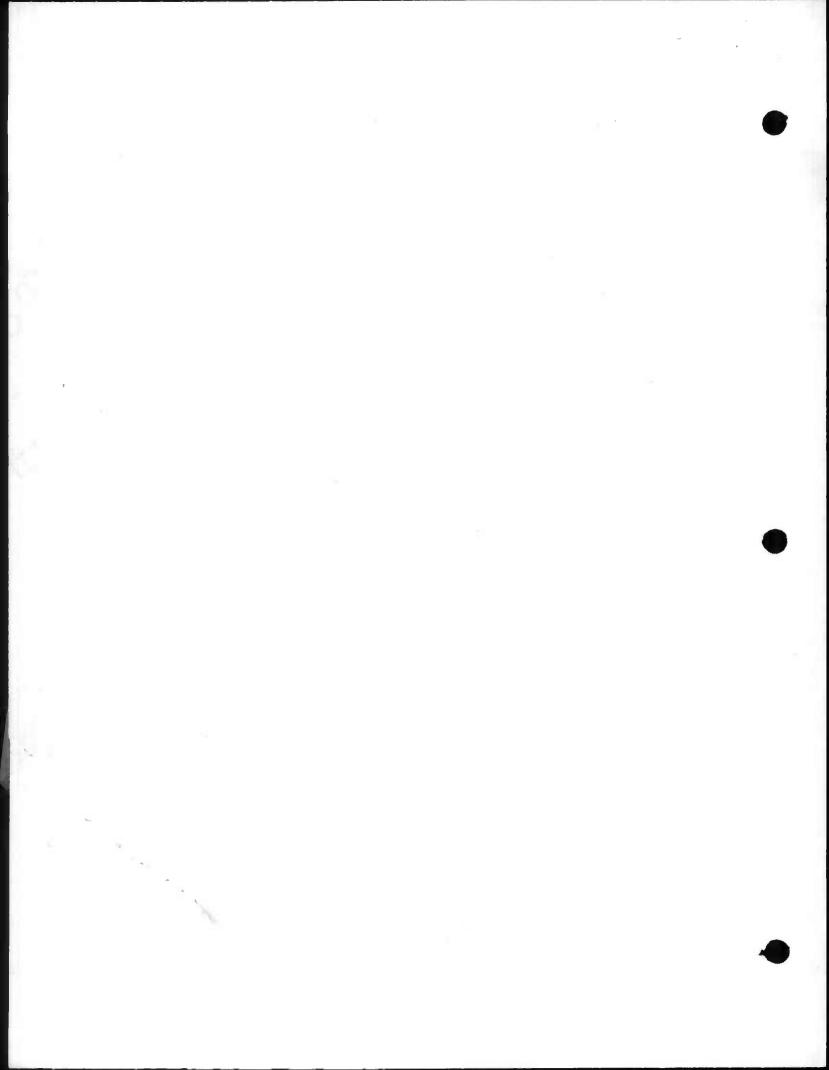


-	db
Q	ŏ
BA	inc.
_	#
	(0
	5
	8
	Æ
	31
	~
	=
5	=
0	3
=	D
2	200
~	ರ
_	8
×	03
~	8
J	40
n	HE S
_	2
	=
0	-
	O
1,	5
gr.	60
n	O
5	0
_	=
r	智
2	5
ب	60
0	65
11	5
=	2
Ľ	Sim
DIVISION OF VITAL RECORDS, P.O. BOX 68760	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de-
	10
۹.	20
-	-
-	-
>	A
	5
-	50
)	~
	à
Z	(5)
=	ž
)	ō
=	2
1)	1
=	A
200	-
7	0
4	-
	×
	E
	S
	ŏ
	X
	ш
	E
	-

		1 - FOR STATE REGISTRAR	STATE OF I	MARYL					IEALTH DEAT		MENTAL HYG			
	, i	1. DECEOENT'S NAME (First, Middle, GIBSON	HOLLINS	SWOR	RTH		P	ORT	ER	SR.	2. DATE OF DEAT MONTH AUGUST	07,1	YEAR	3. TIME OF DEATH 21:06 P M
		4. SOCIAL SECURITY NUMBER 218-03-2593	5. SEX	6. AGE	(In yrs. last birt	thday) YRS.	IF UNDER		IF UNDER		7. DATE OF BIRTI (Month, Day, Ye 06-17-	4	8. BIRTHP Country	PLACE (State or Foreign
3 should	R	9e. FACILITY NAME (If not Institution,				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							UNTY OF DE	ATH
c,	DIRECTOR	1605 SPRUCE RESIDENCE OF DECEDEN 104. STATE 106. CC	T			BALTIMORE N/A 10c. CITY, TOWN OR LOCATION 10d								
physician. burial-transit permit. Pages 1,	DIRE	MARYLAND	N/A				TIMO		ION				- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
aft perm	FUNERAL	100. STREET AND NUMBER	7770					101	. ZIP CODE			10g. Cr	TIZEN OF WI	HAT COUNTRY?
physician. burial-trans	UNE	1605 SPRUCE STE	12. WAS DECEDEN	T EVER	N U.S. ARMED)	13. V	WAS DEC	ENDENT O	2122 F HISPAN	IIC ORIGIN? (Specif	y Yea or No-	U.S.	- American Indian.
the the	COMPLETED BY F	1 Never Married 2 Married 3 Wildowed W. Divorced	FORCES? 1						ecity Cubai		n, Puerlo Rican, ato	·.)	Black, Specify	White, atc.
~ 3		15. DECEDENT'S (Specify only highest	grade completed)		(Give ki	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working to both use netired.) (Bo bo NOT use netired.)							DUSTRY	
the hospital o detached for once.		Elementary/Secondary (0-12)	College (1-4 or 5 N/A	+)			,	/OPI	ERATO	R	WESTER	RN ELEC	ELECTRIC	
8 E &	اسا	17. FATHER'S NAME (First, Middle, Las HOLLINGSWORTH												
be retained ge 5 should e notified	TO B	196. INFORMANT'S NAME (Type/Print) GIBSON H. PORTER, JR. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16 FRANKLIN TREE COURT, CATONSVILLE, MD. 21228												
e 6 may be ector, page must be		20s. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Dother (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of cemetery, cremetory or other place) GLEN HAVEN MEMORIAL PARK 8 PATE 920c. LOCATION - City or Town, State 1061 GLEN BURNIE, MARYLAND												
leath. Pag funeral dir xaminer		21. SIGNATURE OF FUNERAL SERVICE		1	, D. D	MV L	22. N	SECO	DND A	VENU	JE, S.W.	ETON FU	JNERAI	HOME,
after by th movar cal		23. PART i. Enter the diseases	or complications that	t csused	d the death.	Do n	GL ot anter	EN E	BURNI de of dyl	E, M	IARYLAND ss cardiac or r	21061 espiratory as	rreat,	Approximats
		iMMEDIATE CAUSE (Final disease or condition resulting in death)	· Alher	050		ICE OF	Car	di	ovus	icula	ur d	isege		Intarval Between Onsst and Death
execution and to bur to bur	CATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury c.												
endi Hy	CERTIFICATION	CAUSE (Disease or Injury that initiated aventa resulting in death) LAST d												
the d the d Mei		PART II. Other algnificant cond	litiona contributing to	daath b	ut not resul	iting i	n the unc	terlying	cause g	iven in	Part I. 24a. WA	S AN AUTOPSY		WERE AUTOPSY FINDINGS
w requires that been signed pt. of Health a	MEDICAL										1 🗆 YE	S 2 000	0	COMPLETION OF CAUSE OF DEATH?
has be Dept. 0	AN	DID TOBACCO USE CO 25. WAS CASE REFERRED TO MEDICA	_		F DEATH	_			UNC	ERTAIN	1 2			
rSICIAN: The law no certificate has be the State Dept. of the State Dept. of them 23 s	PHYSICIAN:	EXAMINER?	HOSPITAL:				OTHER	:	o 5X⊡ Ras	sidence	8 Cher (Specify)			
NG PHYSIC fler this cer sath with th marked, c	ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	28a. OATE OF (Month, D		280	b. TIME	E OF URY M		URY AT RK? 'ES 2	NO NO	28d. DESCRIBE H	OW INJURY OC	CUREO	
DIRECTOR: After the hours after death vitem 28 is mark	ETED E	3 Sulcida 8 Could no 4 Homicide detarmine		F INJURY atc. (Spec	— At home, I	larm, a	treat, fecto	ry, office			281. LOCATION (St. City or Town, S		or Aural Ro	ute Number,
4 7 2 F	COMPLE		HYS CIAN: To the best of MINER: On the bests of a											and manner as stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	#	29b. SIGNATURE AND TITLE OF OUR	uner fl	Z					29c. LICE	NSE NUM				Worth, Day, Year)
	٩	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DE				C+	00±					08,1995
		31. DATE FILED (Month, Day, Year) AUG1 0 1995	32. REGISTRA		ATURE	re	siiii)	SUL	eet,	R9	ittimor	e, Ma	rylai	nd 21201
į l		11002 0 1000		THE PERSON NAMED IN	LAK.									



		1 - FOR STATE REGISTRAR	STATE OF MARYLA						
		1. DECEDENT'S NAME (First, Middle, Last)	D				REG. NO	0.00	3. TIME OF DEATH
			WAKEFIEL 5. SEX 8. AGE (1)	In yrs. lost birthday)	AEKE IF UNDER 1 YEAR	T in things at the	AUG 8	199	5 9 20 AM
Pin		213-26-6013	1 0₹ M 2 🗆 F	65 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month, Day, Year)	1930	BIRTHPLACE (State or Foreign Country) Maryland
. 2, 3 should	TOR	90. FACILITY NAME (If not institution, give stre 3200 TAYLOR A	we and number)			OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	N/A		Y, TOWN OR LOCAT				10d. INSIDE CITY
permit.		10e. STREET AND NUMBER	V/M	T	ARKVIL	H, ZIP CODE		100 CITIZE	1 YES 2 NO
ISI	FUNERAL	3200 TAYLOR A				21234			SA
21215-0020 If or attending physician, for use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	if yes, sp	CENDENT OF HISPANi pecify Cuben, Maxican S 2 NO Specify:		e or No- 14.	RACE — American Indian, Black, White, etc. Specify:
1215-0 or attending use as the	8	15. DECEDENT'S EDUCI (Specify only highest grade of		18e. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	WHITE
	PLET	Elementary/Secondary (0-12)	Collega (1-4 or 5+)	life. Do NOT us	RV ISOR	at or morning	Groc	erv	
S de la	COMPL	17. FATHER'S NAME (First, Middle, Last)			141301	18. MOTHER'S NAM	NE (First, Middle, Malder		
	BE		EKE				ERINE '		FIELD
63	2	19a. INFORMANT'S NAME (Type/Print) MARIE I. RA	EKE	19b. MAILING		ond Number or Rural A	Balta.		
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 W Burlal 2 Cremetion 3 Remove	20b.	PLACE AND DATE O	OF DISPOSITION (Na			OCATION — City	
IMO Page 5 directo		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	D	ULANEY	VALLEY M	Nem Gan	9145 TIN	MUINON	, Md.
BALTIMORE, hours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be		Q. L(, 0)				CHAPEL OS	MEMORIE	1 1 1	A.)
BA rs after of n by the removal.		23. PART I. Enter the diseases, or co	emplications that caused	the death. Do n	ot anter tha mo	HARFOR	ss cardiac or reap	olratory arrest	1. 2123U Approximate
		IMMEDIATE CAUSE (Finel	lat only one ceuse on aa	ich line.	1	1 -	1	•	Interval Between Onset and Death
ted within an completely fill ial, cremation, event, the		disease or condition resulting in death)	DUE TO (OR AS A	unon	10 01	recl	um		6 months
	z		DUE TO DAY A	CONSEQUENCE OF	. 0				
be estored of the control of the con	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF	ን:				
Phy ale p	IFIC	CAUSE (Disease or Injury that initiated eventa	OUE TO (OR AS A	CONSEQUENCE OF	ŋ:				
O. 5 5 5 6	CERT	resulting in death) LAST							
0 4 5 5		PART II. Other algnificant conditions	contributing to death bu	ut not resulting i	n the underlying	g cause given in F	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
COR res that igned by ealth an	MEDICAL						1 TYES	11	COMPLETION OF CAUSE DF DEATH?
L RECOI law requires that as been signed bept. of Health a		DID TOBACCO USE CONTRI	IRLITE TO CAUSE OF	F DFATH YF	C II NO X	UNCERTAIN		,	1 🗆 YES 2 🗍 NO
- m m a m	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT	H (Check only one)	CHACTERIAN			
o the the	HYSI		1 Inpatient 2 I ER/Outpa		OTHER:	/	Other (Specify)		
	0	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
O D A O W	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Specific	— At home, ferm, s			28f. LOCATION (Street City or Town, State)	end Number or F	Rural Route Number,
	ETE.	4 Homicide determined	100000000000000000000000000000000000000						
4 4 2 E	COMPL	CERTIFYING PHYSICI	AN: To the best of my knowle : On the bests of exemination	end/or investigation	d at the time, date n, in my opinion, de	end place, end due t	o the cause(s) end me ime, date end place, ar	nner se stated. Id due to the ce	nuee(r sind manner ee stated.
	BE 0	29b. SIGNATURE AND TITLE OF CERTIFIER	m D			29c LICENSE NUME	BER	29d. DATE	GNED (Morkh, Day, Year)
2637	5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	4-000	435	0/	19/95
10		M.B. Dames	. To Un.	· VA	novial	Hospic	ce , 21	Amore	2/2/8
		AUG1 0 1995	32 BEGISTRAR'S GNA	TURE		U	1		

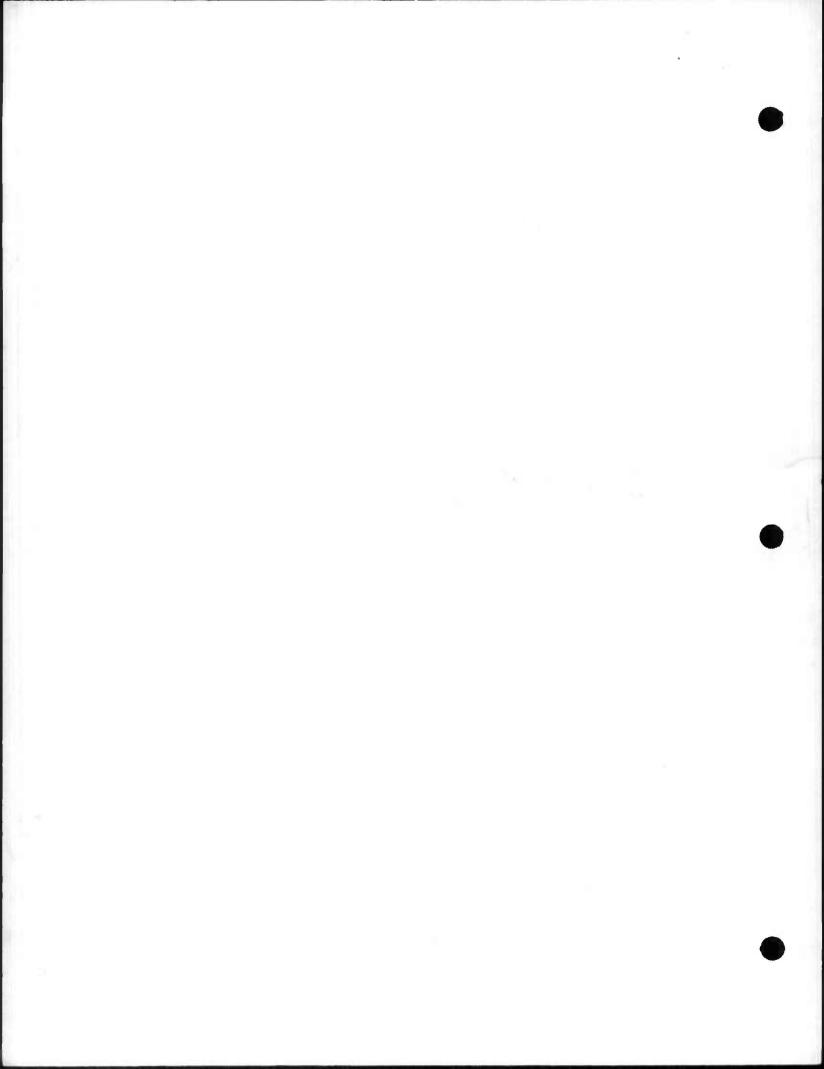


DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN 3. TIME OF DEATN					
	DOUGLAS	ROYSTER				JULY	DAY	1995	11:20Am		
DIRECTOR	4. SOCIAL SECURITY NUMBER 219 62 6879	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIII (Month, Day, 4/4/60	RTN		IPLACE (State or Foreign		
		HOPKINS HO	SPITAL		OR LOCATION OF D	EATH	9c. C0	9c. COUNTY OF DEATH			
	MD. BALTO	. CITY		Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 # YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1740 N. CHESTE	R ST.			1. ZIP CODE 21213	-	10g. C	USA	YHAT COUNTRY?		
ETED BY	11. MARITAL STATUS 1 # Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF NISPA	NIC ORIGIN? (Specify Yes or No.— 14. RACE — Black, V. Specify:					
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of sille, Do NOT us		ON ost of working	16b. KIND	OF BUSINESS/	AFR.	AMERICAN		
COMPL	12 17. FATHER'S NAME (First, Middle, Lest)	0	DISA	BILITY	16. MOTNER'S NA	AME (First, Middle,	NONE	1)			
BE	JOHN ROYSTER	₹	405 MAH MIG	ADDRESS (2)	MARY and Number or Rural	ROY	STER				
5	OLIVER ROYST		3134	PIEDMONT	AVE. BA	ALTIMORE	, MD.	21216			
	20e. METNOD OF DISPOSITION ## Burlet 2 Cremetton 3 Removal from State ## Donation 6 Other (Specify) MT 210N 8/4/95 ## ANSDOWNE MD										
	21. BIGNATURE OF PURENTAL SERVICE LIDE	dete	ESTEP BROTHERS					RS FUNERAL HOME P.A.			
	23. PARTUL Enter the diseases, or co	omplications that cau	ed the death, Do r	not enter the mo	de of dying, suc	h aa cardiac o	r reepiratory	arreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine)										
z	DUE TO (OR AS A CONSEQUENCE OF): RETTOVING THE THE SE										
CATIO	if any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART ii. Other aignificent conditions	,	PERFORMED? AVAILABLE PRIOR		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS						
E	or or								1 TYES 2 NO		
PHYSICIAN:		HOSPITAL:	28, PLACE OF DEAT	OTHER:	e 5 Residence		A.s				
	27. MANNER OF DEATN 1 Neturnl 5 Pending	7 28b. TIM	E OF 28c. IN.	28d. DESCRIBE							
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 4 Nomicide 1 Nomicide Nomicide 1 Nomicide Nomicide Nomicide 1 Nomicide Nomi							nd Number or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only One) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINIER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and menner as stated.										
ы Ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				(Month, Day, Year)		
TO BE	Bonnes	COMPLETED CAUSE OF D	1. 5	D.	N24-				30,1995		
Abenda Brewster MD Johns Hopkins Hospital, Bal								Hmc	×c		
	AUG 1 0 1995	32. BEGISTRAR'S SIG	NATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

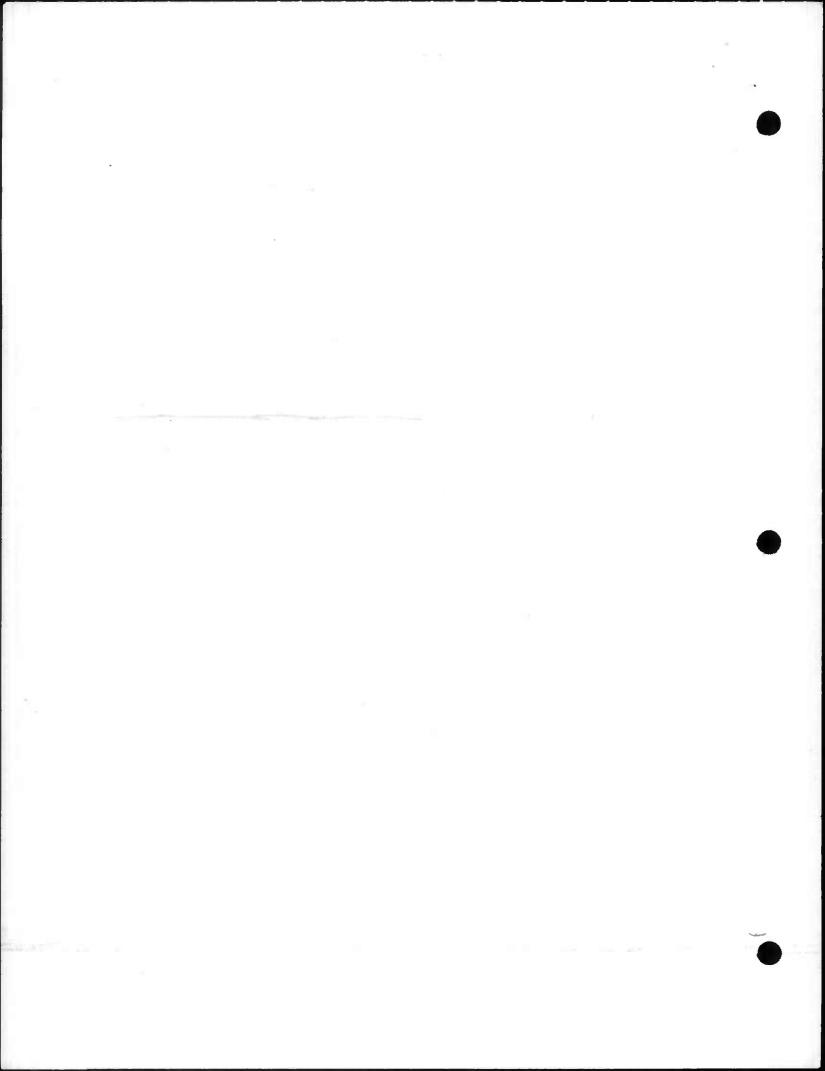
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	
	Q DL	he b	
	endi	35	
	E E	Se	
	9	20	
	Pita	P	
	hos	che	
	2	det	
	6	8	
	8	Pin	
	tain	Sho	
	9	2	
•	Ä	3906	
	E	0,0	
	9	ecti	
	Se Se	di	
	4	eral	
	eat	ff.	
	Ja	the	
	aff	À	j
	Suc	.5	
	5	lled	
	7	ly f	- 44
	dip	plete	
	8	E	-
	S	0	1
	99	l an	4
	20	ciar	-
	cate	J.S	
	5	D.	Jan.
	8	듄	1
	eath	atte	100
	9	he	4.64
	45	7	7
	tha	Po	4
	res	igi	Sam like
	adni	E S	7 7
	W	Pe	7
	60	has	0
	E	ate	hada
	AN	tific	c
	Sic	Je 3	4
	궂	this	
	9	Ter	490
	ē	A	de.
	E	108	- War
	3 All	REC	-
	0	ā	han
	ITAI	RAL	F
	SS	SE	44.
	Ŧ	E	A
	Ξ	프	Ella
	2	2	4

cian. I-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

rremityb	0-10-90	r 11mG/20	W.H.Per	F/H

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		IENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) BETTY		ROSENI	BERG		2. DATE OF DEATN	AY YEAR	3. TIME OF DEATH 5:20am M		
	4. SOCIAL SECURITY NUMBER 214-03-7874	1 🗆 M 2 💢 F	90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG. 25,1	8. BIRT	HPLACE (State or Foreign		
0 8	9s. FACILITY NAME (If not institution, give a CHERRYWOOD MANOR		2		TERSTOWN	ATH	9c. COUNTY OF BALTI			
L DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10a. STREET AND NUMBER		10c. CITY	TOWN OR LOCAT	BALTIMO	RE		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \)		
FUNERAL	3809 MIDHEIGHTS F	OAD 12. WAS DECEDENT EVER IN	III & ADMEN		21215	C ORIGIN? (Specify Ye	USA	WHAT COUNTRY?		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 ZNO	If yes, sp	ecify Cuban, Maxican 2 NO Specify:	C OHIGHY (Specify fer , Puerto Rican, etc.)	Blac	CE — American Indian, ok, White, etc. city: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ilfe. Do NOT use	ork done durina mo	DN st of working	16b, KIND OF BU	OWN H	OME		
	17. FATHER'S NAME (First, Middle, Last) JACOB	BLOOM			18. MOTNER'S NAM ANNA	E (First, Middle, Maiden	Surname) BLOOM			
TO BE	19a. INFORMANT'S NAME (Type/Print) MR. FREDERICK	SCHEER	19b. MAILING /	ADDREST 51	18 Wagon	Shed Circ	cle Owing MD 21208	gs Mills,MD 21117		
	4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION 1 D Buriel 2 Cremation 3 Removal from State Complex removal promises and promise and p								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Levin	on	SOL		& BROS.,; OWN RD BAI		WD 01015		
	23. PART I. Enter the diseases, or c shock, or heart fellure.	omplications that caused List only one cause on ea	the death. Do no	ot enter tha mo-	de of dying, auch	as cardlec or reap	iratory arreat,	Approximata Interval Between Onast and Death		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL C	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO OF DE									
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outpo	Itlant 3 DOA	OTHER Nursing Nome	a 5 Realdence 8					
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At homa, farm, sti	reet, factory, office		City or Town, State)	and Number or Rural	Route Number,		
COMPLETED		CIAN: To the best of my knowler. R: On the basis of examination						a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	NO			29c. LICENSE NUMB	ER		Month Day Meri		
	30. NAT AND ADDRESS OF PERSON WHO	egg Dent	-+-	rint) 7 N3C						
	31. DATE FILED (Month, Day, Year) ALICA 0 1005	Ja REGISTRAR'S SIGNA	hardell							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.

-10	-95	H.	11	mG	1 4	20	W	- 1	1 .	Pe	T.	r/	H	
	0.00	- 100	0.00		FDS				-		-			O. P.

•	FOR STATE OF MARYLAND / DEPART CERTIFIC	MENT OF H		NTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last)	OAIL OI		DATE OF DEATH			3. TIME OF DEATH	
	AUTUMN SMITH Autumn A	Amber Sn	nith	MONTH	DAY	YEAR 1995		
		IF UNDER 1 YEAR		AUGUST DATE OF BIRTH	04,	~ ~ ~ ~	4:43 PM IPLACE (State or Foreign	
		MONTHS DAYS	HOURS MIN.	C. 17,		Count	YLAND	
	11 11 11	96, CITY, TOWN	OR LOCATION OF GEATH			UNTY OF D		
r	THE JOHNS HOPKINS HOSPITAL							
DIMECTOR	RESIDENCE OF DECEDENT	BAL.	CIMORE CIT	Υ		N/A		
Į Į	10a. STATE 10b. COUNTY 10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?	
5	MARYI AND ANNE ARUNDEL SE	EVERN				1 YES 2XXNO		
7	10e, STREET AND NUMBER	10	. ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?	
TONER	1420 GRIMM ROAD		21144		U	S.A	•	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 27 ANO		CENDENT OF HISPANIC			14. RAC Blac	E — American Indian, k, White, etc.	
	1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced		2X NO Specify:		'	Spec		
			11.	I			WHITE	
	life Do NOT use	ork done during me		16b. KIND OF	BUSINESS/IF	ADOSTRA		
	Elementery/Secondary (0-12)	7011700.7		N/A	1			
COMPLE	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME					
	MATTHEW STEVEN SMITH		34727 - 10 - 12	NNETTE	LEST			
N N		ADDRESS (Street :	and Number or Rural Rout					
2	TONYA A. LESTER 1420 G	RIMM RO	AD, SEVERN	MD 2	1144			
	20g, METHOD OF DISPOSITION 20b. PLACE AND DATED	F DISPOSITION (N			LOCATION -	- City or To	own, Stata	
	1 Buriel 2 Cremation 3 Removal from State Cemetery, crematory or of MEADOWRIDG	E MEMOR	IAL PARK 8	18/95	ELKRI	DGE.	MARYLAND	
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE	22. NAME A	NO AODRESS OF FACIL	TY	7			
	1 2/1-		ETON FUNER			יתדואכו	MD 01001	
-	23. PART I. Enter the diseases, or complications that ceused the deeth. Do no						MD 21061	
	ahock, or haart failure. List only one cause on each line.				,	1111	Interval Batween Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	halas	D.C.AP		201	CIAI	Accords	
1	disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF	MAIO	141119	7110	15.0	rMy	1449	
_	- DROWNING		7	ORUV	- Jan		14 days	
5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF	7):	~ AP	, Di	W-	-		
HILLCALION	cause. Enter UNDERLYING CAUSE (Disease or Injury		UP	gd				
Ī	thet initieted evente OUE TO (OR AS A CONSEQUENCE OF	7):	MOOM					
H	resulting in death) LAST		1					
S	PART II. Other significent conditions contributing to deeth but not resulting in	n the underlylr	ig ceuse given in Pa	rt I. 24a. WA	S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
3					FORMEO?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC				- ''''	S 2 110		DF DEATH?	
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YE	S TI NO F	UNCERTAIN					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEAT							
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence 8 (Other (Specify)	-			
H	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME	E OF 28c. IN	JURY AT 2	d. DESCRIBE H		CCURED	nen cinc	
- 0	1 Natural 5 Pending	PM 1	YES 2 NO	COLGA	te II	150	000	
BY	Z Tucioniii	rireet, factory, offi	ca 2	Bf. LOCATION (St City or Town, S		per or Rural		
	4 Homloide determined Neighbors poor	yL	(0	RIMM	ST	Denc	ernind	
COMPLETED	Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre	ed at the time, dat	e and place, and due to		menner se s	tated.		
8	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation	n, in my opinion,	death occured at the tin	ne, date end plac	e, and due to	the cause	(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBI	ir ,	29d. D	ATE SIGNE	D (Month, Dey, Year)	
BE	Mariene HID		D456	51	DA	HUGI.	5 4 1995	
2	SE HAME AND ADDRESS OF PERSON WITH COMPLETED CAUSE OF GEATH (ITEM 27) (Type,	Print	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	D 1 C	0	,4	1	
	rater Mogayzel. Johns	HOPK	ins Hos	Ta	1. BO	ult	more MD	
	AUG1 0 1995	•						

Σ	300
F	1
BALTIM	death
8	after
	SUPO
	2
	2
20	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page
7	8
00	T)
9	96
ô	2
\mathbf{m}	afe
~	Tife.
Ų	90
DIVISION OF VITAL RECORDS, P.O. BOX 68760	eath
S	9
분	10
7	tha
ŏ	SS
ш	in de
œ	Ð
_	W.
⋖	9
	-
>	AN
L.	250
0	F
Z	9
0	N
S	E
=	F
\leq	OH.
	7
	110
	8
	I
	王

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH NERMAN 995 JOHN 10:42 AM Au Gust 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 6/27/1922 224-20-1560 1 M 2 - F HOURS 73 YRS. Virginia Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore 1 X YES 2 | NO permit. 10a. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 4415 Craddock Avenue beath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit 21212 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 1 Married If yes, specify Cube 1 ☐ YES 2 NO BY 3 Widowed 4 Divorced Specify: Specify. **Black** GH 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY ᆸ Elementary/Secondary (0-12) College (1-4 or 5 +) Barber shop COMPL Barber 12th Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) notified at Robert Sherman Juanita BE 190. INFORMANT'S NAME (Type/Print)
Yvonne
Yvone
Sherman 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4415 Craddock Avenue, Balto., MD. 21212 pe 20a. METHOD OF DISPOSITION
15© Burlet 2 □ Cremation 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Must King Memorial ☐ Donation 6 ☐ Other (Specify) Park 8/14/95 Randallstown, medical examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE nding physician and completely filled in by the 1 Hygiene prior to burial, cremation, or removal. 23. PART Letter the discesses or complications that coured the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heert fail ire. List only one ceuse on ch line. interval Between IMMEDIATE CAUSE (Final **Onset and Death** the ankliae ames & disease or condition hr traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) erchageal 3mc DIKELIK CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate signed by the attending physician Health and Mental Hydiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST 23 shows any Injury, PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TES 2 NO 1 ☐ YES 2 ☐ NO been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\square\) UNCERTAIN \(\square\) PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: t TYES 2 NO ig Home 6 - Residence 6 - Other (Specify) marked, or 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? with 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident м 1 YES 2 NO BY After 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 49 COMPLETED 6 Could not be DIRECTOR: hours after of Item 28 4 Homicide determined hours 1 TCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
BE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the beals of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGN WUH AND TITLE OF COSTIFIED 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER Va 134084 29691 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Blud. Copum James M. Stay Leen Ravin 21239 AUG1 0 1995 37. NEGRIZARIE SIGNATURE

			ARTMENT OF HEALTH AND M IFICATE OF DEATH	IENTAL HYGIENE REG. NO.				
		1. DECEDENT'S NAME (FIRST, MIGGIN, LAST) TUSEUH C. STINNS-	TT	2. DATE OF DEATH MONTH DAY ALA G: 40 A M				
		4. SOCIAL SECURITY NUMBER 216-20-4769 5. SEX 6. AGE (In yrs. last birthd) 77 YR:	MONTHS DAVE MOURE NAME	7. DATE OF BHRTH (Month, Day, Year) (08-28-17 Maryland				
3 should		9e. FACILITY NAME (If not institution, give street end number)	9b. CITY, TOWN OR LOCATION OF DEA					
ci .	TOR	Bon Secours Hospital	Baltimore	N/A				
Pages 1,	DIRECTOR	10+. STATE 10b. COUNTY 10c.	CITY, TOWN OR LOCATION Baltimore	10d. INSIDE CITY LIMITS?				
permit. P	1	MD . N/A 100. STREET AND NUMBER	101. ZIP CODE	1 TYES 2 NO				
	FUNERAL	516 Arlington Avenue	21223	U.S.				
215-0020 attending physician. use as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANIC If yes, specify Cuban, Mexicon, 1 (YES 2 77 NO Specify:	C ORIGIN? (Specify Yes or No — 14. RACE — American Indien, Black, White, etc. Specify: Black				
1215-0 or attending r use as the	ETED	(Specify only highest grade completed) (Give kind	I'S USUAL OCCUPATION of work done during most of working I use retired.)	16b. KIND OF BUSINESS/INDUSTRY				
AND 2121 he hospital or att detached for use once.	COMPLE	College (1-4 of 5 +)	and for Blind	Assembly Line Worker				
/LAN by the hos be detach at once.	1 - 1	17. FATNER'S NAME (First, Middle, Lust) Joseph Stinne:tt	l –	E (First, Middle, Maiden Surname)				
MARYLAND 21 retained by the hospital or 5 should be detached for u notified at once.) BE			a Brown surfe Number, City, or Town, Stefa, Zia, Code) 0.1.000				
	2			• Balto., MD. 21223				
of the story		1 Li Buriel 2 Li Cremation 3 Li Removal from State	cremetory or other place) Park 8/9/95 Arbutus, MD.					
ALTIM death. Page tuneral direct. t.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE						
~ = @		Warmer Bauly M00014		od Ave. 21215				
60, within 24 hours after a high replace of the medical work the medical vent, the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the medical control of the c		23. PART I. Enter the diseases, or complications that caused the death. D shock, or heart feiture. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE	WHINARY Tro	as cardiac or respiratory strest, Approximate Interval Between Onset and Death A CT IN Fection Approximate Interval Between Onset and Death				
and composition burial, c	Z	metantatic	Lung Carc	ino ma one nea				
OX OX o	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OF):	Can Ceva In Rus				
ertificating physiene pother	틸	CAUSE (Disease or injury that initiated events resulting in death) LAST	OF):	4000				
DS, P. he death of the attend Mental Hy Neury, or	CER	d. Drien	mom tis	1484				
RECORDS, w requires that the dea been signed by the att n. of Health and Menta shows any Injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting	g in the underlying cause given in Pr	art I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO				
	AN:	25. WAS CASE REFERRED TO MEDICAL	26 PLACE OF OFATH (Chan					
SICIAN: The certificate he the State (PHYSICIAN:	EXAMINER? 1 YES 2 NO 1	26. PLACE OF OEATH (Check OTHER: 4 Nursing Nome 5 Residence 8					
NG PHYSIC fer this cer sath with th marked, o	- 1		NJURY WORK?	28d. DEȘCRIBE HOW INJURY OCCURED				
TTENDI TTOR: A after da	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined A	M 1 ☐ YES 2 ☑ NO 1, street, fectory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
TAL OR VAL DIRE 72 hour	COMPLE	29e. CERTIFIER (Check only one) 1 [I] CERTIFYIND PNYSICIAN: To the best of my knowledge, death occ one) 2 [MEGICAL EXAMINER: On the best of examination end/or investig						
TO THE HOSPI TO THE FUNEF DE filed within	BE (298. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMB	ER 29d. DATE SIGNED (Mogth, Day, Year)				
E 68 M	욘	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (I	Perperint) Dom Cop 0.4	ms 120 m 50				
C		31. DATE FILED (Month, Day, Year)	= 3000 W.	Baltum St. Beltum Mil				
		AUG1 0 1995		2/323				

9
~
∞
9289
\checkmark
BOX
0
œ
0
P.0
144
10
S
0
0
Ö
ECORE
~
Lin
'ITAL
4
\vdash
_
>
ш
ō
0
Z
0
\simeq
S
=
≥
0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within minor and death. Page 6 may be retained by the hospital or attending physician.

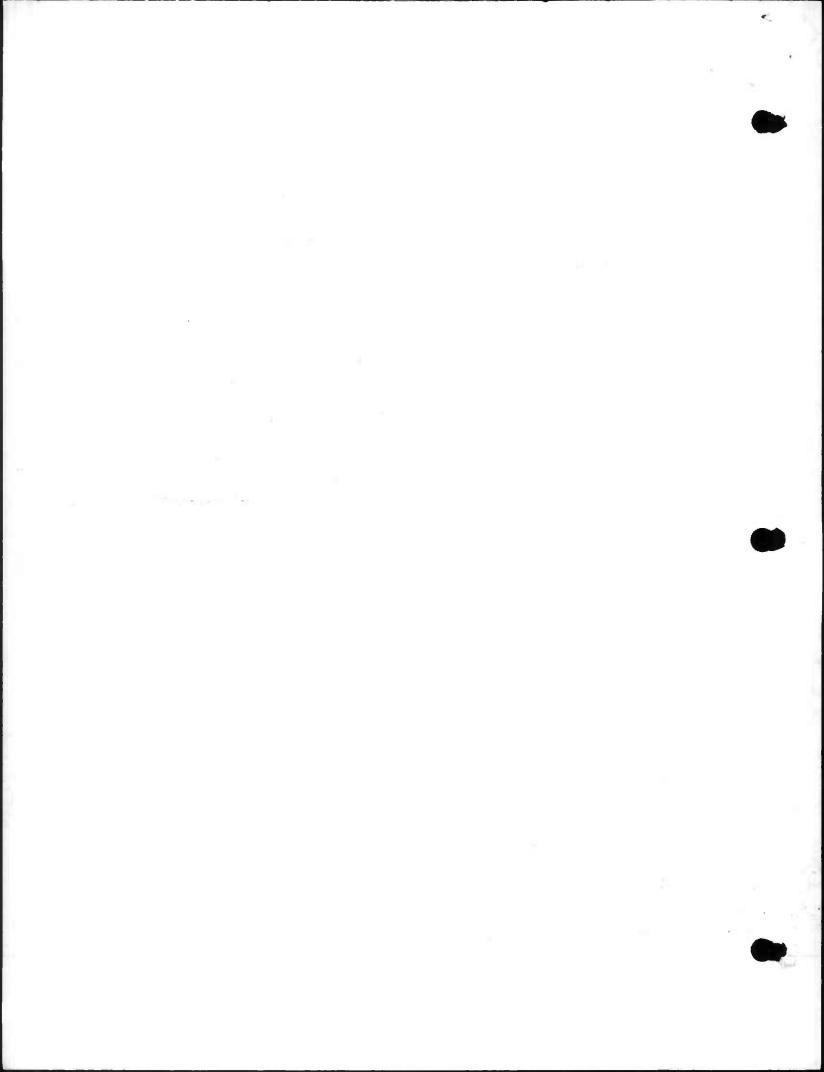
10 THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR					F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		,				2. DATE C	OF DEATN		To a	3. TIME OF DEA	тн
	KATHRYN	Sollins					AUSU		80	YEAR	1222	DM
	4. SOCIAL SECURITY NUMBER		AGE (in yrs. lest b	irthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE O				PLACE (State or I	1
- 1	213-42-3652	1 🗆 M 2 📈 F	94		ONTHS DAY		(Month,	Day, Year)		Country	y)	Orangii
	9a. FACILITY NAME (If not institution, give a		94	-				10,1			RYLAND	
n-		treet end number)		12	96. CITY, TOW	N OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH	
DIRECTOR	LEVINDALE				BA	LTIMORE				N/A	Δ	
ច្ច	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		40 01774								
<u> </u>				IUC. CITY,	TOWN OR LO	CATION				- 1	10d. INSIDE CIT LIMITS?	٧
	MARYLAND	BALTIMORE				BALTIMORE	<u> </u>				1 YES 2	NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?	
<u> </u>	725 MT. WILSON L	ANE				2120	28			USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EV			13. WAS 0	ECENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Ind	lan,
_	1 Never Married 2 Merried	FORCES? 1 1				specify Cuben, Mexic ES 2 XNO Spec		can, atc.)		Black Specif	, White, atc.	
à	3 K Widowed 4 Divorced		LI-SUNTIT		1	co z Kno opec	uy.			Speci	WHI	יבוי
유	15. DECEDENT'S EDU	CATION			SUAL OCCUPA		16b.	KIND OF BUS	INESS/IND	USTRY	VVIII.	-1-
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give	kind of wo	rk done during retired.)	most of working						
4	UNKNO				HOUGE	CIT DD	1	0				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	AIA			HOUSE			OWN HO				
	SOLOMON		RODBI	ELL		18. MOTHER'S N	NNIE	ddie, Meiden		IRSH	3	
BE								_				
2	190. INFORMANT'S NAME (Typo/Print) MR. S. LEONARD SO	OLL TNS	19b, I	AAILING A	DDRESS (Street	et end Number or Rure	Route Numbe	r, City or Town	, Stete, Zip	Code)		
		7551115		7007	SEVE	N MILE LA	ME BA	PITIMOF	KE, M	\mathbb{D}_{21}	.208	
	20a. METNOD OF DISPOSITION 1 1 Remove Burlet 2 Cremetion 3 Remove	oval trom State	20b. PLACE AND			(Name of	DATE	20c. LO	CATION —	City or Tox	wn, State	
	4 🗋 Donation 5 🗆 Other (Specify)	ovar trotti state	ANSF	F. F.N	TINAH (AITZ CHAI	M) 8_	امودا	DAT	m TMO	W DD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE ()			22. NAME	AND ADDRESS OF F	ACILITY	<u> </u>	DAL		RE, WILL	
	▶ 4180m au	TOIN!	nam		SOL	LEVINSON	& BR	os., j	INC.			
-	0000 10000	- 0	7000)		601	O RETSTER	STYNINI	POAD	DATT	TMOR	E. MD 2	1215
	23. PART I. Enter the diseases, pr c shock, pr heart failure.	complications that car List only one cause o	used the deati	h. Do no	t enter the I	node of dying, au	ch aa cardi	ac or reapi	atory arr	eat,	Approxim	
	IMMEDIATE CAUSE (Final										Onset an	
	disease or condition resulting in death)	PARDIN	Och ma	1 sen	Ann	557						
	readiting in death)	a. CARDION	AS A CONSEQUE	ENCE OF):	11100	23/					-	
.	_	· Preceno	_								İ	
	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUE	NCE OF								
ੁ∦							2-	- 5			i	
AIIO	If any, leading to Immediate cause, Enter UNDERLYING	Athon	4-100-1		armo		4	Col				
FICATIO	cause, Enter UNDERLYING CAUSE (Disease or Injury	c. A Thero				VASCOLORE						
HIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		SC/EROF			VASCOICA						
ERIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury					VASCOLOR						
5	cause. Enter ÜNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):	the underly			24a, WAS AN	MITOPSY	24b.	WERF AUTORSY I	INDINGS
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):	the underly		n Part i.	PERFOR	MED?	24b.	WERE AUTOPSY I	TO
5	cause. Enter ÜNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUE	ENCE OF):	the underly		n Part i.		MED?	24b.		TO
MEDICAL CE	cause, Enter ÜNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition	DUE TO (OR d	AS A CONSEQUE	ENCE OF):		ing cause given Ir	Part i.	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION DF	TO CAUSE
MEDICAL CE	cause, Enter ÜNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI	DUE TO (OR d	AS A CONSEQUE	ENCE OF):		ing cause given Ir	Part i.	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE
MEDICAL CE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI	DUE TO (OR d. a contributing to dea	AS A CONSEQUE	uiting in YES	□ NO	ing cause given in	Part i.	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE
SICIAN: MEDICAL CERTIFICATION	cause, Enter ÜNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI	DUE TO (OR d	th but npt read E OF DEATH 28. PLACE (uiting in YES DF DEATN	NO (Check only or	ing cause given in	Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE
MEDICAL CE	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI	BUE TO (OR d. a contributing to deal	th but not read E OF DEATH 26. PLACE COutpatient 3 □	uiting in YES DF DEATN DDA 4 80b. TIME 6	OTHER: Nursing N	UNCERTAL UNCERTAL Ome 5 - Residence	Part I.	PERFOR	NO NO		AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE
PHYSICIAN: MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR d. a contributing to deal	th but not read E OF DEATH 26. PLACE COutpatient 3 □	uiting in YES DDA 4	OTHER: Nursing N	UNCERTAL DOME 5 Residence NJURY AT WORK?	Part I.	PERFORI	NO NO		AVAILABLE PRIOR COMPLETION DF OF DEATH?	TO CAUSE
BY PHYSICIAN: MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation	BUE TO (OR d	th but not read E OF DEATH 26. PLACE (Outpatient 3 2	uiting in YES DE DEATH DDA 4 186. TIME 6 INJUE	Check only or (Check only or THER: Nuraling N DF 28c. Y M 1	UNCERTAL DOI: UNCERTAL DOI:	Part I.	PERFORI 1 YES 2	NO NO	CURED	AWALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
BY PHYSICIAN: MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	BUE TO (OR d. a contributing to deal	th but not read E OF DEATH 26. PLACE (Outpatient 3 □ RY ar)	uiting in YES DE DEATH DDA 4 186. TIME 6 INJUE	Check only or (Check only or THER: Nuraling N DF 28c. Y M 1	UNCERTAL DOI: UNCERTAL DOI:	Part I.	PERFORI	NO NO	CURED	AWALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
BY PHYSICIAN: MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Sulcide 6 Could not be determined	DUE TO (OR d	th but not read E OF DEATH 26. PLACE (Outpatient 3 □ RY ar)	uiting in YES DE DEATH DDA 4 186. TIME 6 INJUE	Check only or (Check only or THER: Nuraling N DF 28c. Y M 1	UNCERTAL DOI: UNCERTAL DOI:	Part I.	PERFORI 1 YES 2 (Specify) RIBE NOW IN	NO NO	CURED	AWALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC)	BUTE TO CAUSI CONTRIBUTE TO CAUSI HOSPITAL: 11/2 Inpetient 2 ER/ 26e. DATE OF INJU (Month, Day, 16) 26e. PLACE OF INJU building, etc. (th but not read to but not read to but not read to but not read to but not read to but not read to but not not not not not not not not not no	uiting in YES PERIOR OF): UITING INJURY TO DDA 4 OF THE CONTROL OF THE CONTR	Check only or OTHER: Nursing N W 1 28c. Nursing N 1 1 1 1 1 1 1 1 1 1	UNCERTAL UNCERTAL DOME 5 Residence NUNCERTAL DOME 5 NO	Part I.	PERFORI 1 YES 2 (Specify) RIBE NOW IN TION (Street a. Yown, State)	MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	CURED or Rural Pa	AWALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only)	BUTE TO CAUSI RIBUTE TO CAUSI HOSPITAL: 11	th but npt read the but npt read to the but npt npt npt npt npt npt npt npt npt np	uiting in YES PERMIT DEATH DDA 4 10b. TIME (INJURY) Torm, atra occurred	Check only or OTHER: Nuraling N Pr M 1 Let, tectory, of	UNCERTAL DOME 5 Residence NOUNCERTAL DOME 5 Residence NOUNCERTAL DOME 5 NO Titce	Part i.	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a. Yown, State)	MED? NO JURY OCC Ind Number	or Rural Pa	AMALABLE PRIOR COMPLETION DF OF DEATH? 1 YES 2	TO CAUSE
COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTIL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 22 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	BUE TO (OR d. d. a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contribution of the contribut	th but npt read the but npt read to the but npt npt npt npt npt npt npt npt npt np	uiting in YES PERMIT DEATH DDA 4 10b. TIME (INJURY) Torm, atra occurred	Check only or OTHER: Nuraling N Pr M 1 Let, tectory, of	UNCERTAL DIVIDITION OF THE PROPERTY OF THE PR	6 Other 28d. DESC 26t. LOCAT City or	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a. Yown, State)	MED? NO NO NO NO Number ner ee state due to the	or Rural Pa	AMALBLE PRIOR COMPLETION DF OF DEATH* 1 YES 2 oute Number,	TO CAUSE
COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only)	BUE TO (OR d. d. a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contributing to deal a contribution of the contribut	th but npt read the but npt read to the but npt npt npt npt npt npt npt npt npt np	uiting in YES PERMIT DEATH DDA 4 10b. TIME (INJURY) Torm, atra occurred	Check only or OTHER: Nuraling N Pr M 1 Let, tectory, of	UNCERTAL DOME 5 GRESIDENCE NJURY AT WORK? YES 2 NO Title Interest and place, and du , death occurred at the	6 Other 28d. DESC 26t. LOCAT City or	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a Yown, State) e(e) end menind place, end	MED? NO NO NUMber ner ee statt due to the	or Rural Ru	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 outle Number, and menner ee is (Month, Day, Year)	TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR. d. a contributing to dea RIBUTE TO CAUSI HOSPITAL: 110 Inpetient 2 = ER/ 26e. DATE OF INJU (Month, Day, 16e 26e. PLACE OF IN, building, etc.	th but not read E OF DEATH- 26. PLACE (Outpatient 3 2 RY ar) 2 URY — At home. Specify)	uiting in I YES OF DEATN DDA 4 10b. TIME (INJURA) cocurred estigation,	Check only or THER: Nursing N Pursing N 1 Let, tectory, of st the time, d in my opinion	UNCERTAL DOME 5 GRESIDENCE NJURY AT WORK? YES 2 NO Title Interest and place, and du , death occurred at the	6 Other 28d. DESC	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a. Yown, State)	MED? NO NO NUMber ner ee statt due to the	or Rural Ru	AMALBLE PRIOR COMPLETION DF OF DEATH* 1 YES 2 oute Number,	TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Pen	DUE TO (OR d. d. d. d. d. d. d. d. d. d. d. d. d.	th but not read E OF DEATH- 26. PLACE (Outpatient 3 2 RY ar) 2 URY — At home. Specify)	uiting in I YES OF DEATN DDA 4 10b. TIME (INJURA) cocurred estigation,	Check only or THER: Nursing N Pursing N 1 Let, tectory, of st the time, d in my opinion	UNCERTAL DOME 5 GRESIDENCE NJURY AT WORK? YES 2 NO Title Interest and place, and du , death occurred at the	6 Other 28d. DESC 26t. LOCAT City or	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a Yown, State) e(e) end menind place, end	MED? NO NO NUMber ner ee statt due to the	or Rural Ru	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 outle Number, and menner ee is (Month, Day, Year)	TO CAUSE NO
PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTILION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO 2434 W. RELECTION 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR d. d. d. d. d. d. d. d. d. d. d. d. d.	th but not read E OF DEATH- 26. PLACE (Outpatient 3 2 RY ar) 2 URY — At home. Specify)	uiting in I YES OF DEATN DDA 4 10b. TIME (INJURA) cocurred estigation,	Check only or THER: Nursing N Pursing N 1 Let, tectory, of st the time, d in my opinion	UNCERTAL DOME 5 GRESIDENCE NJURY AT WORK? YES 2 NO Title Interest and place, and du , death occurred at the	6 Other 28d. DESC 26t. LOCAT City or	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a Yown, State) e(e) end menind place, end	MED? NO NO NUMber ner ee statt due to the	or Rural Ru	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 outle Number, and menner ee is (Month, Day, Year)	TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Pen	DUE TO (OR. d. a contributing to deal RIBUTE TO CAUSI HOSPITAL: 110 Inpetient 2 = ER/ 26e. DATE OF INJU 26e. PLACE OF INJ	th but not read E OF DEATH- 26. PLACE (Outpatient 3 2 RY ar) 2 URY — At home. Specify)	Uiting in YES DF DEATN DDA 4 189b. TIME 6 INJUE Occurred estigation,	Check only or THER: Nursing N Pursing N 1 Let, tectory, of st the time, d in my opinion	UNCERTAL DOME 5 GRESIDENCE NJURY AT WORK? YES 2 NO Title Interest and place, and du , death occurred at the	6 Other 28d. DESC 26t. LOCAT City or	PERFORI 1 YES 2 (Specify) RIBE NOW IN FION (Street a Yown, State) e(e) end menind place, end	MED? NO NO NUMber ner ee statt due to the	or Rural Ru	AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 outle Number, and menner ee is (Month, Day, Year)	TO CAUSE NO





2	8
٥	after
	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writh of hours after de
	d
3	·
2	B
0	5
9	ě
<	9
2	e
	Cal
	ē
•	8
١,	att
ĵ	8
Ó	the
	to
	===
)	9
1	90
-	× ×
1	6
4	The
-	ž
•	S
-	2
,	E
2	9
	ā
5	E
	A
THE STANDS, T.O. BOX 607 OF	Œ
)	0 7
	×
	Sp
	0

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH THOMAS AQI AUGUST 4:58Am 1995 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5/13/57 BIRTHPLACE (State or Foreign Country)
 MD IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 216-70-3874 1 X M 2 - F 37 YRS Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSPITAL CENTER DIRECTOR BALTIMORE BALTO. CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO, CITY BALTIMORE 1 X YES 2 NO Page 6 may be retained by the hospital or attending physician. Il director, page 5 should be detached for use as the burial-transit permit. FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 639 BENTALOU ST. 21216 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexicen, Puerto Ricen, atc.)

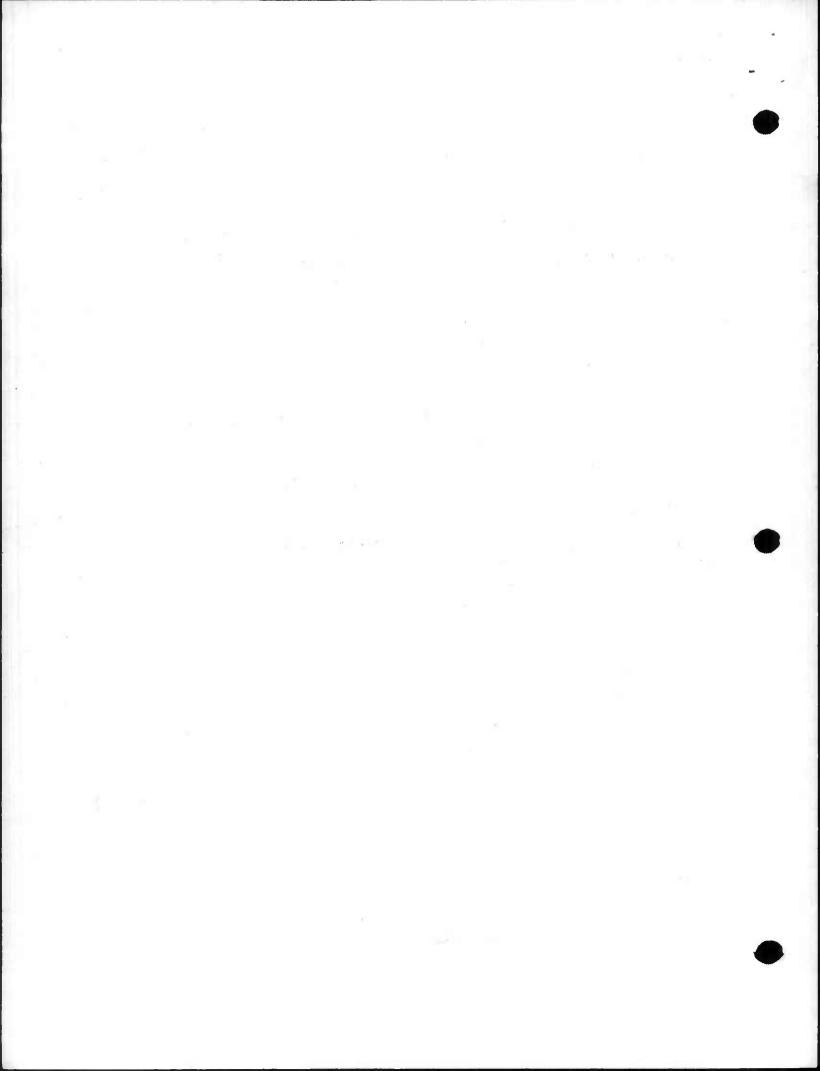
1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, atc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced AFR. AMERICAN 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done during ma life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) UNKNOWN UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) WALTER COOK notified at CORA MAE FORD BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) **ERNEST THOMAS** 639 BENTALOU ST. BALTO. MD 21216 pe 20e. METHOD OF DISPOSITION
1 XI Burlal 2 Cremation 3 Removal from State
4 Domation 5 Other (Specify) ALL ACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must GARRISON FOREST V.A. 8/11/95 OWINGS MILL MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner ESTEP BROS. FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 funeral 鲁 23. PART I. Epter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart fellure. Liet only one gause on each line. in by Approximate interval Betwe ŏ filled IMMEDIATE CAUSE (Final Onset and Death n and completely fille to burial, cremation. the diseese or condition resulting in death) claim Endocarditis unthroun or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) Einomian ullnow CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate the attending physician Mental Hygiene prior cause. Enter UNDERLYING ongestive CAUSE (Disease or Injury DUE TO (OR)AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST Infector shows any injury, PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? YES 2 NO OF DEATH? 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\simega \text{NO} \square \square \text{UNCERTAIN} \(\sqrare \) Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) marked, or Item certificate I HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 DER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED this c 1 Netural 5 Pending 1 YES 2 NO ΒY After death 2 Accident 28e. PLACE OF INJURY — Al home, Jerm, street, Jectory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town. State) 99 COMPLETED 8 Could not be DIRECTOR: Nours after of 4 Homicide item 28 determined 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the ilme, data end place, end due to the cause(a) and menner as stated. TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month: Day Year BE MAREY JUDGUILE MINGUTO H.D 3441614-55 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) THOM HARBOR HOSPITAL CONTEX

MARY JUDDINE MINGUITO, M.O.

THE REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

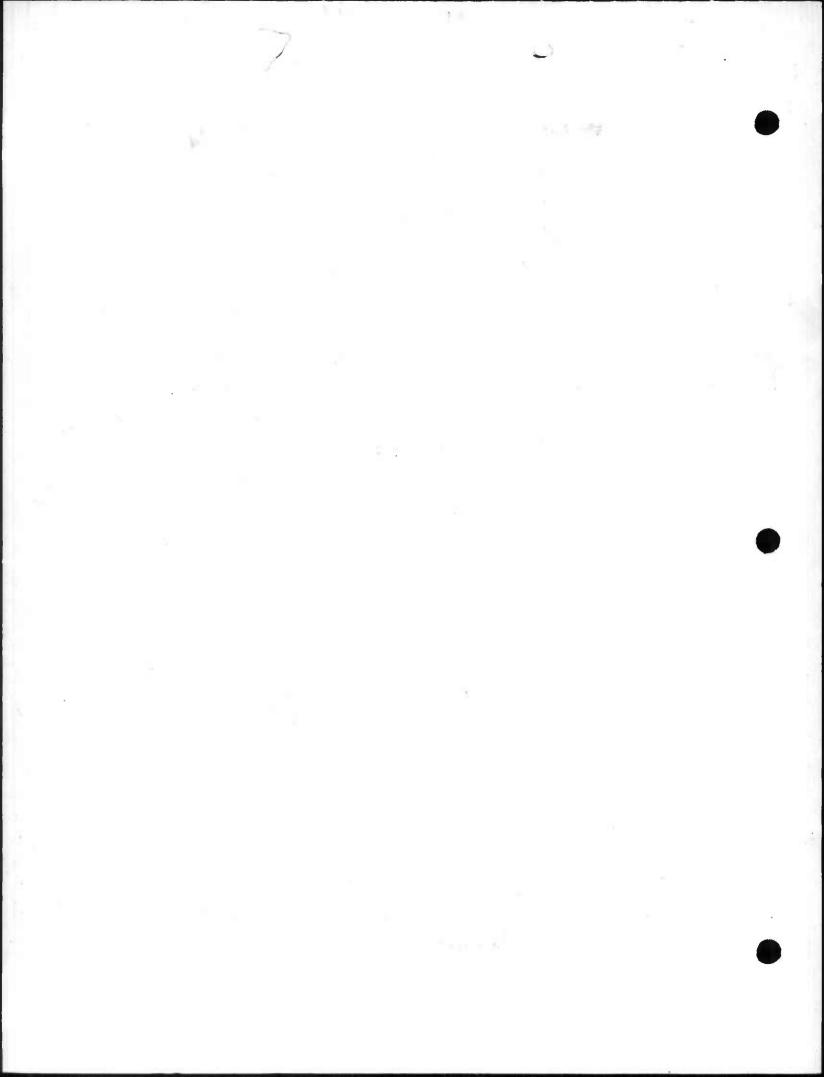
SOUTH HYMOREL



60.
0
-
9
6876
00
W.
BOX
0
$\mathbf{\circ}$
m
_
P.0
~
0
bile.
10
47
\circ
<u> </u>
-
\circ
13
RECORDS
ш
~
-
•
_
_
VITAL
ш.
OF
\circ
-
Z
=
U
S
DIVISION
>
0
ы.

ned within. Indus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	c event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

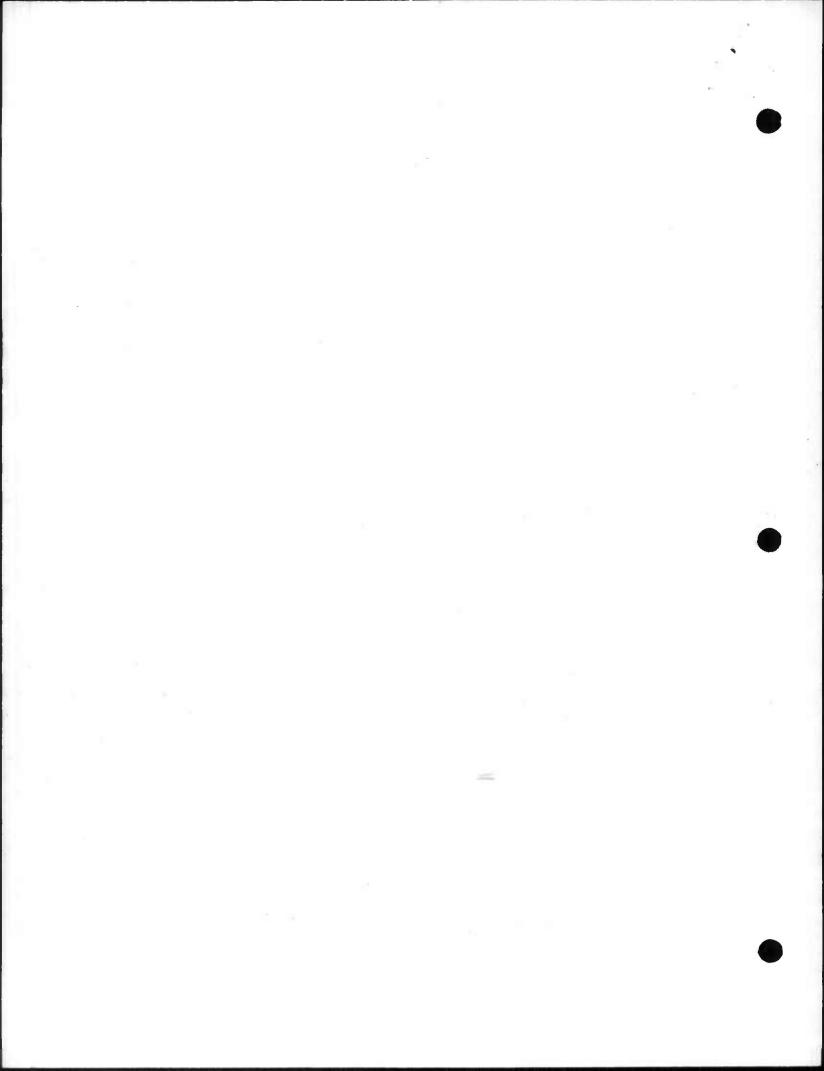
1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AN		AL HYGIEN	E			
t. DECEDENT'S NAME (First,	Middle, Last)			2. DAT	E OF DEATH		3. T	IME OF DEAT	ГН
Henry T	Ty5017			0				8 10	19.
4. SOCIAL SECURITY NUMB		MO	UNDER I YEAR IF UNDER 24 H	rn. 7. DAT	E OF BIRTH oth, Day, Year)	0.1	BIRTHPLAC Country)	CE (State or Fo	reign
245- 18-796	t M 2 - F	7 3 YRS.	CITY, TOWN OR LOCATION	6	-10-2	9c. COUNTY		LINA	
Baltimore RESIDENCE OF DEC	VA medical Cen	fer	Baltimore				VA		
10a. STATE	10b. COUNTY		OWN OR LOCATION				10d	INSIDE CITY	
MARYLAND	CITY	BAL	TIMORE				1 [2	YES 2	NO
10s. STREET AND NUMBER	THOTON OTDERT		10f. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?	
2318 W. LEX	INGTON STREET 12. WAS DECEDENT EVE	0.111.11.11.11.11.11.11.11.11.11.11.11.1	21223		All Services	USA			
1 Never Married 2 X 3 Widowed 4 Divor	Married FORCES? 1 V Y	ES 2 NO	13. WAS DECENDENT OF H If yes, specify Cuban, N 1 YES 2 NO	fexican, Puerto			Black, Wh	merican Indi Ita, atc.	in,
(Specify only	EDENT'S EDUCATION highest grade completed)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16	b. KIND OF BU				
Elementary/Secondary (0-					DATLDO	AD CO			
17. FATHER'S NAME (First, Mi	ddle, Lest)	LADUKEK	ON RAILROAD	'S NAME (First	RAILRO Middle, Meiden				
	TYSON		MAR		2-11-2	SON			
19s. INFORMANT'S NAME (7)		19b. MAILING AD	DRESS (Street and Number or I				de)		
LUCILLE TY	SON		. LEXINGTON			IMORE,		21223	
20V. METHOD OF DISPOSITI		20b. PLACE AND DATE OF D	ISPOSITION (Name of	DA	TE 20c. LO	CATION - City	or Town, S	Stata	
4 Donation 5 Other	(Specify)	"GARRISON"F	OREST CEMETE	RY 8/9	1/95 OW	INGS M	ILL,	MD.	
21. SIGNATURE OF FUNERAL			ESTEP BROTH						
Flora	M. Colle)	1300 EUTAW					21217	
IMMEDIATE CAUSE (Fin disease or condition reaulting in death) Sequentially list conditing any, leading to immediate.	a. Seps. Due to (or A Due to (or A Due to (or A	S A CONSEQUENCE OF):	lar Disease					Chr	
CAUSE (Disease or Injurthet Initiated eventa reaulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF):							
<u>renal</u> <u>Gastroin</u>	Failure Dies CONTRIBUTE TO	ng		n in Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	CON OF I	LABLE PRIOR IPLETION DE COEATH?	TO
25. WAS CASE REFERRED TO		CAUGE OF E	26. PLACE OF DEAT		one)				
EXAMINER?	HOSPITAL:		THER: Nursing Home 5 Reside						
27. MANNER OF DEATH	28a. DATE OF INJUR	TY 28b. TIME O	F 28c. INJURY AT		ESCRIBE HOW I	NJURY OCCUR	ED		_
	Pending (Month, Day, Yea nivestigation	r) INJUR	WORK? M 1 YES 2 N	0					
3 Suicide a 🗆		JRY — At home, farm, stree specify)	et, factory, office	281. LO	CATION (Street in your Town, State)	and Number or F	Rural Route	Number,	
	IFYING PHYSICIAN: To the best of my kn						use(a) and	manner as a	itated.
29b. SIGNATURE AND TITLE			29c. LICENS			29d. DATE SH			
T Ships	i M D			8667		> 0		1-95	
	PERSON WHO COMPLETED CAUSE OF	1 St. B.	altimer m		201				
AUG1 0 1995		LL							



DIVISION OF VITAL RECORDS, P.O. BOX 68760

ITEM: 28a, PER MEO FILM G-727 9/13/95 t.t

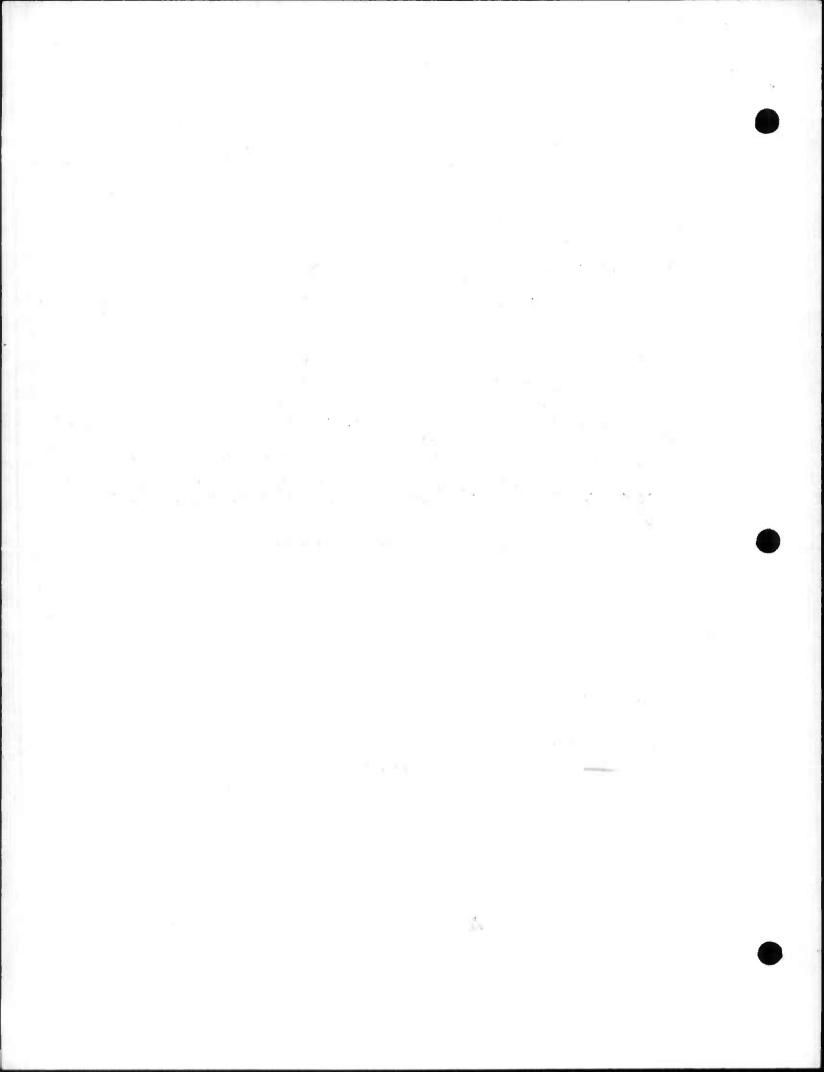
	,	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAP CERTIF	RTMENT OF	F HEALTH AND	D MENTAL	HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O			3. TIME (OF DEATH
	. 1		WANDA	TAY	LOR		AUG.		995	8:(09 P.M
		4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YE		/A A	F BIRTH Day, Year)	8.	. BIRTHPLACE (St.	ate or Foreign
9	-	138-24-0428	1 □ M 2 💢 F 53	3 YRS.			May	18, 19	42	New Yo	rk
3 should	œ	9. FACILITY NAME (If not Institution, give : UNIVERSITY S				WN OR LOCATION OF	F DEATH		N/A	Y OF DEATH	
2.	DIRECTOR	RESIDENCE OF DECEDENT	5.1.0.		BALI.	IMORE			IV/ A		
ges 1	JEC.	10s. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LO					10d. INSII	
'≓. 2		Maryland Car	oline		F	Ridgely				1 TYES	TS? 5 2 💢 NO
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	14708 Plains Cou	rt			101. ZIP CODE 2166	0			N OF WHAT COUNTSA	NTRY?
215-0020 attending physician. ise as the burial-tran	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 THO	If yes	DECENDENT OF HIS s, specify Cuban, Me: YES 2 XNO Sp			or No 14	I. RACE — Americ Black, White, et Specify:	en indlen, tc.
rtending per as the l		15, DECEDENT'S EDU	JCATION	16a. DECEDENT'S	USUAL OCCUP	PATION	16h I	(IND OF BUSI	MESS/INDIAS	White	
20 20 20 20 20 20 20 20 20 20 20 20 20 2	ETED.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during se retired.)	g most of working					
	COMPL		4	Philate:	list		Se.	lf Emp	loyed	./Stamp	Busines
2 5 5 K	BE CO		i.liski			18. MOTHER'S	name (First, Mi	ddle, Meiden S ''Unkn	urneme) IOWN''		
	TO E	190. INFORMANT'S NAME (Type/Frint) Scott Harry Taylo:	r	19b. MAILING 14708	Plains	eet and Number or Ru Court	Ridgel	r, City or Town,	State, Zip Co 21660	ode)	
FORE, e 6 may be rector, page		20s. METHOD OF DISPOSITION 1 General Surfel Control	Noval from State	206. PLACE AND DATE to the semestery, cremetory or of Metro Cres	ther place)		DATE			y or Town, State	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LI	Dawn F.	McDonald	Cren	e and address of nation So	ciety (of Mar	yland	, Inc.	000
		23. PART I. Entar the diseases, or	complications that cous	sed the deeth, Do i	not enter the	Frederic mode of dylng,	uch as cardle	BAIT BAIT	Imore	t, MD ZI	228 proximate
ely fille nation,		IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Muy	1 tiple	Duj	urili					erval Between set and Death
P 20 2	NO	Sequentielly list conditions,	13.	S A CONSEQUENCE O	0						
P.O. BOX 68 th certificate be execut ending physician and c Hygiene prior to buni or other traumatic	CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	S A CONSEQUENCE O	F):						
S, P.O. death certific attending plental Hygiene Iry, or other	CERTIFICATION	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):						
O 8 4 2 3	C	PART II. Other aignificent condition	ns contributing to deeth	but not resulting	In the underl	vina csuse alven	In Part I.	40. WAS AN A	LITTOPSY	24b. WERE AUT	SOMICIAL VACO
RECORE requires that the peen signed by to f Health and shows any in	MEDICAL					,,		PERFORM	ED?	AMILABLE COMPLETE OF DEATH!	E PRIOR TO ION OF CAUSE ?
	∑ Z	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEATH YE	S 🗆 NO	₩ UNCERTA	AIN 🗆			YES	2 NO
上年 皇皇 5	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT							
F VIT SICIAN: Th certificate the State i, or iter	YSI	1 TYES 2 NO	1 Inpetient 2 EER/Ou		4 - Nursing F	Home 5 - Resident					
○ 동 등 등		27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, 8 Year)		URY	INJURY AT WORK? ☐ YES 21 M-NO	/	RIBE HOW IN	URY OCCUR	IED	
ON After death is man	B	2 Accident Investigation 3 Suicide 8 Could not be	280. PLACE OF INJUI	RY — At home, farm, i	CH		281. LOCAT	ION (Street en	d Number or	Rurel-Route Number	n
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	ETED	4 Homicide determined	building, atc. (Sp	Stre	ef		Gre	Progra	Carel	Street ine Co,	Mol
4 4 0 m	COMPLE	(Check only	ER: On the beet of my kno							euse(e) and menn	ner an stated.
TO THE HOSPIT TO THE FUNERA De filed within 7	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	10	01	•	29c, LICENSE P	NUMBER		29d. DATE SI	IGNED (Month, Day	y, Year)
5 5 9 W	2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE DE D	CALL OF THE PERSON OF	I Mayo	O.C.M	.Е.		AUG	G,9 19	95
~			V	111 Pe		reet, B	altimo	ore,	Mary.	land 2	1201
		"AUGI "0"1995" Ju	ST. RECESTRAR'S DIG	SNATURE							



JHM

UNKNOWN 95-187

,		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA		MENTAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	YEAR 3. TIME OF DEATH
		MARVIN	C. WILL		AUGUST 5 199	
plu		214-68-3083	5. SEX 6. AGE (In yrs. leet birthder	MONTHS DAYS HOURS MIN.	OCT. 4.1957	BIRTHPLACE (State or Foreign Country) Mary and
1, 2, 3 should	CTOR	9a. FACILITY NAME (If not institution, give s 1916 ETTING ST RESIDENCE OF DECEDENT	Control Control	96. CITY, TOWN OR LOCATION OF DEBALTIMORE	EATH 9c. COUNT	N/A
Pages	DIRE	Maryland 106. COUNTY	N/A 10c.5	30 Himore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
an. ransit permit.	FUNERAL	1916 Etting	St.	101. ZIP CODE 2/2/	7 10g. CIŢIZI	EN OF WHAT COUNTRY?
5-0020 nding physician. is the burial-transit	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 W YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 — YES 2 W NO Speci	en, Puerto Ricen, atc.)	14. RACE — American Indian, Black, White, etc. Specify: P. L. C. K.
215-0 attending use as the	8	15. DECEDENT'S EDU		'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	PIACI
Spital or ed for u	PLET	(Specify only highest grade		of work done during most of working use retired.) 1 employed	NA	
के दे द	BE CO	17. FATHER'S NAME (First, Middle, Last).	Williams	Gera	angifirst, Middle, Marshall Kirk	land
ay be retained page 5 should be notified	2	Carence L	Williams 701	Arington AUR	Apt 609 Bal	Fo. Md. 2/2/7
Tector.		20a METHOD OF DISPOSITION 1 METHOD OF DISPOSITION 1 Donation 5 Other (Specify)	oval from State cemeter, crematory o	1150h Fores	PATE 200 LOCATION - CH	s Mills, Md.
death.		21, SIGNATURE OF FUNERAL SERVICE OF	L. Ryss	JOSEPH JO	Russ Funero	2 Home
in by remo		23. PART . Enter the diseases, or o shock, or meart failure.	complications that caused the death. Do List only one cause on each line.	not enter the mode of dying, suc	th as cardiac or respiratory arre-	at, Approximata interval Between
ted within 24 ho completely filled ial, cremation, or		IMMEDIATE CAUSE (Final disease or condition resulting in death)		ARCOTIC INTOXICATION		Onset and Death
B 2 2 9	Z		OUE TO (OR AS A CONSEQUENCE	OF):		
or 1 per	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE	OF):		
ending a Hygie	ERTIFI	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):		
E Se e	AL CE	PART II. Other significent condition	a contributing to death but not resulting	g in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
F W AG	MEDIC/				PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
w requires that been signed to pt. of Health a shows any		DID TOPACCO HEE CONTY	NOUTE TO CALICE OF DEATH	75 C No. C		1 YES 2 NO
De la la la la la la la la la la la la la	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE OF DEATH \(\) 26. PLACE OF DE	YES NO UNCERTAL	NE	
SICIAN: The certificate the State the State	YSIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Rasidenca	6 Other (Specify)	
PH sight by	ву РН	27. MANNER OF DEATH 1 Netural 5 Cending 2 Accident Investigation	(Month, Day, Year) F 0 Ut	ME OF POPULAT WORK? 30 A M 1 YES 2 X XHO	28d. DESCRIBE HOW INJURY OCCU UNKNOWN	RED
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	8	3 Suicide 8 (Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm building, etc. (Specify) FOUND I	n, street, factory, offica N HOUSE	28t. LOCATION (Street and Number of City or Town, State) 1916 E1 BALTIMORE, MARYLAND	Burn Bourn Number
425	COMPLET		CIAN: To the best of my knowledge, death occu R: On the bests of examination and/or investigat		to the cause(s) and manner as atated	1.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	B	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)
P P 2 2	임	30. NAME AND AODRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (ITEM 27) (Ty)	O.C.M.	E. AUG	GUST 5 1995
+1		3 APYTE TED (VOTO 95 YOUR)	Taveler Carlot June	Penn Street.	Baltimore, Mar	ryland 21201



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICATE OF	DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH	YEAR	3. TIME OF DEA	TH
ľ	Mrs. Maug	le	Wi1	ev		Aug 4, 199			9:45	МС
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birtnda)		IF UNDER 24 HRS.	7. DATE OF BIRT	TH	S. BIRTH	HPLACE (State or F	_
	213 /4 3/3/		104 YRS.		HOURS MIN.	Aug 20,	1890		aryland	
~	9a. FACILITY NAME (If not institution, give stre	et and number)			OR LOCATION OF DE	EATH		UNTY OF D		
DIRECTOR	Edenwald RESIDENCE OF DECEDENT			T	owson			Balti	lmore	
Ä	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LOCA	TION				10d. INSIDE CIT	Y
	Maryland Ba	altimore		Towso	n				1 - YES 2 X	NO
A	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
FUNERAL	800 Southerly				21286			.S.A.		
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	If yes, s	DENDENT OF HISPAN Decify Cuben, Mexica 3 2 NO Specify	n, Puerlo Ricen, e		14. RACI Blac Spec	E — American Ind ik, White, atc. offy: White	len,
	15. DECEDENT'S EDUCA			'S USUAL OCCUPATI		16b, KIND (OF BUSINESS/IN	OUSTRY	white	
	(Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	of work done during m use retired.)	ost of working					
COMPLETED	Entitional y desired and (u-12)	2 Years	Sch	ool Teac	her		Balti	nore	County	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, A	faiden Surname)			
BE C	Fielder	Bowie	Smith		Man	y Maude		Sn	nith	
0	19a. INFDRMANT'S NAME (Type/Print)			NG ADDRESS (Street						
-	William R. Wiley		1909	Knollto	n Road		-	210		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remov			eofdisposition(A rotherplace) resbyteri		OATE 2	Oc. LOCATION -			
	4 Donation 8 Other (Specify)		sether P		An Cem	CILITY	Jarret	tsvi	lle, MD	-
	Dohn K	Aynel	_		g Byers E Liberty F			-		133
	23. PART I. Sinter the diseases, or co								Approxin	nate
	immediate Cause (Final disease or condition resulting in death)		(0 mg	24/00	n Ken	mt F	Foih	ire	Onset an	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE DF):									
DICAL C	PART II. Other aignificant conditions	contributing to death	but not resulting	g in the underlyle	ng cause given in	P	AS AN AUTOPS'	Y 241	b. WERE AUTOPSY I AWAILABLE PRIOR COMPLETION OF	TO OT F
MEDI						_ 10	YES 2 NO		OF DEATH?	NO
	DID TOBACCO USE CONTR	BUTE TO CAUSE	OF DEATH	YES 🗆 NO	UNCERTAI	N 🗆				
PHYSICIAN:		HOSPITAL:	28. PLACE DF D	QTHER:)					
YS		1 Inpetient 2 ER/O		4 Nursing Ho	me 5 Realdence					
	27. MANNER OF DEATH S Pending	28a. DATE OF INJUR (Month, Day, Year	286.	INJURY W	JURY AT ORK? YES 2 ND	28d. DEŞCRIBE	HOW INJURY O	CCURED		
B₹	2 Accident Investigation	28a. PLACE OF INJU	DV — At home ferr			281. LOCATION	Ctreat and Numb	ner or Rural	Pourte Number	
8	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (S	pecify)	ii, street, rectory, orn	-u	City or Town		es os ribres	rodio ramos,	
COMPLET	COLLECT CALL	AN: To the best of my knot Dn the basis of examinar							(a) and menner as	stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	. /	_	29c LICENSE NU	MBER	29d. D.	ATE SIGNE	DJ (Month, Day, Year)
) BE	F1, 1	(Mun L	ph	ys/ Zum	1)29	769	, >	8/	5/98	5
5	30. NAME AND ADDRESS OF PERSON WHO	1 /0 . /	OEATH (ITEM 27) (7)		N. Po	lin's	1 3	n/4	100	
	31. AUG1 0 1995 da	32 REGISTRAR'S SI	GNATURE			0	+			
	1000		- Article							



1 - FOR STATE REGISTRAR

-
0
Φ
. 68760
00
(0)
4
~
BOX
~
110
o.
\circ
σ.
ш.
ID.
CO
07
000
-
\circ
~
RECORDS
111
-
Œ
VITAL
⋖
_
_
=
-
11
-
0
_
7
O
-
S
==
>
-
DIVISION

29b. SIGNATURE AND TITLE OF CERTIFIER

INNA

31. DATE FILED (MONTH, Day, Year) AUG 1 0 1995

Gendelsman

GENDEI SMAN

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

M D C 7 O 32, REGISTRAR'S SIGNATURE

MARVIAND CENERAL HOSPITAL

BE

2

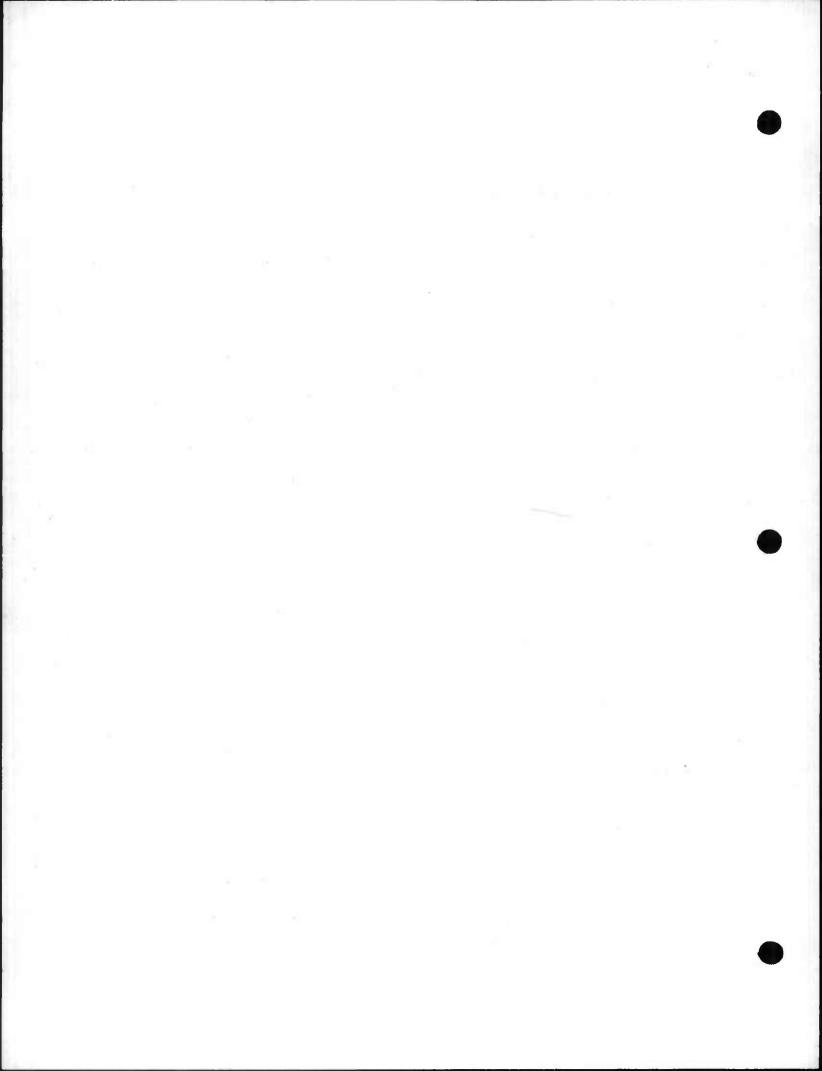
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN Gladys Wilson OS OF 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year, 12/28/ 1 M 2 D F 65 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR timare EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION timore FUNERAL 10s, STREET AND NUMBER 10f. ZIP CODE 2121 funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First F 0 BE notified 19a. INFORMANT'S NAME (Type/Print) 2 pe 20e, METNOD OF DISPOSITION

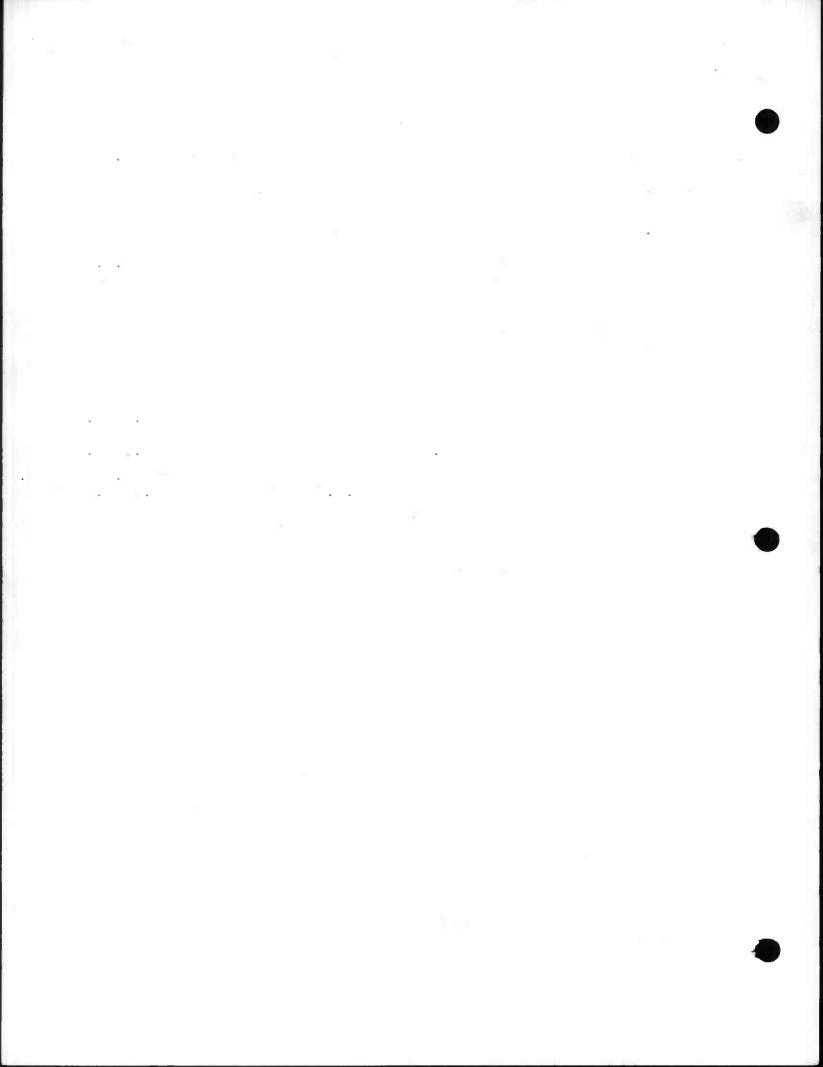
1 Burlel 2 Cremetion 3 Rem 19th PLACE AND DATE OF DISPOSITION /Name of DATE must 8-12-9 tion 8 Other (Specify) examiner 21/ SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY March Kuneral Home Wasbash OOSH n and completely filled in by the to burial, cremation, or removal. the medical 23. PART . Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) SEPTIC SHOCK event. OUE TO (OR AS A CONSEQUENCE OF): executed traumatic SEPSIS WITH GRAM NEGATIVE BACILLI CERTIFICATION Sequentielly list conditions, If any, leading to immediate been signed by the attending physician or, of Health and Mental Hygiene prior to requires that the death certificate be cause. Enter UNDERLYING PNEUMONIA CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury. PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL any Shows DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN Dept. 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OR ATTENDING PHYSICIAN: The this certificate h with the State [EXAMINER? HOSPITAL: OTHER: 1 V Inpatient 2 - ER/Outpatient 4 Nursing Nome 5 Residence 8 Other (Specify) 50 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT marked. 1 Natural 1 YES 2 NO BY DIRECTOR: After the hours after death 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, farm, streat, factory, offica building, stc. (Specify) ,99 8 8 Could not be 4 Homicide 28 hours COMPLET Item 29a. CERTIFIER) THE HOSPITAL O THE FUNERAL D fled within 72 ho ledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

CERTIFICATE OF DEATH

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATN :50 pill 8. BIRTNPLACE (State or Foreign 9c. COUNTY OF DEATH N 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State Avenue Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 X NO OF OEATH? 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) nd/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 89212 8/5/95



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ,1995 Daisy Williams August 5:40 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 11-11-24 DAYS HOURS S. Carolina 220-38-5557 1 M 2 KF 70 permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Maryland General Hospital Baltimore N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. N/A Baltimore NEWES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 501 Dolphin Street #311 21217 U.S. retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried BY TES 2/ENO Specify: Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig funeral director, page 5 should be detached for ry/Secondary (0-12) 6th Domestic Peabody 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Edmond Green 7 Mary BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Tyler Williams 501 Dolphin Street #311 Balto., MD. 21217 hours after death. Page 6 may be pe 20e. METHOD OF DISPOSITION
PC Buriet 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Zion Cemetery 8/5/95 Balto., MD. 4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St. lon CFSP #281 E.L. Phillips F/H Balto., MD. 21217 attending physician and completely filled in by the intal Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death 华 disesse or condition Cardiac Arrhythmic immediate event, resulting in death) the death certificate be executed with DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 Cardiomyopathy traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 signed by the atte PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? shows any 1 TYES 2 NO 1 YES 2 NO L. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has by Dept. 23 OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TYES 2 XX 4 Nursing Name 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 X Natural 2 NO DIRECTOR: After the hours after death v 1 YES BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, streat, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 4 Homicide 28 1 ACERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite (Check only one) 2 MEDICAL EXAMINEFI: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Moi BE 30 > AUSUCH 0 BE OF DEATH (ITEM 27) (Type Putt) 30. NAME AND ADDRESS OF PERSON WHO CO



95 YEAR

3. TIME OF DEATH

VA

Interval Between Onset and Death

22:47 M

2. DATE OF DEATH

Kimberly

ANGLE

1 -

1. DECEDENT'S NAME (First, Middle, Last)

MBERLY

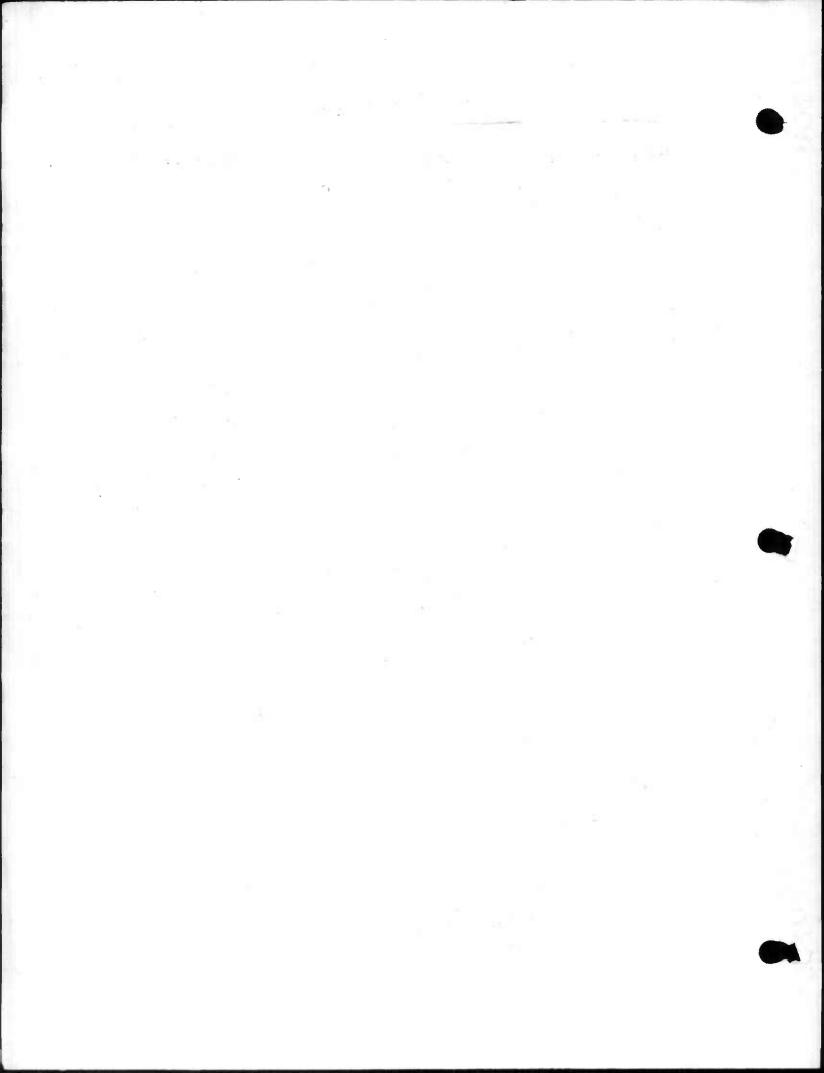
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Ann Patton Angle

(T			4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	EAR IF UND		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	NCE (State or Foreign
3	3		404-25-3840		23	3 YRS.				10/24		Roanol	ke, VA
5	2 2	œ	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LOCA		TH /	9c. COUN	TY OF DEATI	Н
•	ν]	6	RESIDENCE OF DECEDENT					Balti	more			n/a	
90	Safe	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				100	d. INSIDE CITY LIMITS?
a a			Maryland []	albot		Eas	ton						YES 2 HO
3	E I	RA						10f. ZIP CO				EN OF WHAT	COUNTRY?
020 physician. burial transit narmit Bone 1		FUNERAL	9490 Blackdog All	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	2160		ORIGIN? (Specify Y	USA	14 BACE	American Indian,
_AND 21215-0020 the hospital or attending physician. detached for use as the burial-tran		BY FI	1 Never Married 2 Married 3 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2	∑ио	If ye	s, specify Cul	ban, Maxican,	Puarto Rican, etc.)		Black, WI Specify:	White
1215- r attendi			15. DECEDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OCCU	PATION		16b, KIND OF BI	USINESS/INDL	JSTRY	mile
212		COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of a life. Do NOT us	work done during se retired.)	ng most of worl	king	0.000			
AND the hospit		MP	12	N/A	Ho	usewi	fe			Own Ho			
MARYLAND retained by the hospital 5 should be desched	at once.		17. FATHER'S NAME (First, Middle, Last) Harold Patton							(First, Middle, Melde	n Surname)		
MARY!		BE	19a. INFORMANT'S NAME (Type/Print)			105 MAR INC	ADDRESS (S)			Warden			
		2	Donald Lee Ang	Le						Easton, 1			
AE,			20a, METHOD OF DISPOSITION		20b. PLA0	CEANDDATE	DEDISPOSITIO	N /Name of		DATE 20c L	OCATION - C	Hu or Town	State
Page 6 may	must		1 \(\text{Densition} \) Burial 2 \(\text{Cremation} \) Cremation 3 \(\text{Rank} \) Rank 4 \(\text{Donation} \) Donation 5 \(\text{Other} \) Other (Specify)	oval from Stata	Centr	al Adv	vent C	hristi	lan Ce	n.Aug. Rt	. 1.	Clift	on Forge,
ALTIMORE death. Page 6 may t	examiner		21. SIGNATURE OF MUHERAL SERVICE LIS	ENSEE)	24.1		22. NAN	E AND ADDR	IESS OF FACIL	.ITY			37 A
BALT after death.			Bryan W. C	ary	any		10	emmon W. H	Padoni	ral Home	: Cimoni	um A	MD 21093
irs afte	or remove		23. PART I. Enter the diseases, or o shock, or heart failure.	omplications that	caused the	deeth. Do r	ot enter the	mode of d	ying, auch	na cerdiec or rear	piratory arre	st,	Approximate
24 hours	c .		IMMEDIATE CAUSE (Fine		V								Interval Between Onset and Deat
within	event, the		resulting in death)	. (AMDI	WIV	LMUN	Lelli	ARI	2051				
68760 ecuted will	_ 6	_		DUE TO (C	LAKO I	SEQUENCE OF	n: 1 1 H)[min	MIAAT	-			
	Hygiene prior to buria or other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CON	SEQUENCE OF	7)	10070	111111	10			
BOX ficate be en	prior to	S	cause. Enter UNDERLYING CAUSE (Disease or injury										
. ~ ~	Hygiene or other	별	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONS	SEOUENCE OF	F):						
100 100		E I		J						•			
RECORDS, requires that the de-	~ =	18	PART II. Other aignificant condition	contributing to d	leeth but no	t reaulting	n the under	lying cause	given in Pa	rt i. 24s. WAS AI	N AUTOPSY		RE AUTOPSY FINDINGS
CO lires that	Health an	MEDICAL								_ 1 🗆 YES	2 NO	CON	MPLETION OF CAUSE DEATH?
RE(* requir	shows	Σ	DID TODACCO LICE COART	NOTE TO CALL	105 05 0					_		1 [YES 2 NO
S S	Dept 23	AN	DID TOBACCO USE CONTR				H (Check only		CERTAIN				
F F g		SICI	EXAMINER?	HOSPITAL:		I	OTHER:		Pasidanca &	Other (Specify)	-		
LL 9 8		PHYSI	27. MANNER OF DEATH	28a. DATE OF III (Month, Day	NJURY	26b. TIM		INJURY AT WORK?		ad. DESCRIBE HOW	INJURY OCCU	JRED	
ON O DING PH		BY	1 Natural 5 Pending 2 Accident Investigation	(1101111, 213)	, 1001)			YES 2	□ NO				
DIVISION OR ATTENDING F	0 00		3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At tc. (Specify)	home, farm, s	treet, factory,	offica	2	8f. LOCATION (Street City or Town, State	and Number o	r Rural Route	Number,
DIVISI OR ATTENI DIRECTOR:	hours afte item 28												
	2 =	COMPLET	(Check only	CIAN: To the best of m									
THE HOSPITAL THE FUNERAL		8	2 MEDICAL EXAMINE	. On the basis of sxs	mination and/	or investigatio	n, in my opinio				nd due to the	cause(s) and	i manner as stated.
OTHE	POR POR	8	() ()	1)-				29c. LIC	ナス 〇 ENSE MAMBI	ER I		1 1	nth, Day, Year)
2 2	2 2	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type.	Print)	/	750	l	ى •	1419	1.
			David Han	we !	ND	22	J. C	1203	en ?	T. BAL	TMA	212	30
122			31. DATE FILED (MOAUG 1°)1 199	5 32. REGISTBAR	SIGNATURE	Part 11					11111		-
		M.		1//	-		1						

DHMH-16 Rev 1/89

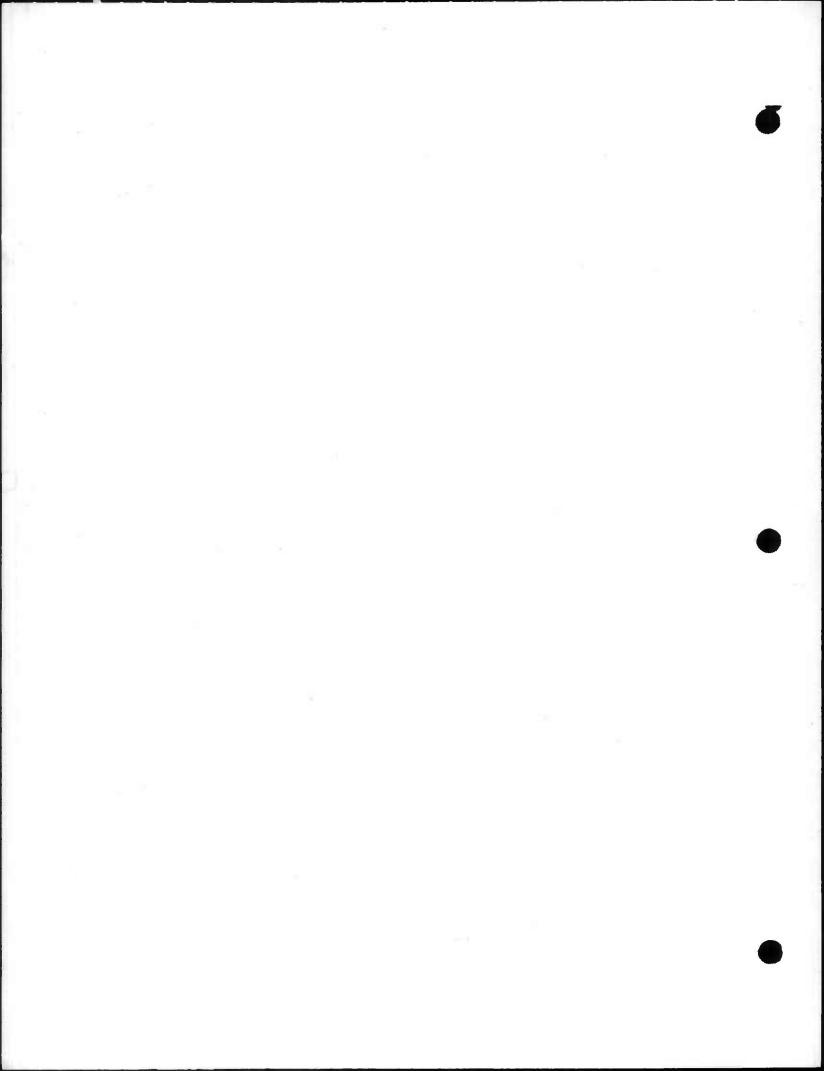


by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, 3 should /LAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		1/	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMENT	OF H	IEALTH DE AT	AND N	MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH			3. TIME OF DEATH	
	Dorothy _B	All	Lison						Augu	ıst 8°	1995	YEAR	7:30 a M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE (OF BIRTH Day, Year)				
	517-22-0710	1 M 2 F	76	YRS.	MONTHS	DATE	HOURS	MIN.	May	20 19	19	COOM	PLACE (State or Foreign Y) Kansas	
~	9e. FACILITY NAME (If not institution, give st	,			9b. CITY,	TOWN (OR LOCATIO	ON OF DE	ATH			COUNTY OF DEATH		
DIRECTOR	118 Villa Capri (lircle			Ess	ex_					Bal	timo	re	
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d, INSIDE CITY	
	mdBaltin	nore		1	Essex	ζ.							LIMITS?	
FUNERAL	10a. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
Ä	118 Villa Capri	Circle					2121	1				USA		
FU	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. AR	MED	13. V	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN	? (Specify Yee	or No-	Blaci	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES ^				s □Xio			, , , ,		Speci	White	
	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	SINESS/IND		WILL	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	tve kind of v Do NOT us	vork done di e retired.)	uring mo	st of workin	g		719,75				
MP.		+6	T	each	er				I	Educat	ion	Syst	em	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									liddle, Meiden	Surname)			
BE	John R. Burgess									enton				
2	190. INFORMANT'S NAME (Type/Print)									er, City or Town				
	George Allison							Circ		ssex M				
	1 ☐ Buriel 2 ♥ Cremation 3 ☐ Remo	wal from State G6	DE PLACE A	TRION OF	of DISPOSI	TION (Na	me of	Q_Q.	DATE		SON		wn, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		TTTT	op 5			D ADDRES		_	1000	SOII .	L'ACL •		
	· 1110	0			1		ck To							
						_10	50 Y	ork	Rd. 7	rowson	Md.	212	04	
	23. PART I. Enter the diseases, or conshock, or heart failure. L	list only one cause on	each ilne.	ath. Do n							ratory an	reat,	Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition			-		3-	1			A			Onaet and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (or AS A CONSEQUENCE OF):									11 yours				
_	_	552.10 (511.15	A CONSEC	OLNOL O	<i>)</i> .	0							0	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEC	UENCE OF	7:									
CA	CAUSE (Disease or injury													
TH	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	WENCE OF	7:									
Ë	d	le												
AL C	PART II. Other aignificant conditions	contributing to death	but not re	sulting 1	n the unc	derlying	cause g	Iven in F	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS	
										PERFOR	\ /		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC							/		_	TES 2	7.10		OF DEATH?	
ä	DID TOBACCO USE CONTR	IBUTE TO CAUSE (OF DEAT	ГН ҮЕ	S 🗆 N	10 Y	UNC	ERTAIN						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check o									
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Out	ipatient 3	□ DOA	4 Nursi		5 Re	sidence (B 🗆 Other	(Specify)				
F	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b, TIMI	URY	28c. INJI WO	JRY AT		28d. DE\$0	CRIBE HOW IN	JURY OC	CURED		
В	2 Accident Investigation				M	1 🗌 Y		NO						
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At hor scify)	ne, ferm, a	treet, lecto	ry, office			281. LOCA City or	TION (Street e. r Town, Stete)	nd Number	or Rural A	toute Number,	
	29e. CERTIFIER													
COMPLETED	(Check only	CIAN: To the best of my know												
8		t: On the besis of examination	on end/or li	rvestigatio	n, in my op	inion, de	enth occur	d at the t	ime, date e	end place, and	d due to th	e cause(s)	end manner es stated.	
BE	296. SUNATURE AND TITLE OF CERTIFIER	(), (), n	20				29c. LICE	NSE NUMI	BER		29d. DAT	E SIGNED	Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH OTEN	1 22) (3	Orient		0	UX	dd	5	0	15/	73	
	W.B. Donielo T.	- Unix	M.	arj (rype,	erint)	4	7501	-0		K. L	1 .:	**	non sinu	
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIM	ATURE	mor	101	110	Tyle	1	1	0 /1	Irol	e /	1111 01018	
	AUG1 1 1995 A	LIN DEWOLLONS	artall				•	/						



6	
0	
9	
~	
m	
(0)	
w	
34	
~	
O	
m	
_	
-:	
O	
P.O. BOX 68760	
О.	
CO	
~	
20	
=	
O	
13	
\sim	
ш	
RECORDS, I	
_	
/ITAL	
d	
_	
=	
11	
=	
O	
_	
Z	
\cap	
$\stackrel{\smile}{}$	
70	
97	
-	
DIVISIO	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and least reface the first of may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S HAME (First, Middle, Last)	ARLI	18			2. DATE OF MONTH		YEAR 95	3. TIME OF DEATH 8: 50 P M		
	4. SOCIAL SECURITY HUMBER 212-40-3850 9a. FACILITY HAME (If not institution, give str	1- M 2 F	53 YRS. M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1-1	5-42	Count	ink.		
CTOR	Bons Secours I				imore			n/a			
DIRECTOR	MD 10b. COUNTY	/a	177.2	OWN OR LOCAT					10d. INSIDE CITY LIMITS? XO YES 2 NO		
FUNERAL	928 Carrollton	n Ave.		10f	21204		10g. (WHAT COUNTRY?			
B≺	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	FORCES? 1 YES 2 NET If yes, specify Cuban, N					OF HISPANIC ORIGIN? (Specify Yas or Ho— ban, Maxican, Puerto Rican, etc.) Specify: 14. RACE—Black, Specify: Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life Do MOT use sellend i								
A P	12th 17. FATHER'S HAME (First, Middle, Last)		unk.		10 MOTHER'S NA		n]₹ . Idle, Malden Sumami	- \			
BE C	unk.				unk.	CHE (FISI, MIC	icie, Maiden Sumami	")			
10 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ODRESS (Street a	nd Number or Rural	Route Number	; City or Town, State,	Zip Code)			
-	Linda Smith			-			BAlto.				
	1 ☐ Burial 2 ☑ Spenation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	rval from State Can	netery, cremetory or other	plece)		DATE					
	21. SIGNATURE OF FUHERAL SERVICE LICE	EHSEE	Metro Cr		D ADDRESS OF FA	8/1	U Cato	onsvi	lle, MD		
	James a	Monto	m	Jam 170	es A. N	Morto	n & Sor	is Fu	neral Home MD 21217		
CERTIFICATION	23. PART Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiretory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
AL CERT	thet initiated evente resulting in death) LAST	contributing to deeth b	out not resulting in	the underlying	cause given in	Part I. 2	48. WAS AN AUTOPS PERFORMED?	SY 24t	. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC	DID TOBACCO USE C	CONTRIBUTE TO	CAUSE OF I	DEATH Y	ES NC		YES 2 THO		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	neck only one)					
Ιλ	1 TES 2 THO	1 1 Inpatient 2 ER/Outp	ontlant 3 DOA 4		5 Residenca	8 Other (Specify)				
	27. MAHNSR OF DEATH 1 Natural 5 Pending	28a. DATE OF IHJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. DESC	RIBE HOW INJURY	OCCURED			
TED BY	2 Accident Investigation 3 Suicida e Could not be datermined	28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)				26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my known							s) and menner as stated.		
TO BE	295. SIGNATURE AND TITLE OF CERTIFIER 30. HAME AND ADDRESS OF PERSON WYO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGN	LES	JR w) = 200	204.1	BAltima	ST.	salp, md		
	AUG1 1 1995 A	of a development	Nall						4115		

\simeq
CA
9
0
47
Ξ.
2
T.
CA
0
Z
1
>
RY
d
MA
2
ш
0
-
0
TIM
=
=
BAL
8

should

DIVISION OF VITAL

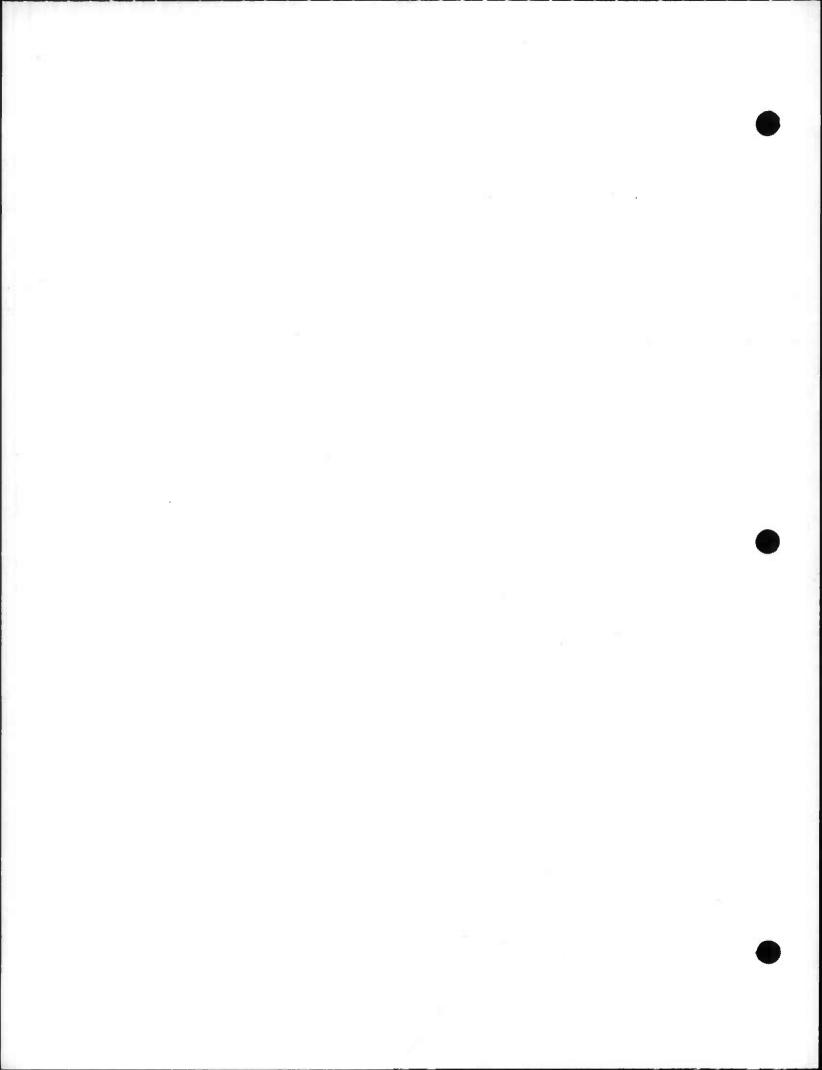
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 death with the State Debt, of Heath and Merial Hopiene order to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-124 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the itself ed within 72 hours after death with the State Debt, of Health and Mental Hopene prior to burial, cremation, or remand.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

									Ç	15	24301	
	1 - FOR STATE REGISTRAR	STATE OF I				HEALTH AND	MENT	AL HYGIEN	_			
	1. DECEDENT'S HAME (First, Middle, Last) The 1 ma	A	LRICH				MON	E OF DEATH	W	YEAR	3. TIME OF DEATH 4:20 P M	
	4. SOCIAL SECURITY HUMBER 213-36-9489 98. FACILITY HAME (If not institution, give st	5. SEX 1 M 2 X F	6. AGE (In yrs. ia:	YRS.	UNDER 1 YEAR NITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Mor	E OF BIRTH oth, Day, Year)	191	4 No	PLACE (State or Foreign y) OrthCaroli	
DIRECTOR	Franklin Squa	re Hos	oital_	.91		ROSSVILLE			Baltimore			
		Baltimo	ore	e Middle Ri					River			
FUNERAL	1313 Shore Ro	ad 12. WAS DECEDER				ZIP CODE	20 US			SA	WHAT COUNTRY?	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced		YES ZY		CEHDEHT OF HISPAL ecity Cuban, Maxica 2 2 CHO Specif	n, Puerlo	IN? (Specify Yes Rican, etc.)	or Ho—	14. RACE Black Speci	E — American Indian, k. White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade : Elementary/Secondary (0-12)	College (1-4 or 5	(0	live kind of work Do NOT use re	,	ON ost of working	16	b. KIHD OF BUS	SINESS/IHI	DUSTRY		
	17. FATHER'S HAME (First, Middle, Last) Samuel Blu	3yrs		Nu	rse	18. MOTHER'S HA						
TO BE	19a. INFORMANT'S HAME (Type/Print) Clifton Alrich	19			and Number or Aural	Route Nui	mber, City or Town	n, State, Zij		2.21030		
	20a. METHOD OF DISPOSITION 1	111 1111 1111	cemetery, cre	ematory or other	Memor	ial 8/			CATION —			
	· R. Terry	1000	nelle	/	Conne	11y Fu	ner				ssex	
	23. PART I. Enter the diseases, or los shock, or heart failure i. IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cau	se on each line	a.			h as ca	rdiac or respi	ratory sn	rest,	Approximats Interval Batween Onsat and Death 3 days	
Z	-	atrial	(OR AS A CONSE		il_acci	denc					Jadys	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		(OR AS A CONSEC	,								
O	PART II. Other algnificent conditions	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part								24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTR	IBUTE TO CA			□ NO ☑ Check only one)	UNCERTAII	N 🗆				1 YES 2 NO	
HYSIC	EXAMINER? 1 YES 2 X HO 27. MANNER OF DEATH	HOSPITAL: 14 Inpatient 2 2				e 5 Residence	_		HIEV OC	CURED		
B⊀	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, D	ey, Year) F INJURY At he atc. (Specify)	INJURY	M 1 🗆	WORK?			N INJURY OCCURED et and Number or Rural Route Number,			
COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only only only only only only only only	IAN: To the best of	my knowledge, de				lo lhe ci	suse(a) and man				
H H	One) 2 INEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CRITIFIES	Con the basis of a	camination and/or	Investigation, is	n my opinion, d	29c. LICEHSE NUM 29c. LICEHSE NUM 036 7	MBER	a and place, and			(Month, Day, Year)	
임	30, NAME AND ADDRESS DI-PERSON WAY	COMPLETED CAU	IE OF DESTRUCTION	H TT-TT-		3321	- /		•	- '		

/0/2 0/2 31. DATE FILED (Month, Day, Year) AUG1 1 1995 old North Pt.

Baltimere 32. REGISTRAR'S SIGNATURE

MD Dr.Jeffrey Schluderberg

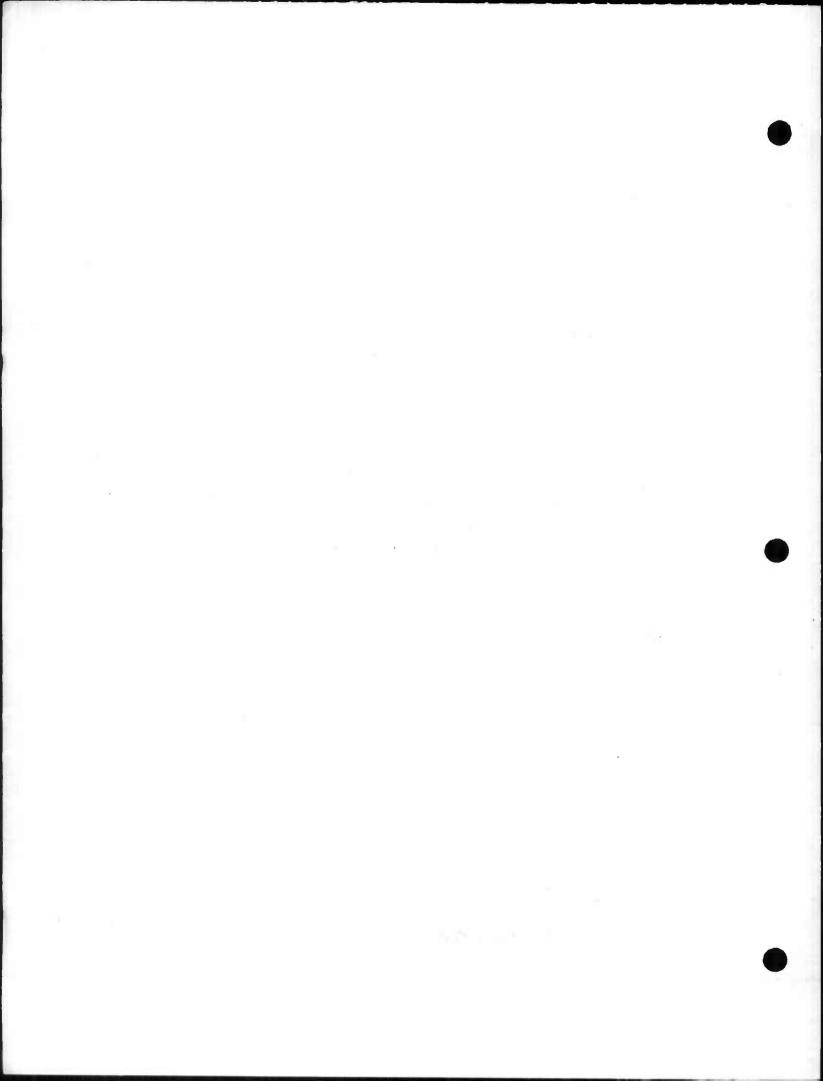


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CEHI	IFICA	IIE OI	DEATH	R	EG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)	A 70 A 4					2. DATE OF I	DA		YEAR	3. TIME OF DEATH
	Alice	A. Batten	AGE (In vrs. lest birth	and with		I was to the same of the same	Augus		, 1	995	01:26 P M
	216-24-3402	5. SEX 6. 7		RS. MONT	HS DAYS		(Month, Day MAR . 3	1,19	26	Count	YLAND
	9a. FACILITY NAME (If not institution, give s			9b.	CITY, TOWN	OR LOCATION OF DE			9c. COU	NTY OF D	EATH
g	The Johns Hopkin	s Hospital			Balti	more Cit	У			n/a	
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	100	. CITY, TO	WN OR LOC	ATION					tod. INSIDE CITY
DIRECTOR	MARYLAND	n/a		{	BALTI						1XX YES 2 NO
FUNERAL	1400 E. MADIS	ON STREE	T APT.	306		21 205			UNI		STATES
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 W Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	ER IN U.S. ARMED YES 2 YNO OR DATES		It yes,	ECENDENT OF HISPAN specify Cuben, Mexice ES 2 NO Specify	n, Puerto Ricer		or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. Hy: BLACK
	15. DECEDENT'S EDU	ICATION	16e. DECEDE	NT'S USU	AL OCCUPA	TION	16b. KIN	D OF BUS	BINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do N	IOT use retir	red.)	most of working				la a as	
MP	12 th	_	HOU:	SEWIF	E		i		wn	hom	е
8	17. FATHER'S NAME (First, Middle, Last)	TNC				18. MOTHER'S NA	ME (First, Middl LLIE	e, Meiden			
В П	WALTER ATK 190, INFORMANT'S NAME (Type/Print)	1 1/12	19b MA	II INO ADD	RESS (Street	t and Number or Rural				in Code)	
일	GRACE MELLO		24:		ALBIO	n AVENU	E, BAL	TIMO	RE,	MARY	LAND 21214
	20e. METHOD OF DISPOSITION 1 X Xuriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetery, cremator KING			PARK	8-14			. ,	OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE 2/A/	Pan l		22. NAME	AND ADDRESS OF FA		1101	E.	NOR	TH AVENUE
٦	23. PART I. Enter the diseases, or			Do not e							Approximate
	shock, or heert feilure. iMMEDIATE CAUSE (Finel disease or condition		on each line.	c 1	100	221					Onset and Death
	resulting in death)		AS A CONSEQUEN		10 (0	(30					2 1 (615)
N	Sequentially list conditions,	b									
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSEQUEN	CE OF):							
FIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR	AS A CONSEQUEN	CE OF):							
F	resulting in death) LAST	d.									
	PART ii. Other significent condition	ns contributing to de-	eth hut not recul	ting in th	o underly	ing cause given in	Part i 24	- WEG AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
EDICAL	PART II. Other significent condition	ns contributing to de	atri but not resul	ung in u	e underly	ing cause given in		PERFOI	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC							- A	d			1 YES 2 NO
	DID TOBACCO USE CONT	RIBUTE TO CAUS					NX				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF	ОТ	HER:			-			
1YS	1 TYES 2 NO	28e. OATE OF INJ	URY 26	b. TIME OF		ome 5 Residence	6 U Other (S)		NJURY O	CCURED	
	1 Natural 5 Pending	(Month, Day, 1		INJURY		WORK? YES 2 NO					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF IN building, atc.	iJURY — At home, 1 (Specify)	lerm, atrea	t, tectory, a	Hice		ON (Street own, State		er or Rurai	Route Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge death r	occurred at	the time of	ete and place, and due	to the counci	e) and ma	nner es el	mad	
MP	(Check only	IEFt: On the basis of exem					The life				(s) end menner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIE	ER .				29c, LICENSE NU	MBER		29d, D/	TE SIGNE	D (Month, Day, Year)
BE	CURI	MO				N43	326		1	tua	15+9 1995
T0	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE (
	Christine (shrun,	MO	400	ON.	WOTEC	BAL	por	ore	, m	b 21205
	31. OATUG 1 1995	ALLA 32 DEGISTARIS	AN A								



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending praction and completely filed in the time function unge 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, consider a small permit the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be secured within 24 mains after death. Page 6 may be retained by the hospital or attending physician.

15

31. DATE FILED (Month, Day, Year)
AUG1 1 1995

									90) (4303
	FilmG, 726,	item #1, 8	3/11/9	5, 0	ZYW,	per	f.h				
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMEN	T OF H		ID ME		E		
	1. OECEDENT'S NAME (First, Middle, Last)	GERMAN WATS	ON BAI	RNES	3	-	2.	DATE OF DEATH	~		TIME OF DEATH
	OETMAN	Jak.V.	- 5-				0	WONTH OF	9	S /	0:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	IF UND	DAYS	IF UNDER 24 H	MS. 7.	DATE OF BIRTH	1	8. BIRTHPLA	MCE (State or Foreign	
	231-05-1643	1 1 M 2 □ F	73 YRS.			noons L	A	PRIL 19	,22	Country	
00	9a. FACILITY NAME (If not institution, give at		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
DIRECTOR	BON SECOURS HO	SPITAL]]	BALT	IMORE			N/	A	
l m	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION							10	d. INSIDE CITY
급	MD	N/A		BAL	rimo	RE CI	TY			X	LIMITS?
AL	10e. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZI		T COUNTRY?
FUNERAL	2744 E. BIDDLE	ST.				2121	3		U	.S.A	•
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED	13	WAS DEC	ENDENT OF H	SPANIC O	RIGIN? (Specify Yes	or No- 1	I4. RACE -	American Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES ES			2 NO S		uarto Rican, atc.)		Black, W Specify:	
03		ATION						·		Specify: BLA	СК
ETE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of life, Do NOT u	work done	during mos	ON st of working		16b. KIND OF BUS	INESS/INDU	STRY	
12	Elementary/Secondary (0-12) 6ST	College (1-4 or 5+) N/A	PRES		,			DRY CL	E A NIE	DC	
COMPL	17. FATHER'S NAME (First, Middle, Last)	N/A	PRES	SEK		18. MOTHER	S NAME /	First, Middle, Maiden		RS	
	SAMUEL	BARNES					RIE			DAYE	
BE	19a. INFORMANT'S NAME (Type/Print)	BIIRNED	19b. MAILING	ADDRES	SS (Street a			Number, City or Town			
2	ROSALIE BARNES							BALTIMO		,	21213
	20a. METHOD OF DISPOSITION 1		LACE AND DATE	OFDISPO	SITION (Na				CATION — CI		
	4 Donation 5 Other (Specify)	00111011	ery, crematory or o	RE (TEME	TERY		8/15 BA	LTIM	ORE.	MD
1	21. SIGNATURE OF PUNERAL SERVICE LIC		/	22	. NAME AN	ID ADDRESS O	F FACILIT	BETTS F	IINER	AT. H	OME
- 456	* Flellally	1/10Mh	1110	٠ .	1129	N. C	ARO	LINE ST	- BA	LTO.	MD21213
	23. PARO I Enter the diseases, or c	omplications that caused t	the deeth. Do								Approximate
	shock, or heart failure. I	lat only one cause on eac			, , , , , , , , , , , , , , , , , , ,	atory arro		interval Between			
	disease or condition	Au	te .		10-	1.1		1. 7			/ /,
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE O	FI.	Covi	7/21	ry	fanto	1		10
z		CAYO	nam at	ter	150	heros	5				
RTIFICATION	if any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE O	r):							
2	CAUSE (Disease or Injury										
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE O	F):							
CEF											
	PART II. Other significent conditions	contributing to deeth but	not resulting	In the U	nderlying	cause give	n in Part				RE AUTOPSY FINDINGS
MEDICAL	Prafette m	ellity an	ebovo	quel	Jar .	acent	at	PERFORI		CO	MPLETION OF CAUSE
MEC		Quecusny									DEATH?
	7										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH	(Check o	nly one)			
lS.	1 TES 2-10	HOSPITAL: 1- inpatient 2 - ER/Outpati	lent 3 🗆 DOA	4 I Nu		5 🗆 Resider	nce 8 🗆	Other (Specify)			
됩	27. MANNER OF OEATH	28a. OATE OF INJURY (Month, Day, Year)	28b, TIM	E OF JURY	28c. INJL WOT		28d	I. DESCRIBE HOW IN	JURY OCCU	REO	
B	1-Netural 5 Pending 2 Accident Investigation			М		ES 2 NO					
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify,	At home, term,	street, tac	tory, office		28t.	City or Town, State)	nd Number or	Rural Route	Number,
H.											
COMPLET		CIAN: To the best of my knowled									
ő	MEDICAL EXAMINER	R: On the basis of examination a	ind/or investigation	on, In my	opinion, de	eath occured at	the time,	, data and place, and	dua to the	cause(a) and	d manner as stated,
w l	29b. SIGNATURE AND TITLE OF CERTIFIEF	· 11 vy				29c. LICENSE			29d. DATE	SIGNED (Mo	nth, Day, Year)
TO B	Yy	NOC ,				D2	000	40	•	Y/9/	175
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	. Print)						1	

2/230

Aud Rotto

maytee

32. REGISTRAP'S SIGNATURE

Bulte have City

10g. CITIZEN OF WHAT COUNTRY?

CORE

ulus

995

3. TIME OF GEATH

10d. INSIDE CITY

U.S. 17

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

Black

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 - YES 2

29d. DATE SIGNED (Month, Day, Year)

interval Between

Onset and Death

720 AM

2. DATE OF DEATH Black Aug 7. DATE OF BIRTH 4. SOCIAL SECURITY NUM 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS Month, Day, Your, -8943 1 M 2 1 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH Singu Hospital
RESIDENCE OF DECEDENT Bultimore DIRECTOR 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 2120 100. STREET AND NUMBER FUNERAL 101, ZIP CODE Ad, LLAC 21207 burial-transit this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans them 23 should be detached for use as the burial-trans. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Ri Never Merried 2 Married BY 3 Widowed 4 Divorced 16a. DECEOENT'S USUAL OCCUPATION ETED 15. OECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Job ACCOUNDAN COMPL 441. notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, NOTMAN LACK BE 19a. INFORMANT'S NAME (Type 2 `\ must be 20a, METHOD OF DISPOSITION
Burlat 2 Cremation 3 Re DATE 20c. LOCATION wal from State 4 Donation 8 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lock 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Anoxic Eurephalopalky
DUE TO (OR AS A CONSEQUENCE OF) Anoxic TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creman IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 End Stage Revel failure
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Diavete mellitin DUE TO (OR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 DAG DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: etlant 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER

MO

WIIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

2401

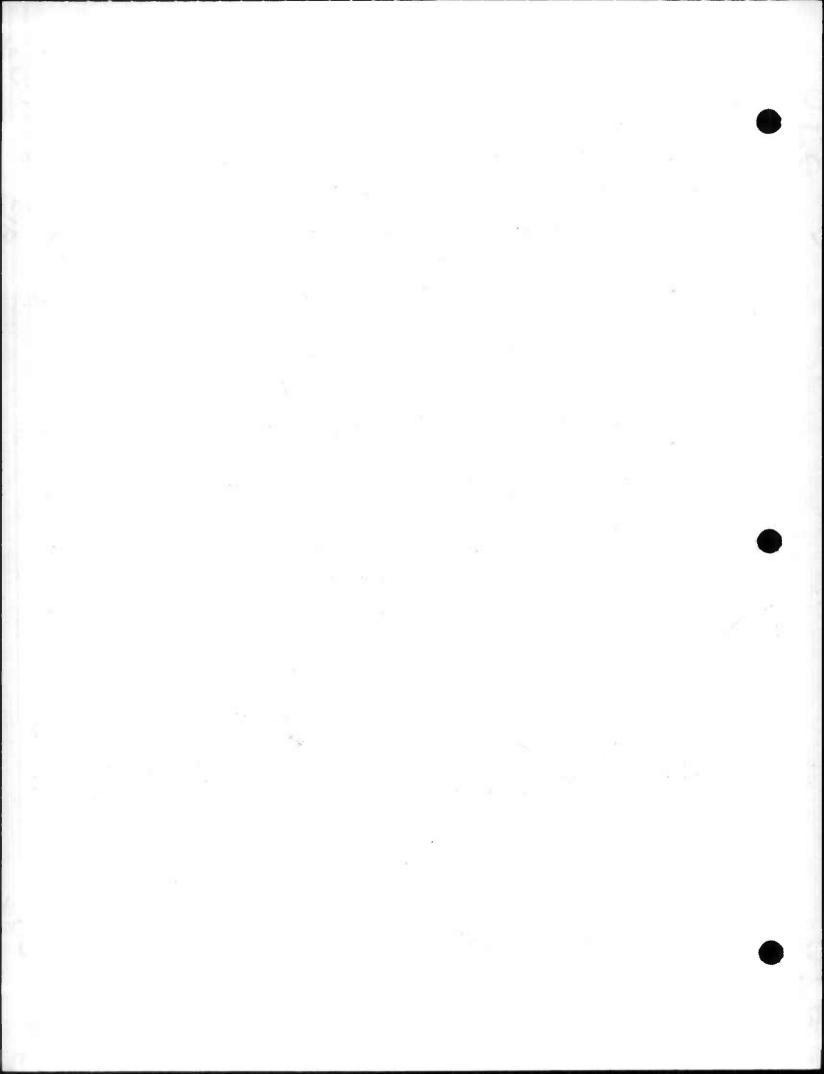
2

AUG1 11995

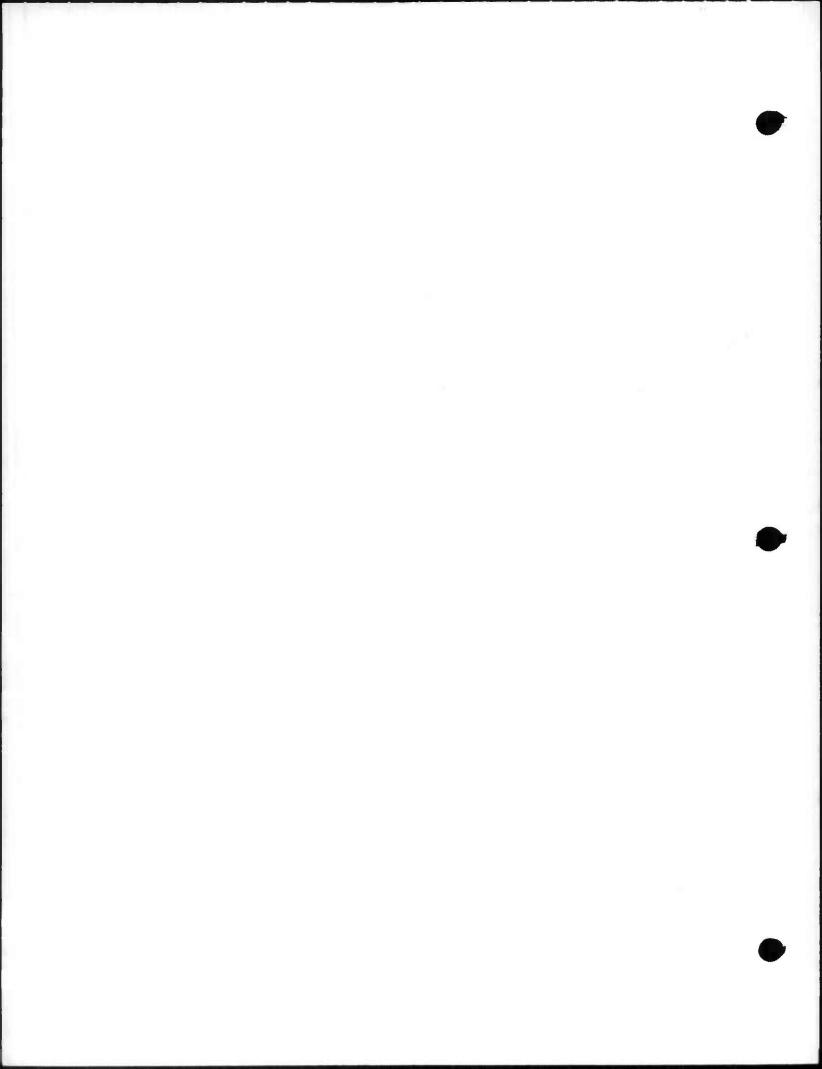
1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OHMH-18 Rev 1/89



Item1,g-726,8-11-1995,perf.h.,dk FOR STATE OF MAR REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 715A ae Yevette 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country)
Marcy AMO IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 9 50 Day, Year DAYS HOURS 1 - M 2 X F onth, 6 YRS. the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give struct and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hopkins DIRECTOR Baltimore Medica RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Mary Jano BALHMORE LIMITS? FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4 KO-PO 21218 ding physician. 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1% MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 215-0020 Never Married 2 Married BY Widowed 4 Divorced TELED TELED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Jousina tary/Secondary (0-12) College (1-4 or 5 +) lan Agement Assis CKEAVS FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First ma BALTIMORE, MARY BE notified in by the funeral director, page 5 should removal. Inflained 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 2 JACQUE Marylord Page 6 may be 2 20s. METHOD F DISPOSITION
Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of must 6 Other (Specify) NUCYIAN examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5240 hours after death. rrist. H. Boltinue, Md 21211 man-ka medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, attending physician and completely filled in by mal Hygiene prior to bunal, cremation, or remo Approximata shock, or heart failure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Desth the disesse or condition Cardiac arrhythmi traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 requires that the death certificate be executed Re monar CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atter Health and Mental PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO t. of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law it TO THE FUNEPAL DIRECTOR: After this certificate has be be filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or liem 23 s 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: rsing Home 5 - Rasidence 6 - Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2. Accident 5 Pending Investigation BY 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide detarmined 29s. CERTIFIER ne, data and place, and dus to the cause(s) and menner as stated, 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRALS SIGNATURED



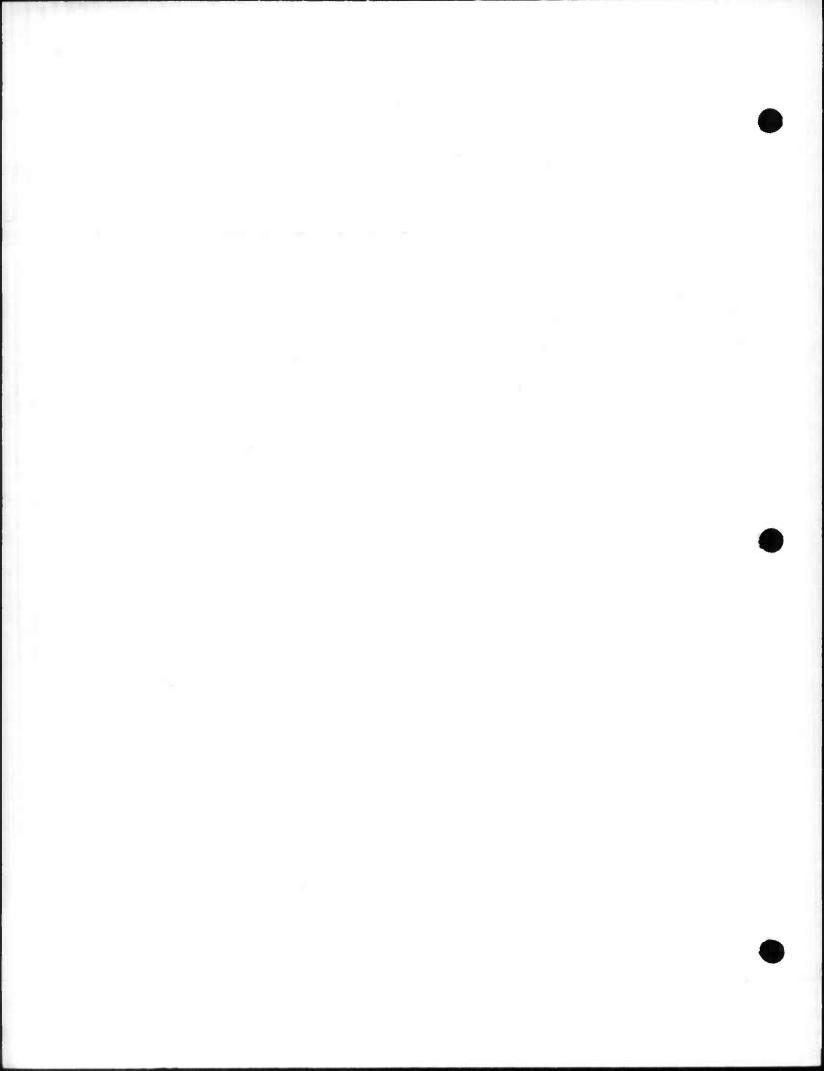
7LAVB 21215,0020	by the hands of thend to physician.	the architecture as the burial-transit permit. Pages 1. 2, 3 should	くした	TO BE MIND! ETED BY CHNEDA! DIDECTOR
60, BALTIMORE, MARYLAND 21215-0020	d within nours after death. Page 6 may be retained t	mpletely miled in by the funeral director, page 5 should , cremation, or removal.	event, the medical examiner must be notified	SE OF
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pours after death. Page 6 may be maximal by in page 10 may	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely miled in by the funeral director, pages 5 amount be offer that are burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified animal	TO BE COMPLETED BY PHYSICIAN: MEDICA! CERTIFICATION

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	H		REG. NO.

REGISTRAR		CENTIFIC	CATE OF DEA	AI II	REG. NO.													
1. DECEDENT'S NAME (First, Middle, Last)	James Henr	v Rutler			E OF DEATN		3. TIME OF DEATH											
James Butle	Dames Helli	y backer		Moi Aug		995	5.08 PM											
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UND		E OF BIRTH		IPLACE (State or Foreign											
216-16-1109	1 X M 2 F		ONTHE DAYS HOURS		nth, Day, Year) 1	G.) Coupt	Sac a la "											
9a. FACILITY NAME (If not institution, give	The standard sumbard	10		Na		100	Mary The											
			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
Greater Baltimore	Medical Cen	iter	Towson				ltimore											
RESIDENCE OF DECEDENT	× 1																	
100.																		
Maryland	YES 2 NO																	
106. STREET AND NUMBER 1445 WOLKER AUCNUC 11. MARITAL STATUS 11. MAR OCCEDENT EVER IN U.S. ARMED 12. WAS DECEMBENT OF MISPANIC ORIGIN? (Specify Yes or No— 14. RACE— FORCES? 1.D. YES 2. NO 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RACE— Black, W. Black																		
11445 Wal		USA																
11. MARITAL STATUS	12. WAS DECEDENT EYER		13 WAS DECENOENS	OF NISPANIC ORK	HN? (Specify Yes or N	Lu Bac	E — American Indien,											
III . I LIGARI WELLING & WELLING	FORCES? 1 YES	3 2 NO	If yes, specify Cu 1 ☐ YES 2 € N	ban, Maxican, Puert	o Rican, etc.)	Black, White, etc.												
3 Widowed 4 Divorced		Specify Black																
15. DECEDENT'S EDU	CATION	16a. DECEOENT'S U	PUAL OCCUPATION		The Paris of Street, S	F BUSINESS/INDUSTRY												
(Specify only highest grade	SSINDUSTRY																	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	CGN		N	IA												
1 July December 1																		
17. FATHER'S NAME (First, Middle, Last) UNKNOWN 18. MOTHER'S NAME (First, Middle, Melden Surname) ROSE BUTTLER 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code)																		
											Frances M	charn	1243	SHERI	non A	1. Ra	Him	CLE MICK
											200 METHOD OF DISPOSITION	0 110111	101	3 110101	2011		I I I I'Y	012,1700
20a. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rem	ioval from Stata	b. PLACE AND DATE OF metery, crematory of other		41008	TE / SPO-EOCATIO	ON — City or To	Mill her											
Donation 5 Other (Specify)		4ARRISO	Utoresti	PCF CENTR		Ulras	111115, 110											
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE		22. NAME AND AOOF	RESS OF FACILITY	5040 R	ELSTE	15 TUWE Rel											
1 Delans	Thuis		MILLA	- 11	4 vair 1/1	10	1. 12/2/1											
no name i findi	- Inus		Charm	icin - N	arkliz L. L	y. Oal	Throotel											
23. PART I. Enter the diseases, pr ahock, pr heert feliure.	List only one cause on	ed the death. Do no eech ilne.	enter the mode of d	lying, auch aa ci	rdiac or reapirato	ry arreat,	Approximata Intarval Batwean											
IMMEDIATE CAUSE (Final							Onset and Death											
disease or condition	Chroni	c Renal F	ailure				4 months											
Toolston and the control of	DUE TO (OR AS	A CONSEQUENCE OF):																
Sequentially list conditions,	OUE TO (OR AS	A CONSEQUENCE OF):																
if any, leading to immediate cause. Enter UNDERLYING	•	,																
CAUSE (Disease or Injury	C. DUE TO COR AS	A CONSEQUENCE OF):				_												
that initiated events resulting in death) LAST	50E 10 (011 X5	A CONSECUENCE OF).																
	d,																	
PART II. Other significant condition	s contributing to death	but not resulting in	the underlying cause	given in Part I	24s, WAS AN AUTO	DEV 24h	WERE AUTOPSY FINDINGS											
	?	AVAILABLE PRIOR TO																
I					1 YES 2 1	10	OF DEATH?											
							1 YES 2 NO											
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	DEATH (Check only	one)													
EXAMINER?	HOSPITAL:		THER:															
1 TYES 2 X NO	1 1/2 mpanism 2 12 EROOD		□ Nursing Home 5 □															
1 YES 2 NO	264 DATE OF IN HIDY	1 M Natural 5 Panding (Month, Day, Year) INJURY WORK?																
27. MANNER OF DEATH	(Month, Day, Year)	1 Natural 5 Pending M 1 YES 2 NO																
27. MANNER OF DEATH 1 💢 Natural 5 🗌 Pending			" I TES 2		3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and N													
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJUR	IY — At home, ferm, stre	1 TES 2	28f. LC	CATION (Street and N	umber or Rural F	loute Number,											
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	IY — At home, farm, streedily)	1 TES 2	28f. LC	CATION (Street and N y or Town, State)	lumber or Rurel F	loute Number,											
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Suicide 8 Could not be determined	(Month, Day, Year) 28e. PLACE OF INJUF building, atc. (Sp	ecity)	et, factory, offica	CA	y or Town, State)		loute Number,											
27. MANNER OF DEATH 1 Natural 2 Accident Investigation 3 Suicide Could not be determined 29a. CERTIFIER Check only	(Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Sp	wledge, death occurred	et, factory, offica	ce, and due to the c	y or Town, State)	es stated.												
27. MANNER OF DEATH 1 Natural 2 Accident Investigation 3 Suicide Could not be determined 29a. CERTIFIER Check only	(Month, Day, Year) 28e. PLACE OF INJUF building, atc. (Sp	wledge, death occurred	et, factory, offica	ce, and due to the c	y or Town, State)	es stated.												
27. MANNER OF DEATH 1 Natural 2 Accident Investigation 3 Suicide Could not be determined 29a. CERTIFIER Check only	(Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp ICIAN: To the best of my kno	wiedge, death occurred on and/or investigation,	et the time, date and planin my opinion, death occ	ce, and due to the c	y or Town, State) ause(a) and manner of the and place, and due	es stated.												
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINED.	(Month, Day, Year) 28e. PLACE OF INJUR building, atc. (Sp ICIAN: To the best of my kno	wledge, death occurred	et the time, date and planin my opinion, death occ	ce, and due to the cured at the time, de	y or <i>Town</i> , <i>State</i>) ause(a) and manner of the and place, and duce.	on stated. In the cause(s) end menner as stated. (Month, Day, Year)											
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only orne) 2 MEDICAL EXAMINITIES 29b. SIGNATURE AND TITLE OF AERIFIE	(Month, Day, Year) 28e. PLACE OF INJUE building, stc. (Sp ICIAN: To the best of my kno St: On the basis of axaminati	wledge, death occurred on and/or investigation,	at the time, date and place in my opinion, death occ	ce, and due to the cured at the time, de	y or <i>Town</i> , <i>State</i>) ause(a) and manner of the and place, and duce.	es stated.) end menner as stated. (Month, Day, Year)											
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES. SIGNATURE AND TITLE OF AERIFIE 30. NAME AND ADDRESS OF PERSON WE	(Month, Day, Year) 28e. PLACE OF INJUR building, atc. (So (CIAN: To the best of my kno Si: On the basis of axaminati	wiedge, death occurred on and/or investigation,	et the time, date and pla- in my opinion, death occ	ce, and due to the coursed at the time, descense NUMBER D23319	euse(s) and manner of te and place, and du	na stated. to the cause(e DATE SIGNEO AUGUS) end menner as stated. (Month, Day, Year)											
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES. SIGNATURE AND TITLE OF AERIFIES 30. NAME AND ADDRESS OF PERSON WE	(Month, Day, Year) 28e. PLACE OF INJUR building, atc. (So ICIAN: To the best of my kno NI: On the basis of axaminati	wiedge, death occurred on and/or investigation, EATN (ITEM 27) (Typo, P	at the time, date and place in my opinion, death occ	ce, and due to the coursed at the time, descense NUMBER D23319	euse(s) and manner of te and place, and du	na stated. to the cause(e DATE SIGNEO AUGUS) and menner as stated. (Month, Day, Year)											
27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 2 Accident S Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES. SIGNATURE AND TITLE OF AERIFIE 30. NAME AND ADDRESS OF PERSON WE	(Month, Day, Year) 28e. PLACE OF INJUR building, atc. (So (CIAN: To the best of my kno Si: On the basis of axaminati	wiedge, death occurred on and/or investigation, EATN (ITEM 27) (Typo, P	et the time, date and pla- in my opinion, death occ	ce, and due to the coursed at the time, descense NUMBER D23319	euse(s) and manner of te and place, and du	na stated. to the cause(e DATE SIGNEO AUGUS) end menner as stated. (Month, Day, Year)											

ALL LINE PARTY OF SECURE

		Items1810c,g-726,8-11-1995,perf.h.,dk FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN 1 - STATE CERTIFICATE OF DEATH	ITAL HYGIENE REG. NO.							
		James Hammond Brown	DATE OF DEATH	3. TIME OF DEATH						
should		215-32-1842 17 18 2 0 F 87 YRS. MONTHS DAYS HOURS MIN.	MATE OF BIRTH Month, Day, Way) 1901	8. BIRTNPLACE (State or Foreign Country) Wary (an)						
1, 2, 3 sho	TOR	PRESIDENCE OF DECEDENT Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH Sp. CITY TOWN OR LOCATION OF CEATH RESIDENCE OF DECEDENT	£ 9c. co	JSH .						
permit. Pages	L DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. STREET AND NUMBER 10c. STREET AND NUMBER	r∕€ Baltimore							
ransit per	FUNERAL	1509 N. Patterson PArk Ale 21213		TIZEN OF WHAT COUNTRY?						
in D	BY FL	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If YES, GIVE WAR OR DATES 12. WAS DECEDENTENT OF INSPANC OF If yes, specify Cuben, Mexican, Pu 1 VES 2 NO Specify:		14. RACE - American Indian, Black, White, atc. Specify: Black						
		15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Secondary (0-12) Coplege (1-4 or 5 +) (i) we have during most of working life. Do NOT use retired.)	166. KIND OF BUSINESS/II	NDUSTRY						
by the lead of the detail		, , , , , ,	irst, Middle, Meiden Surgame)	rmer						
ay be retained page 5 should be notified	ТО В	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Apulant) 190. MAILING ADDRESS (Street and Number or Rural Apulant) 190. MAILING ADDRESS (Street and Number or Rural Apulant)	Rultiv	MORE, Mary Ima						
me 6 m		20b. PLACE AND OATE OF DISPOSITION	BCU BCU	Timore Mary hu						
0 = 0		Serry Harris CHATMAN-H	BULL F. M.	Bultimore, Melals						
filled on, or		23. PART L Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as shock, or heart felfure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	cardiec or respiratory a	Approximate Interval Between Onset and Death						
8 5 4	NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
ficate be physician ne prior t	FICATION	To consequence of the first of								
th the	CERTI	resulting in death) LAST								
=	EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part	i. 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 YNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?						
e law requi has been s Dept. of H	AN: ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. PLACE OF DEATH (Check only one)]	1 YES 2 NO						
SICIAN: The certificate h h the State I	YSICIAN:	EXAMINER? 1 YES 2 TONO HOSPITAL: 1 Danpatlent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8	Other (Specify)							
NG PHYSIC fler this ce eath with t marked,	ву РНҮ	27. MANNER OF DEATN 1 Vesturel 5 Pending 2 Accident Investigation 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO	OEŞCRIBE NOW INJURY OF	CCURED						
TTENDI TOR: A after d	ETED 8	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f.	LOCATION (Street and Number City or Town, State)	er or Rural Route Number,						
HOSPITAL DR A FUNERAL DIREC within 72 hours	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the one) 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time,	cause(e) end manner as sti date and place, end dus to	sted. the ceuse(s) end menner ee stated.						
TO THE HOSPITAL DE TO THE FUNERAL DE FILED WITHIN 72 PA IMPORTANT. IT IN	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER MS 296. LICENSE NUMBER NY44629	29d. DA	TE SIGNEO (Mogh), Day, Year)						
7		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) GOE Somewillen Hospital								
		31. DATE FILED AUG 1-1 1995 32. Feds Trails Signature Reveal								



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

95 24308 ITEMS: 11,20a, PER F.H. FILM G-727 9/13/95 t.t FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Austin Sowie YEAR 3 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs Just birthday 7. DATE OF BIRTN
(Month, Day, Year)
MAY 18, a. BIRTHPLACE (Stelle or Country)

MD. IF UNDER 1 YEAR IF UNDER 24 HRS 217-10-9536 85 1 2 G F DAYS HOURS MIN. VRS 191) 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH FREDERICK DIRECTOR MERIDIAN NURSING HOME FREDERICK RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION FREDERICK 10d. INSIDE CITY FREDERICK MD YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 21701 10a CITIZEN OF WHAT COUNTRY? 413 CARROLLTON DRIVE U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 I YES NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY BLACK 3\(\) Widowed 4 \(\) Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) intary/Secondary (0-12) College (1-4 or 5 +) 10 TH LAB. TECHICIAN CANCER RESEARCH CENTER 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surneme EMORY BOWIE MARY THOMAS BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 309 ATLANTIC ST. S.E. WASHINGTON, D.C. JOANNE BOWIE 20e, METHOD OF DISPOSITION

1/C/ Burisl 2 Cremetion 3 Removal from State 20c. LOCATION — City or Town, Star 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 8, 95 FREDERICK AUG RESTHAVEN MEM. GARDENS 4 ☐ Donetion 6 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
GARY L. ROLLINS FUNERAL HOME 100 WEST ALL SAINTS ST. FREDERICK, MD 23. PART I. Enter the diseases, or up shock, by heart failure. Li implications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death whene disease or condition Hora reaulting in death) DUE TO (OR AS A CO CERTIFICATION Sequentially list conditions, HAS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 TES NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES NO 🗆 UNCERTAIN [25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL 1 TYES 2 1 Inpetient 2 ER/Outpetient 3 DOA Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending Investigation м 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e, CERTIFIER

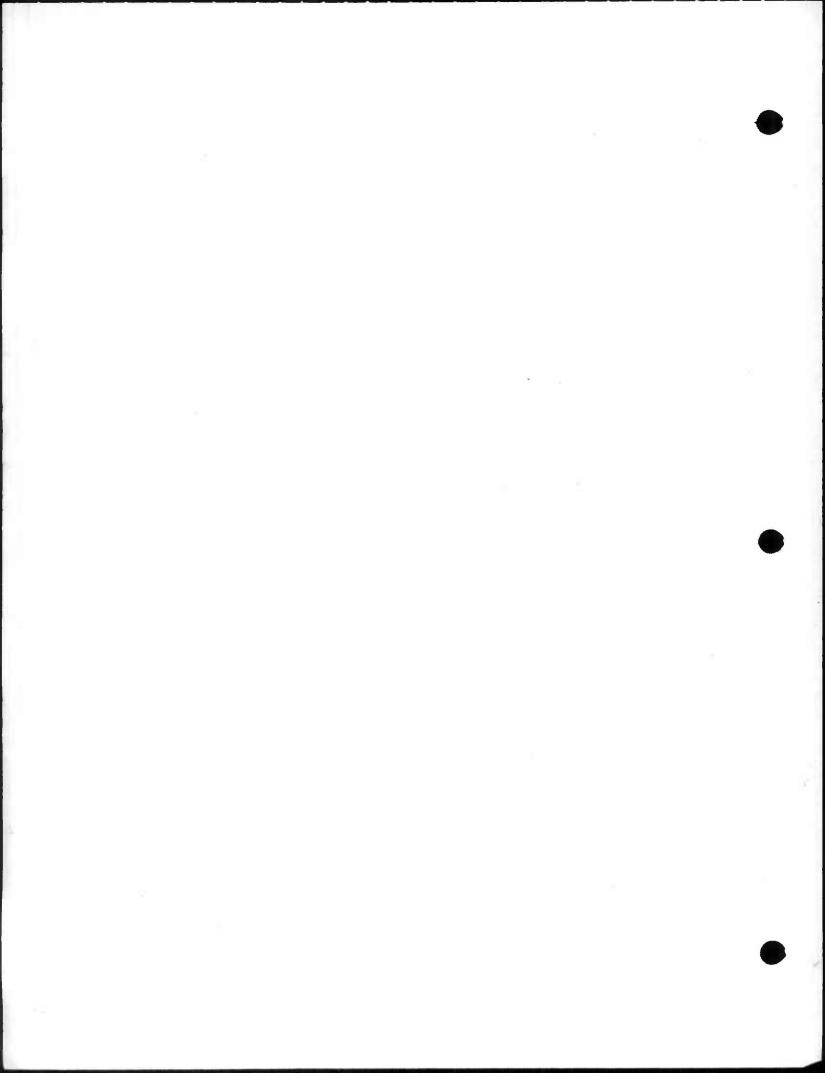
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated. (Check only one) MEDICAL EXAMINER: On the beels of examination endior investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) end manner ee stated.

296. SIGNATURE AND DITLE OF CENTRIE 25c. LICENSE NUMBER

au mon O COMPLETED CAUSE OF DEATH/TITEM 27) (Type, Print)

BE

9

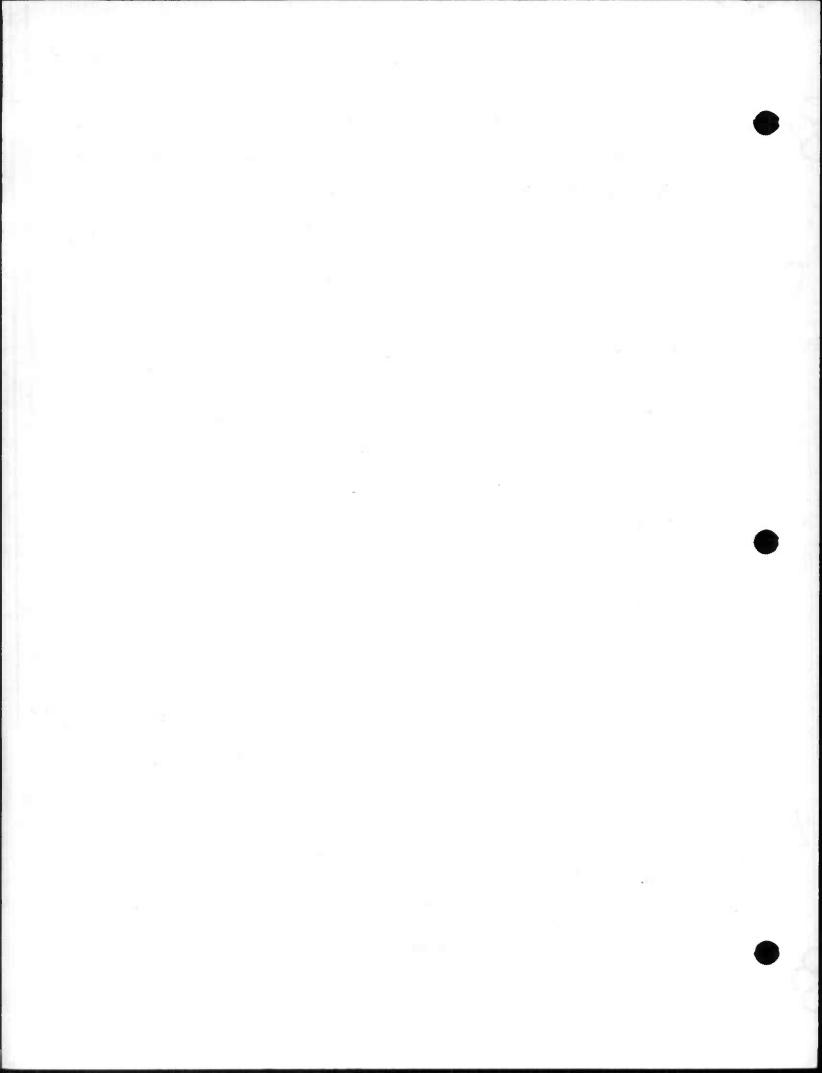


1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH 2, 1995 AUGUST CLARRISA 3:51 BROWN PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign HOURS 1 M 2 X F AUG. 16, YRS. 217-60-2661 42 1952 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2632 HARFORD ROAD BALTIMORE CITY N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY N/A MARYLAND BALTIMORE CITY 1 XYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. 2623 HARFORD ROAD 21213 USA. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify: ΒY 3 Widowed 4 Divorced Specify: BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 11 th GRADE HOUSEKEEPER SELF-EMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) BROWN LOUISE CLARENCE SMITH BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JANICE BROWN 4110 AMOS AVENUE, BALTIMORE, MARYLAND 21215 Page 6 may be å 20s. METNOD OF DISPOSITION
1 1 Disposition | Disposition | Removal from State | Quantion | 5 | Other (Specify) | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | Disposition | D 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must tery, crematory or other place)
ZION CEMETERY 8-11-95 BALTIMORE, MD. examiner NATURE OF FUNERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTO. MD. 21223 hours after death. medical the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, sbock, or heart failure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Finei Onset and Death the disease or condition HULTIPLE BLUM FORCE IMURICS resulting in death) traumatic event. the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other t DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 6 PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY n signed by the Health and H PERFORMED? 1 YES 2 NO 1 YES 2 NO t, of F DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X UNCERTAIN PHYSICIAN: has by Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate t HOSPITAL . 1 X YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Nome 5 💢 Rasidence 8 ☐ Other (Specify) 9 28a. DATE OF INJURY (Month, Day, Year) 8 - 2-95 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Netural 5 Pending Suns 124 was Betaren 1 YES 2 NO М BY ULL After t 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00 DIRECTOR: / 8 Could not be COMPLETED NO 4 D Homicide 28 2632 HARFORDRO BOUTHORS Item 29a. CERTIFIER

(Chark only)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: II Ite (Check only one) 2XXMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E. AUGUST 3,1995 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 aron AUG1

DHMH-18 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Last)

GARFIELD

995

9c. COUNTY OF DEATH

UNITED

KINGTON.

E. NORTH

10g, CITIZEN OF WHAT COUNTRY?

Specify:

CORP.

3. TIME OF DEATH

2345

KINGSTON, JAMAICA

10d. INSIDE CITY

1 YES 2 NO

STATES

BLACK

21215

JAMAICA

AVENUE

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 T NO

to the ceuse(s) end m

111 Penn Street, Baltimore, Maryland 21201

29d. DATE SIGNED (Month, Day, Year)

▶ AUGUST 10,1995

Approximata

intarval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

n/a

14. RACE — American Indian, Black, White, etc.

2. DATE OF DEATH

AUGUST

STATE REGISTRAR

FilmG, 726, item #18,20c, 8/11/95, cyw, per f.h.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS IF UNDER 1 YEAR 7. DATE OF BIRTH MAR . 28, 1967 28 220-41-8603 DAYS HOURS 1)(X M 2 | F YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR SINAI HOSPITAL E.R. BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYL AND BALTIMORE n.a permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit a burial, cremation, or removal. 21215 3800 FORDLEIGH ROAD Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxicon, Puerto Rican, etc.)

1 YES 2 NO Specify: TABLATTORS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 XXX 1 Never Married 2 X Morried B 3 Widowed 4 Divorced **JAMAICAN** COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5+) 12 **EXTERMINATOR** TERMINIX th 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Mickele, Melden Sumerne)
AGNES WILLIAMS ti WINDELL CURTIS LAW BE pelillon 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9 SHELLEY FORDLEIGH C URTIS ROAD. 3800 BALTIMORE, MD 8 20a METHOD OF DISPOSITION
1AD Burlel 2 Cremation 3 Removal from State Ship 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must CEMETERY-4 Donation 5 Other (Specify) medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILIT hours after death. WM. C. MARCH FH.-1101 L and 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final the disease or condition_ resulting in death) other traumatic event, requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS & CONSEQUENCE CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 any injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Health and P 1X YES 2 NO has been of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The After this certificate I death with the State HOSPITAL OTHER: OR ATTENDING PHYSICIAN: 1 X YES 2 NO 1 | Inpetient | X | XER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 10 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked, 28c. INJURY AT WORK? (Month, Day, Year) 1 Natural 5 Pending 2 NO ZZIYIFR BY 2 Accident 28e. PLACE OF INJURY — At home, 1erm, street, 1ectory, office building, etc. (Specify) 28f. LOCATION (Street end Number City or Town, State) 3 Suicide Could not be DIRECTOR: / COMPLETED 4 Homicide 28 home 3 900 Fordlay 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) TO THE HOSPITAL OF THE FUNERAL C DE filed within 72 h (Check only one) 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due 286. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 띪 2 O.C.M.E

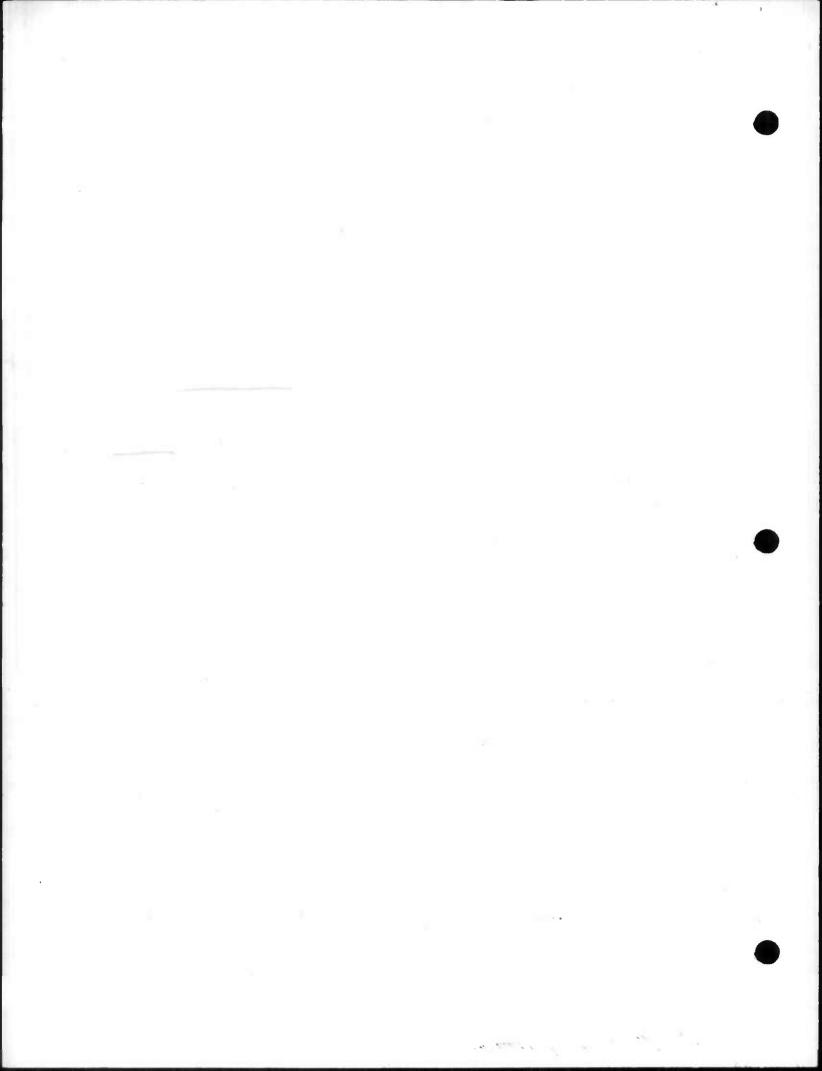
LETED CAUGE OF DEATH (ITEM 27) (Type, Print)

10

T'1995

CURTIS

DHMH-16 Rev 1/89



1 .

95 24311

FilmG, 726, item #1, 8/11/95, cyw, per f.h.

FOR STATE REGISTRAR

CERTIFICATE OF DEATH

REG NO.

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH IE OLLIE CULBRETH AUGUST JR. 12:15 CULVRETH Pw 7. DATE OF BIRTH 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. LACE (State or Foreign 1 W M 2 - F DAYS HOURS YRS. er should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR permit. Pages 1, 2, 3 T.U BALTIMORE CITY 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Vew 0 1 YES 2 NO FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. . WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1 Never Married 2 W Merried If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most
life De NOT use retired.) (Specify only highest g /Secondary (0-12) e (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) notified at BE 19b. MAILING ADDRESS (E 2 pe METHOD OF DISPOSITION PLACE AND DATE OF DISPOSITION must Buriel 2 Crematic n 3 🗌 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND 505 medicai 23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or been fellure. Liet only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Fins) Onset and Death the disease or condition_ resulting in death) event, executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 other traumatic CERTIFICATION Sequentisliy list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 10 any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE TES 2 NO s certificate has been signed th the State Dept. of Health od, or Item 23 shows at 1 NYES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\omega\). UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 X YES 2 NO OTHER: HOSPITAL OR ATTENDING PHYSICIAN: 1 Inpatient 2 KER/Outpatient 3 I DOA Nursing Home 5 - Residence 8 - Other (Specify) 27, MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Yeer) . this c 28b. TIME OF INJURY 28c. INJURY AT WORK? is marked, 1 Natural
2 Accident motor vehicle colli sion 5-0AM 1 YES 2 NO OIRECTOR: After the hours after death w BY Investigation 28e. PLACE OF INJURY - At home, farm, atreet, fectory, office 3 Sulcide COMPLETED 6 Could not be 28 4 Homicide Street 1010) South bound 29e. CERTIFIER viedge, death occurred at the time, date end place, end due to the cause(s) and menner se stated. TO THE FUNERAL O be filed within 72 ha IMPORTANT: It in 2 MEDICAL EXAMINER: On the stion end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포트 ▶ AUGUST 9,1995 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMES OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

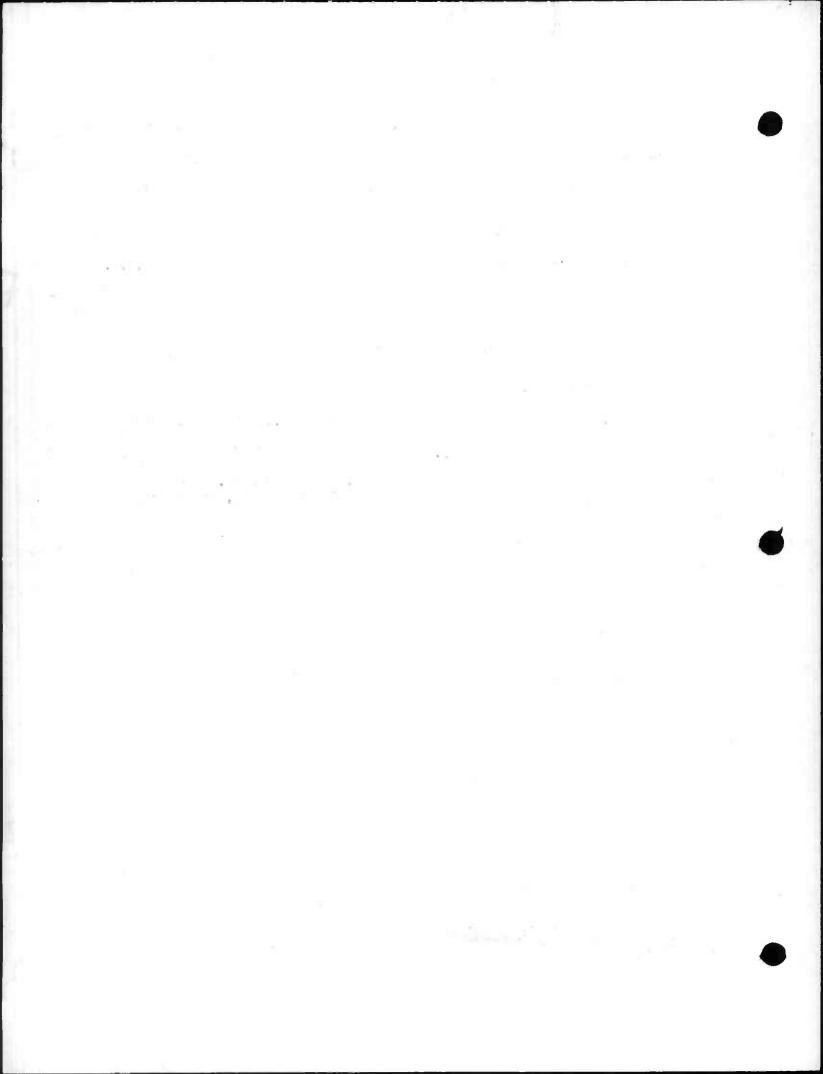
32. DEGISTRAT'S SIGNATURE

00	1
BOX 68760	
BOX	
P. 0.	400
_	40.00
S S	4 46.
000	46.
RECORDS,	
AL	
_	100
N OF VITAL	0100000
DIVISION	The second secon
\leq	20 00

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

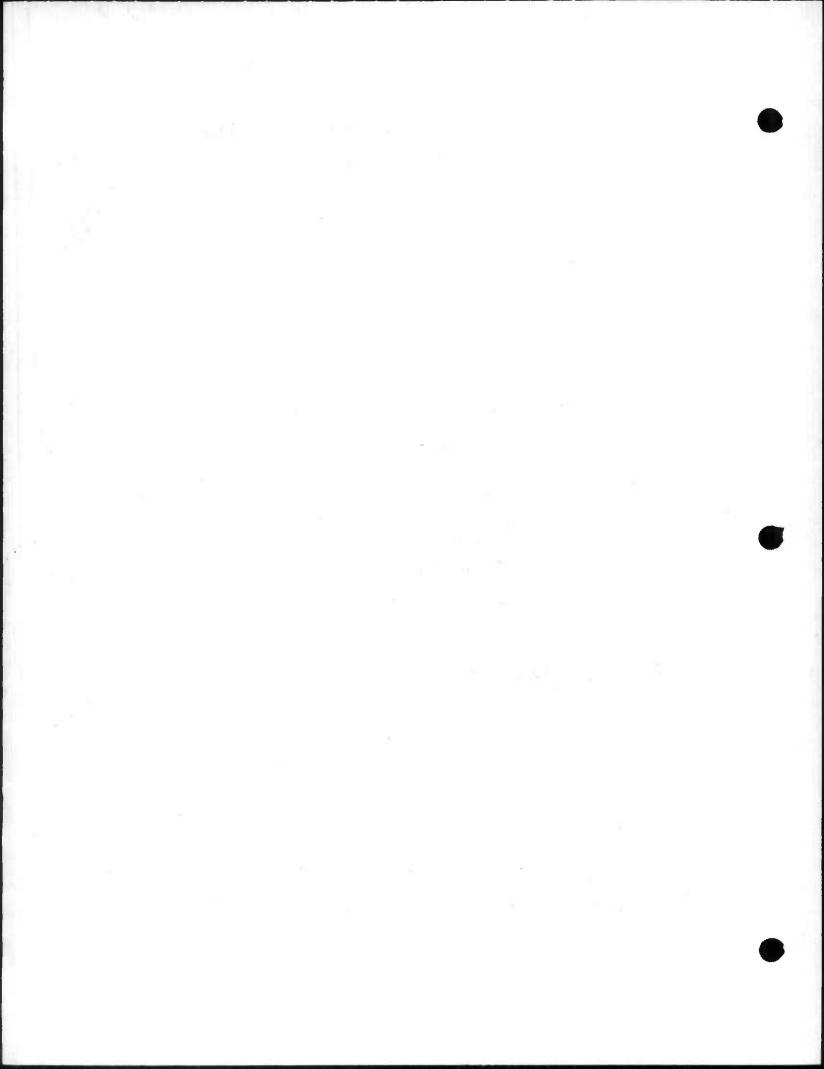
REG. NO.

		HEGIOTTAN			LITTI	TOATE	OF-	DEA	I II	REG.	NO.					
		1. DECEDENT'S NAME (First, Middle, Lest) Walter Wesley Canapp, Sr. Value of Death Month August 9, 1995										YEAR	3. TIME OF DEATH			
										August	9, 199	15	9:45 р м			
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER 1	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	r)	8. BIRTH Countr	PLACE (State or Foreign			
22		216-34-7988	1∭ M 2 □ F	60	YRS.			Поона		July 12,	1935		yland			
should	_	9a. FACILITY NAME (If not institution, gi				9b. CITY,	TOWN (OR LOCATI	ON OF DE	EATH	9c. CO	UNTY OF D	EATH			
2, 3	СТОВ	3330 Chestnut				Ba1t	imo	re			N/	'A				
77	5	RESIDENCE OF DECEDENT														
20	DIRE					TY, TOWN OF		TION					10d. INSIDE CITY LIMITS?			
permit. Pages		Maryland 100. STREET AND NUMBER	N/A		ва	altimore						1 YES 2 NO				
	FUNERAL					101	t. ZIP COD					HAT COUNTRY?				
physician. burial-transit	N	3330 Chestnut			21211						S.A	•				
ysicil ysicil	FU	11. MARITAL STATUS t ☐ Never Married 2 ☒ Married 12. WAS DECEDENT EVER IN U.S. A FORCES? t ☐ YES 2 ⊋ TOTAL TOTA				 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Maxican, Puerto Rican, etc.) 					Yes or No-	r No— 14. RACE — American Indian, Black, White, etc.				
5-0020 nding physic is the burial	BY	3 Widowed 4 Divorced	IF YES, GIVE WI	R OR DATES		1 Tes 2 To NO Specify: Specify:										
as t		15. DECEDENT'S E	ONCATION	1000		1							White			
or afte	COMPLETED	(Specify only highest gr	rade completed)	(0	Sive kind of a Do NOT us	work done do	uring mo	ost of working	ng	16b. KIND OF	BUSINESS/IN	DUSTRY				
d for	2	Elementary/Secondary (0-12)	College (1-4 or 5+)	College (1-4 or 5+)			er/Paperhanger			Racil:	ica					
the hospit e detached	M	17, FATHER'S NAME (First, Middle, Last)		Tallice						Basilica						
- 40			ce R. Canap							ME (First, Middle, Mai	den Sumame)					
d be	BE	t9a. INFORMANT'S NAME (Type/Print)	te K. Callap							a Hubbs						
retained by 5 should by notified at	2			. 19						Poute Number, City or			. 01011			
may be		Mary E. Canap	ор						e.,			, Maryland 21211				
ector, p		20a. METHOD OF DISPOSITION 10 Burlat 2 Cremation 3 R	lamoval from State	20b. PLACE cemetery, on St .	AND DATE	OF DISPOSIT other place)	TION (Na	ame of	0.1		LOCATION -					
Page 6 rad directo	, i	P☐ Donation 5 ☐ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		St. A	Abran					12/95 H	ampste	ad, l	Maryland			
leath. Pag funeral di xaminer		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	£ 1				ADDRES			oral	Ното				
after death. by the funeramoval. Ical exami		A. Alan Seitz, Jr. Funeral Home 3818 Roland Ave., Baltimore, Maryland 21211														
		23. PART I. Enter the diseeses,	or complicatione that	coused the d	eath. Do i	not enter t	he mo	de of dyi	ng, suci	h as cerdiac or ra	spiratory a	rrest,	Approximate			
Di po		ahock, or heart failu	re. List only one caus	e on each line	е.					1 1			Interval Between Onset and Death			
2 = 2 5		disease or condition	Meras		AD.	2 >4-	ARC.	man.	A &	I Chan	2100		2 mos			
ompletely ompletely il, crema		resulting in deeth)	DUE TO (OR AS A CONSE	OUENCE O	f):				7 100	0. (20103			
	z									1						
X 70 0 0	CATIO	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
sician prior	8	cause. Enter UNDERLYING														
ertification physical profiles	RTIF	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE O	F):										
. 0 BE =	E	resulting in death) LAST														
0 0 0 5	S	PART II Other significant conditions														
2 20 -	DICAL	PART II. Other significent condu	ASCULAR	eath but not	resulting			g cause g			AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
9 5 6 c	ă	16811 MORAC O	asc a Car	77440	- 1	(' '	اسا	17/14	10	1 D YES	2 4	_	COMPLETION OF CAUSE OF DEATH?			
	ME												1 YES 2 NO			
has be Dept.	ä	DID TOBACCO USE COM		-				UNC	ERTAIN	4 D						
E 88 5	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA	TH (Check or OTHER:										
PHYSICIAN: this certifical with the St.	YSI	1 TES 2 AND	t 🗆 Inpetient 2 🗆	ER/Outpatient	B □ DOA			6 5 E-16	sidence	8 Other (Specify)						
PHYSIC this ce with th	РНУ	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HO	W INJURY O	CURED				
DING PHYS After this death with	ВУ	1 Pending 2 Accident Investigation	m Non	re		М	t 🗌 Y		NO							
ATTENDING CTOR: After s after death		3 Suicida 8 Could not	a politicol pu	INJURY — At he	ome, term, i	street, factor	ry, office	•		28f. LOCATION (Str. City or Town, St		or or Rural A	oute Number,			
DR ATTENDING DIRECTOR: After hours after death Item 28 is ma	11	4 Homicide determined		1-1						Ony or lown, or	are)					
	MPLE	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of n	ny knowledge, de	eath occurr	ed at the tim	ne, data	and place.	and due	to the cause(a) and	manner ea et	ted.				
HOSPITAL FUNERAL Within 72 TANT: If	N C		INIER: On the basis of axa										and manner as stated.			
TO THE HOSPI TO THE FUNER TO THE WITHIN MPORTANT:	00	29b. SHIPPATURE AND TITLE OF CENTS							NSE NUM							
TO THE De filed MPOR	B	11 -10						296. LICE	NOE NUM	IBEH	29d. DA		(Month, Day, Year)			
665₹	2	30. NAME AND ADDRESS OF PERSON		OF OPETIL (ITE	M 27) /5	Deint)		- 1	50	145		8/11	195			
		111	1		50 (S	_ D_	. 1	(300	*	0						
17		31 DAY FILED (Month, Day, Year)	AL RESTRAS	WHO ATHER	20(7	. 1 .	3	100		04 15	alto.	CO	21205			
11		AUG1 1 1995	alia Chamber	erles												
		UART TIONS														



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	CARDONAGE AND THE CARD OF THE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attend be filed within 72 hours after death with the State Dept, of Health and Mental H;	CARDON CONTRACTOR OF THE PARTY

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last) A 6 4 5 1 5 C 4. SOCIAL SECURITY NUMBER 5. SEX	varies Cle	mens	2. DATE OF DEATH MONTH DAY AUG Q	S. TIME OF DEATH VEAR 4:50 PM								
	215-07-7692 1 □50	6. AGE (In yrs. lest birthdey) 1 2 \square F 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 6,1909	BIRTHPLACE (State or Foreign Country) Maryland								
R O	90. FACILITY NAME (If not institution, give street and in St. Agnes Hospital	number)	9b. CITY, TOWN OR LOCATION OF D Baltimore	9c. COUNTY OF DEATH N/A									
ظ	RESIDENCE OF DECEDENT 10e. STATE 10b, COUNTY	10- 077	7. TOWN OR LOCATION										
. DIRECTOR	Maryland Baltin	more	Catonsvill	.e	10d. INSIDE CITY LIMITS? 1 YES 2X NO								
FUNERAL	1919 Rockwell Aven	aue	101. ZIP CODE 2122		U.S.A.								
₩	1 Never Married 2 K Merried FOR	S DECEDENT EVER IN U.S. ARMED INCES? 1 X YES 2 NO ES, GIVE WAR OR DATES W W II	If yes, specify Cuban, Mexic	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) I WES 2 NO Specify:									
OMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completes Elementary/Secondary (0-12) College	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION ork done during most of working e retired.)	16b. KIND OF BUSINESS/INDU	USTRY								
PP L			countant	W.R. Grace									
8 8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N	AME (First, Middle, Maiden Surname)									
BE at	John Clemens			Stoecker									
TO	TO INFOOMANT'S MARK (Food District												
examiner must be notified at once. TO BE COM	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of August 12, 1995 August 12, 1995 Baltimore, Maryland												
all le	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
exa	Leroy M & Russell C Witzke Funeral Homes 1630 Edmondson Avenue Catonsville, Maryland												
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximate interval Betwee Onset and Dei Onset and Dei Onset and Dei Onset and Dei Onset and Dei To (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part 1. Congestive eardiac failure hypertension 1 yes 2 no												
S A	DID TOBACCO USE CONTRIBUTE 25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH	S L NO L UNCERTAL	NU	100								
YSICI	EXAMINER? 1 YES 2 NO 1 Inp	ITAL:	OTHER: 4 Nursing Home 5 Residence	6 Other (Specific)									
HY Y	27. MANNER OF DEATH 266	DATE OF INJURY 26b. TIME (Month, Day, Year) INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCI	URED								
BY	Netural 5 Pending 2 Accident Investigation	INDE	M 1 YES 2 NO										
TED	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY — At home, ferm, st building, etc. (Specify) 	reet, factory, office	261. LOCATION (Street end Number of City or Town, Stete)	or Rurel Route Number,								
D BE COMPLETED		the best of my knowledge, death occurred beele of examination end/or investigation											
O BE	29b, SIGNATURE OF DESTRICTION OF CERTIFIER HALLS	M.D.	29c LICENSE NU D762		SIGNED (Month, Day, Year) UGUST 9 1995								
F	REEWEN C.D'SOUZ	A KAMATH DEF		NE ST. AGNES	HOSPITAL.								
	AUGI 1 1995 Jali St	REGISTRAR'S SIGNATURE											



YEAR

CHINA

10g. CITIZEN OF WHAT COUNTRY?

Specify

21234

TOWSON, MD

1995

9c. COUNTY OF DEATN

USA

BALTIMORE

3. TIME OF DEATN

2:10A.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

CHINESE

1 YES 2 NO

21286

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH?

8. BIRTNPLACE (State or Foreign

0

30. NAME AND ADDRESS OF PER

31. DATE FILED (Month, Day, Year)
AUG1 1 1995

icen

FOR STATE

REGISTRAR

1. DECEDENT'S NAME (First, Middle Last

2. DATE OF DEATH WEI-LIANG CHOW AUG. 1.0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 220-30-2777 1X M 2 | F MIN. YRS 10/1/11 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 8821 WOLVERTON ROAD CARNEY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE CARNEY MARYLAND. FUNERAL 101. ZIP CODE be detached for use as the burial-transit 8821 WOLVERTON ROAD 21234 retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexicen, Puerto Ri

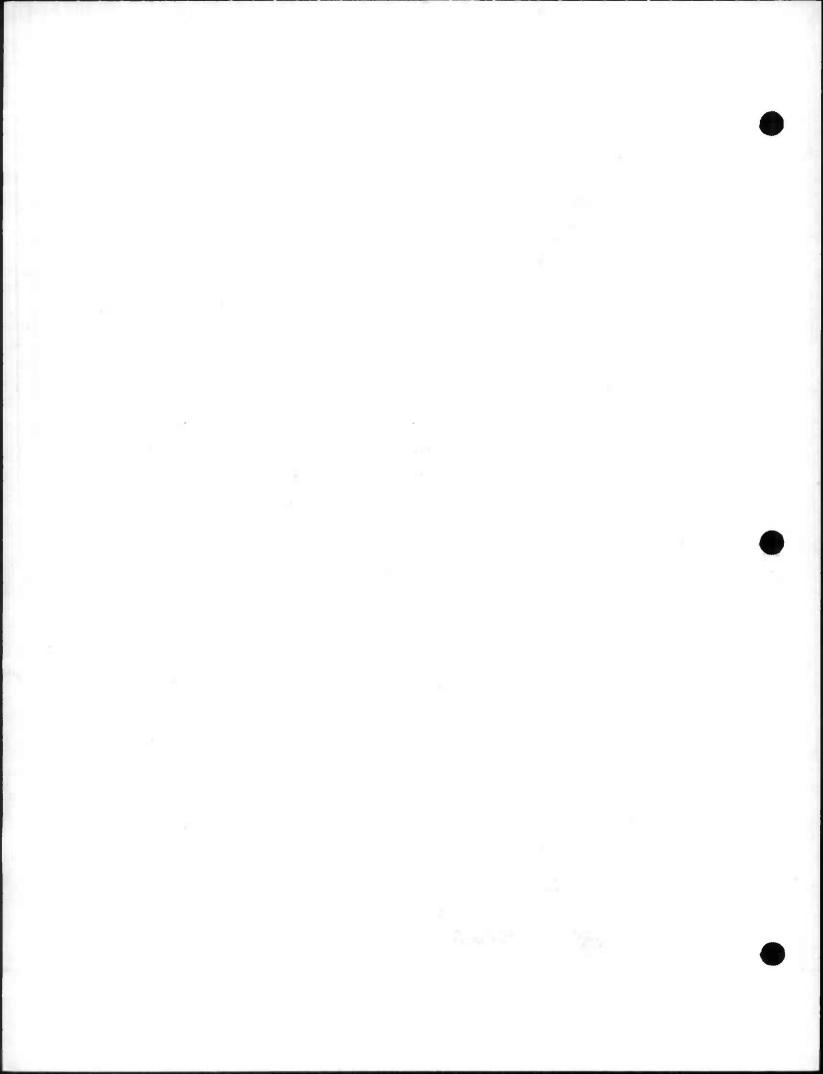
1 YES 2 X NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 8 YRS PROFESSOR OF MATH JOHNS HOPKINS UNIVERSITY 17. FATNER'S NAME (First, Middle, Last, 18. MOTNER'S NAME /First Middle Maiden Sumame M.D. CHOW UNKNOWN BE funeral director, page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARGOT CHOW 8821 WOLVERTON ROAD BALTIMORE, MD hours after death. Page 6 may be pe 20e. METNOD OF DISPOSITION

1 Burlet 2 XCremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must METRO CREMATORY, INC. 8/11/95 4 Donation 5 Other (Specify) CATONSVILLE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the medical examiner 22. NAME AND ADDRESS OF FACILITY JOHNSON FUNERAL HOME LOCH RAVEN BLVD. completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart fallure. List only one cause on each line. attending physician and completely filled in mal Hygiene prior to burial, cremation, or IMMEDIATE CAUSE (Final Vesca disease or condition resulting in death) event. **BOX 68760** OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in dasth) LAST 0 signed by the atten Health and Mental I PART II. Other significant conditions contributing to death but not resulting in the uniterlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY shows any 1 TYES 2 NO peen 10 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES INO X has be Dept. PHYSICIAN: UNCERTAIN Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one certificate h HOSPITAL: T TYES 2/ NO Inpatient 2 ER/Outpatient 3 Residence 8 Other (Specify) 6 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURI AT marked, 28d. DESCRIBE NOW INJURY OCCURED this c BY 1 YES Z NO After death 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Soscify) 28 is 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED 4 Hamicide Hem 29e. CERTIFIER CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated. TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite (Check only one) 2 MEDICAL EXAMINER: On the basis on, death occured at the time, date and place, and dus to the ceuse(s) and menner es stated. BE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



•	4
	1
	ž
	h
	ø
2	1
9	3
33	ş
ĕ	1
×	3
8	2
m	9
_	4
0	5
0	6
-	100
S	6
	ŧ
RECORDS, P.O. BOX 68760	95
0	-
O	ice
Щ	5
	4
_	-8
2	Į,
	ż
>	MA
<u> </u>	S.
0	ž
Z	0
0	3
70	EN
DIVISION OF VITAL	Ļ
2	0
	C
	COTAL OB ATTENDING DHVCICIAN: The law remaines that the death configure he
	do

ALTIMORE, MARYLAND

1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 Valerie B. JONES Caroline Carolina August 4:15 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH s. BIRTHPLACE (State or Foreign 1 M 2 XF 216-74-5946 AUG. 13, 1958 36 MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL BALTIMORE N/A 10b, COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND N/A 1X YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? rial-transit 501 W. FRANKLIN STREET 21201 USA. wician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No—If yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 XMarried BY 3 Widowed 4 Divorced Specify: 2 2 BLACK 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) GED LABORER FACTORY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) # Ħ Page 6 may be retained by ROBERT JONES BE DOROTHY TILLER page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT 1726 FREDERICK AVENUE, BALTIMORE, MARYLAND 21223 **JONES** 2 20a. METHOD OF DISPOSITION
1 N Buriel 2 □ Cremation 3 □ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must 8-11-95 funeral director. MT. ZION CEMETERY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 8-10-95 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, MD.21223 n by the fremoval. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, が対 shoot, or heart feilure. List only one ceuse on each line. interval Between a 題 IMMEDIATE CAUSE (Finel **Onset and Death** cremason, 書 disesse or condition_ Respiratory Failure pietsty 2 hours resulting in death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): bortal, Advanced AIDS years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 9 inding physician in Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING other 1 CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 the atten Mental I PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24e. WAS AN AUTOPSY PERFORMED? MEDICAL and апу Signed Health a 1 - YES 27 NO OF DEATH? Shows 1 TYES 2 THO Deen . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\square\) NO \(\mathbb{Z}\) UNCERTAIN \(\square\) PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | SER/Outpatient 3 | DOA OTHER: 1 TYES 2 TYNO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with (marked. 1 Natural 5 Pending 1 YES 2 NO 2 Accident
3 Suicide After I BY 28a. PLACE OF INJURY — At home, farm, street, tactory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 100 COMPLETED 6 Could not be DIRECTOR: hours after 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basis of axemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1)42510 as an thakuman. August 3,95 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 821. N.EUTAWST. SUITE 407 MD 21042 32. AMERICAN S SIGNATURE

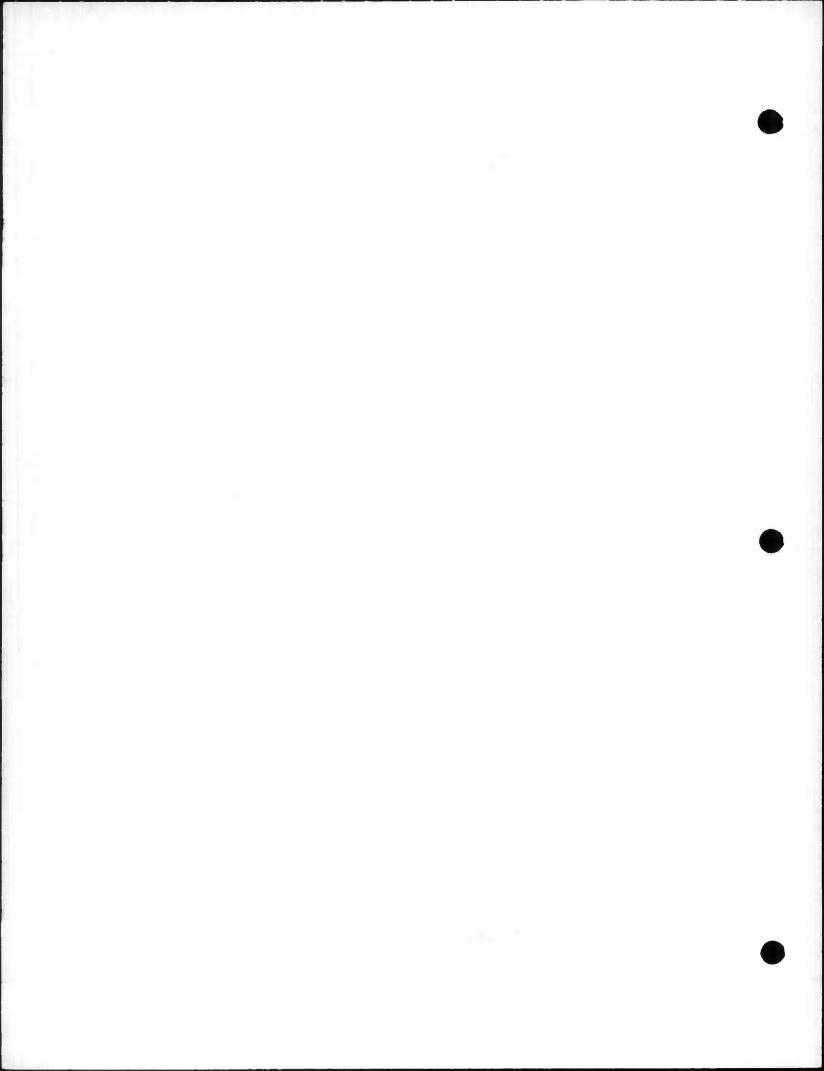
Falsa d'Aurileon Rendall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	2	- 1
etained	should	IMPORTANT If Item 28 is marked, or Item 23 shows any injury or other traumatic event, the medical examinar must be marked as
pe	8	9
nay	2	4
9	92	The state of
age	-	200
ath. F	neral	nime
r de	al fa	ě
afte	D OF	Iral
SINC	.E _	per
4 Pc	illed n. o	6
Ju Z	ely 1	=
with	pleti	/ent
pet	ial.	
Xec	PE and	affi
96	ian or to	31107
ate	ysic	=
tific	g pl	4
00	Hyd By	0 7
leath	at at	>
he d	the Me	- F
at t	and a	2
th S	an de	20
Juline	Sign P	30
/ rec	beer of	4
- Bar	Dep	23
Ę	cate	llem
CIA	the the	0
13S	is ce	9
9	五年	ark
DIN	Affe	E
TEN	fe OB	00
A AT	RECT Jrs a	E
0 7	200	18
PITA	ERAL 72	1
200	-CNE	AN
포	H	DRT
0	6 5	MP
_	- 0	-
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

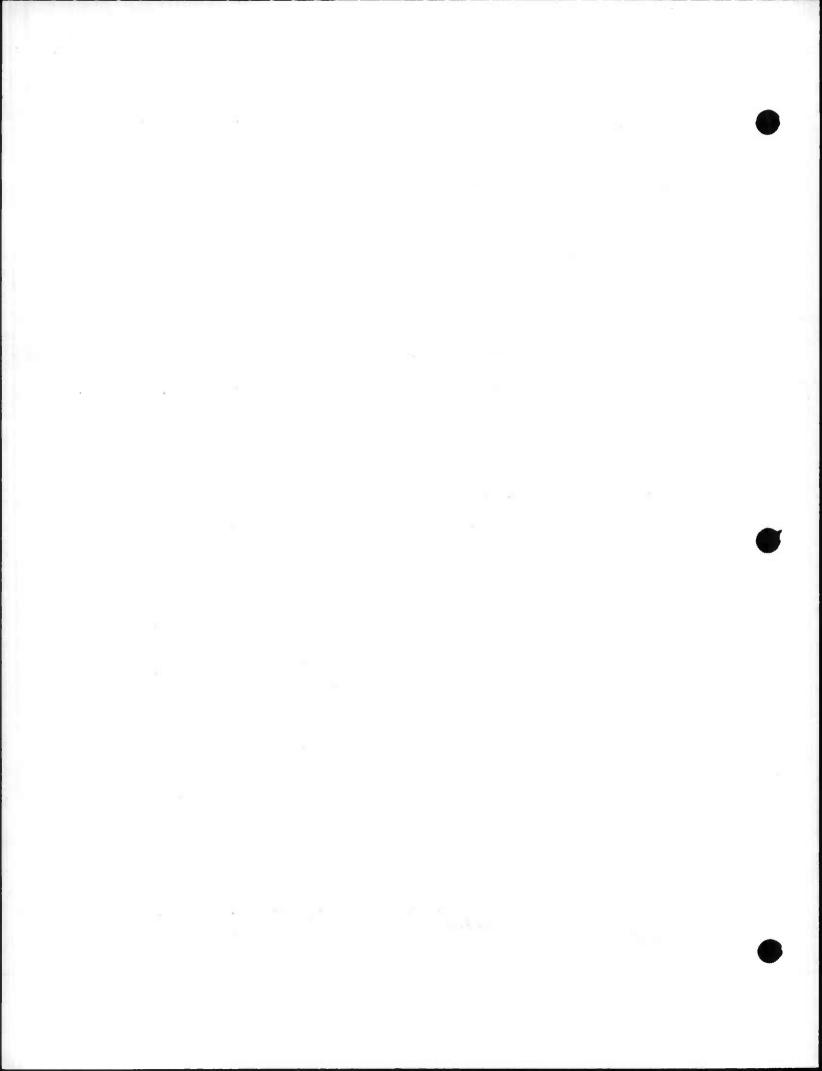
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	REGISTRAR	CEI	RTIFICATE OF	DEATH	REG. N	Ю.										
	1. DECEDENT'S NAME (First, Middle, Last)	0	ELNEY		2. DATE OF DEATH	MONTH DAY YEAR CO										
	ARMANDE	ע	LLNET			10 10										
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest t	Dirthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	BIRTHPLACE (State or Foreign Country)									
	076-70-4219 1 □ M 2XXF	94	YRS. MONTHS DAYS	HOURS MIN.		1901	HAITI									
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		Y OF DEATH									
l e		PITAL	BALT	TIMORE	CITY	١,	n/a									
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY						.,,									
DIRECTOR			10c. CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?									
	MARYLAND n/a			IMORE	XX YES 2 □ NO											
NA NA	10e. STREET AND HUMBER		1	of. ZIP CODE		10g. CITIZEN OF WHAT COUHTRY?										
FUNERAL	810 WALKER AVENUE			21212		UNIT	TED STATES									
5	11. MARITAL STATUS 1 Never Married 2 Married FORCES?	THE EVER IN U.S. ARME 1 YES 2 YOU WAR OR DATES	ED 13. WAS DE	CEHDEHT OF HISPAN pecify Cuban, Mexica	IIC ORIGIN? (Specify	res or No- 1	I. RACE — American Indian, Black, White, etc.									
84	Wildowed 4 Divorced IF YES, GIVE	WAR OR DATES	ATES 1 YES 2 XXNO Specify: HAITIAN Specify:													
	15. DECEDENT'S EDUCATION 164. DECEDENT'S USUAL OCCUPATION 166. KIHD OF BUSINESS/INDUSTRY															
COMPLETED	(Specify only highest grade completed)	(Give	kind of work done during m	ost of working	166. KIND OF E	USINESS/INDUS	STRY									
7	Elementery/Secondary (0-12) College (1-4 or s	vteller	1	01.10	home											
COM	17. FATHER'S NAME (First, Middle, Lest)	1 11011	LINKLIN-3001	Y	ME (First, Middle, Meid	own	home									
	PHILEMON DELNEY															
BE	190. IHFORMANT'S NAME (Type/Print)	19h	MAILINO ADDRESS (Street			DELNEY	-41									
TO BE	MARY ANNE CHERY		810 WALKE				ARYLAND 21212									
5	20a. METHOD OF DISPOSITION															
	20b. METHOD OF DISPOSITION 1 X Surfal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of cempetary, crematory or other place) MORELAND CEMETERY 8+12 20c. LOCATION — City or Town, State towson, Marylane															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	_ TOREL		HD ADDRESS OF FA		owson,	maryranu									
CASHIII C	Talanaia.	3000.	nel WM.	C. MARCH	FH1101	E. NO	NOTH AVENUE									
9	22 SARY Salar the discount	nocea														
5	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximate interval Between															
	IMMEDIATE CAUSE (Final															
	disease or condition resulting in death) s. TUBERCULOSIS 2WEE															
	DUE TO (OR AS A CONSEQUENCE OF):															
N N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):															
AT	If any, leading to immediate cause. Enter UNDERLYING															
티프	CAUSE (Disease or Injury C. that initiated events	O (OR AS A CONSEQUE	ENCE OF):													
CERTIFICATION	resulting in death) LAST															
	DARK II On a startillar and a startillar															
EDICAL	PART II. Other significent conditions contributing to			g ceuse given in	Part I. 24a. WAS / PERF	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO									
Ö		ELLITU	٨		1 YES	2 AHO	COMPLETION OF CAUSE OF DEATH?									
M	HYPERTENSIO				[1 TES 2 NO									
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CA	AUSE OF DEATH	YES NO	UNCERTAIN	1 🗆											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:	26. PLACE (OF DEATH (Check only one													
YS	1 YES 2 NO 1 Nonpatient 2	☐ ER/Outpetient 3 ☐		ne 5 🗆 Residence	6 Other (Specify)											
H	27. MANNER OF DEATH 28s. DATE O (Month,	F INJURY 2 Day, Year)	INJURY W	JURY AT DRK?	26d. DESCRIBE HOW	INJURY OCCU	PED									
BY	2 Accident Investigation			YES 2 HO												
		OF INJURY — At home i, etc. (Specify)	, ferm, streat, factory, offic	:•	281, LOCATION (Street City or Town, State	t and Number or	Rural Route Number,									
	4 Homicide determined															
	4 Homicide determined	29s. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as state														
	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of	f my knowledge, death	occurred at the time, date	and place, end due	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of	of my knowledge, death	estigation, in my opinion,	e and place, end due death occured at the	time, date and place,	and due to the o	euse(s) and manner as stated.									
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of 29b. SIGNATURE AND TIPE OF CERTIFIER	examination and/or invi	estigation, in my opinion,	death occured at the 29c. LICENSE NUM	time, date and place,	and due to the d	euse(s) and manner as stated.									
BE COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of 29b. SIGNATURE AND TIPE OF CERTIFIER	examination and/or invi	estigation, in my opinion,	death occured at the 29c. LICENSE NUM	time, date and place,	and due to the d	euse(s) and manner as stated.									
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of 29b. SIGNATURE AND TIPE OF CERTIFIER	examination and/or invi	estigation, in my opinion,	death occured at the 29c. LICENSE NUM	time, date and place,	and due to the d	euse(s) and manner as stated.									
BE COMPLETED	29a. CERTIFIER (Check only orie) 2 MEDICAL EXAMINER: On the best of 29b. SIGNATURE AND TIPE OF CERTIFIER 30. NAME AND ANDRESS OF PERSON WHO COMPLETED CALL	M D SE OF DEATH (ITEM 2 STREET	estigation, in my opinion,	death occured at the 29c. LICENSE NUM	time, date and place,	and due to the d	euse(s) and manner as stated.									
BE COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of 29b. SIGNATURE AND TIPE OF CERTIFIER	M D SE OF DEATH (ITEM 2 STREET	estigation, in my opinion,	death occured at the 29c. LICENSE NUM	time, date and place,	and due to the d	euse(s) and manner as stated.									



0
92
687
BOX
8
Ö
۳.
- 6
20
œ
Ö
E
œ
_
LA
=
L
0
Z
0
S
5
=

	1. DECEDENT'S NAME (First	it, Middle, Last)				De	VII O T	DEA		2. DATE	OF DEATH	n 7 1		. TIME OF DEATH			
	CLAUDE					DC	UGL	JAS AUG			GUST ™	0 / 1	9595	7:23 A			
	4. SOCIAL SECURITY NUM 250-16-46		5. SEX	6. AGE (I	n yrs. last birti 76 Y	hday) IF UNDE	DAYS	IF UNDE	MIN.	7. DATE (Mont	OF BIRTH h, Day, Year) 08,1	8	8. BIRTHPL Country)	ACE (State or Foreign			
	9a. FACILITY NAME (If not	institution, give s	treet and number)			9b. CIT	Y, TOWN (OR LOCAT	IDN OF DE		0071		TY OF DEA				
TOR	2121 WINDSOR GARDEN LN.APT.216 BALTIMORE N/A																
DIRECTOR	10a. STATE MD	1	10c. CITY, TOWN OR LOCATION BALTIMORE								100	Od. INSIDE CITY LIMITS?					
		MD N/A							01. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY		YES 2 NO			
FUNERAL	2121 WINI	ILL LN APT. #216B				21207					U.S.	Α.					
BY FUR		ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ZY NO IF YES, GIVE WAR OR DATES				13	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 X NO Specify: BLACK						White, etc.				
9		CEDENT'S EDU				ENT'S USUAL			5	168	. KIND OF BUS	INESS/INDU					
once. COMPLET		Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.)							STRY								
ш	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) JESSIE DOUGLAS BEATRICE ELIZABETH OLIVER								VER								
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Sta																
2	MICHAEL	DOUG	LAS	Tank		2 KEI			BA		MORE,			207			
must	1 Burial 2 XCremati	lon 3 🗆 Rem	oval from State	ceme	etery, cremator	ry or other place			D 37	DAT		CATION — C					
	21. SIGNATURE OF FUNER		ENSEE	- 1 6	REENN	1OUNT			SS OF FAC	CILITY	10 BA		,				
al examiner	BETTS FUNERAL HOME 1129 N. CAROLINE ST. BALTO, MD21213 23. PART Enter the diseases, or somplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate																
ina, cremation, or removing cevent, the medical	immédiate cause (Fi disease or condition resulting in death)	heart tallure.	a. Arte	nos	ch line.	Tie Car							e t,	Approximate interval Between Onset and Death			
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE DF): DUE TO (DR AS A CONSEQUENCE OF):																
9 1										David I	24s. WAS AN	ALITOROV	24b. W	ERE AUTOPSY FINDINGS			
ajury, o	PART II. Other signific	ant condition	s contributing to	death bu	it not rasul	ting in the u	ndarlying	g cause	givan in	raili, j	Bronchial Asthma Performed? 1□ YES 2 ☑ NO						
MEDICAL CE		hial 1	Asthma						givan in		PERFOR	MED?	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
hows any injury, o	DID TOBACCO U	hial /	Asthma	USE OF	F DEATH	YES 🗆	NO [given in CERTAIN		PERFOR	MED?	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
hows any injury, o	DID TOBACCO L 25. WAS CASE REFERRED EXAMINER?	hial /	RIBUTE TO CA	USE OF	F DEATH	YES DEATH (Check	NO C] UNC	CERTAIN	- 1 🗆	PERFOR	MED?	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
or item 23 shows any injury, or item 23 shows any injury, or YSICIAN: MEDICAL CE	DID TOBACCO U	hial /	RIBUTE TO CA HOSPITAL: 1 Inpetiant 2 28a. DATE OF	USE OF	F DEATH	YES DEATH (Check	NO Conly one) R: rsing Hom 28c, INJ	UNC		N □	PERFOR	MED?	0 1	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
ked, or item 23 shows any injury, or PHYSICIAN: MEDICAL CE	DID TOBACCO U 25. WAS CASE REFERRED EXAMINER? 1 X YES 2 \(\text{Image} NO) 27. MANNER OF DEATH	hial /	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. DATE OF (Month, D	USE OF 2 ER/Outpe INJURY ay, Ybar)	F DEATH	YES OTHE OTHE OF INJURY	NO Conly one) Rt: rsing Hom 28c, INJI WO 1 Y	UNC	CERTAIN	N □	PERFOR 1 TYES 2 r (Specify)	MED? ☑ NO	0 1	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
28 Is marked, or Item 23 shows any Injury, or TED BY PHYSICIAN: MEDICAL CE	DID TOBACCO L 25. WAS CASE REFERRED : EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Noture 5 2 2 Accident	JSE CONTI	RIBUTE TO CA HOSPITAL: Inperfer 2 28a. DATE OF (Month, D) 28a. PLACE D	USE OF 2 ER/Outpe INJURY ay, Ybar)	F DEATH 26. PLACE DF stlent 3 D 266	YES DEATH (Check	NO Conly one) Rt: rsing Hom 28c, INJI WO 1 Y	UNC	CERTAIN	6 Other 28d. DE:	PERFOR 1 TYES 2 r (Specify)	MED? NO NURY OCCU	O 1	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
2 nous aren dead with the State Dept. Of relatif and Mental if Item 28 is marked, or Item 23 shows any Injury, of Item 28 thews any Injury, of Item 28	DID TOBACCO L 25. WAS CASE REFERRED EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only) 1 CER	JSE CONTITO MEDICAL Pending Investigation Could not be detarmined	RIBUTE TO CA HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE D building.	USE OF ER/Outpe INJURY ey, Year) F INJURY atc. (Specific and the specif	F DEATH 28. PLACE DF Mint 3 D 201 At home, f	YES DEATH (Check OA OTHE OA 4 Nu b. TIME OF INJURY M term, street, tac	NO Confy one) R: sing Hom 28c. INJ WO 1 1 1 tory, office	UNY AT RK? YES 2 and place	ERTAIN anidence NO no no no no no no no no no n	6 Other 28d. DE:	PERFOR 1 YES 2 r (Specify) 5 CRIBE HOW IN ATION (Street a or Town, State)	MED? NO JURY OCCU IN Number of	RED RED 1.	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?			
if them 28 is marked, or item 23 shows any injury, or IPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO L 25. WAS CASE REFERRED EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only) 1 CER	JSE CONTITO MEDICAL Pending Investigation Could not be detarmined INTERVING PHYSI DICAL EXAMINE E OF CERTIFIER	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 29a. DATE OF (Month, D 28a. PLACE D building. CIAN: To the best of a:	USE OF 2 ER/Outpe INJURY ay, Year) F INJURY my knowle my knowle	F DEATH 28. PLACE DF Mint 3 D 201 At home, f	YES DEATH (Check OA OTHE OA 4 Nu b. TIME OF INJURY M term, street, tac	NO Confy one) R: sing Hom 28c. INJ WO 1 1 1 tory, office	UNC SCAN NY AT	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other 28d. DE: 28t. LOC City to the cautime, data	PERFOR 1 YES 2 r (Specify) 5 CRIBE HOW IN ATION (Street a or Town, State)	MED? AND AND AND AND AND AND AND A	O 1 IRED FRural Rou Cause(a) as Signed (M	MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO to Number, to Number, onth, Dey, Year)			
If Item 28 is marked, or Item 23 shows any Injury, or IPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO L 25. WAS CASE REFERRED EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 5 4 Homicide 29a. CERTIFIER (Check only one) 2 MEE 29b. SIGNATURE AND TITL	Pending Investigation Could not be detarmined ITIFYING PHYSI DICAL EXAMINIE E OF CERTIFIEF	RIBUTE TO CA HOSPITAL: I Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE D building. CIAN: To the beat of a:	USE OF 2 PR/Outpe INJURY ey, Year) FINJURY atc. (Specific Capacity Control of the Capacity C	F DEATH 28. PLACE DF stlent 3 D 282 At home, fi edge, dasth o and/or invest	YES OTHER OF INJURY M Term, street, tac	NO Confy one) R: sing Hom 28c. INJ WO 1 1 1 tory, office	UNC SCAN NY AT	NO NO NO NO NO NO NO NO NO NO NO NO NO N	6 Other 28d. DE: 28t. LOC City to the cautime, data	PERFOR 1 YES 2 r (Specify) 5 CRIBE HOW IN ATION (Street a or Town, State)	MED? AND AND AND AND AND AND AND A	O 1 IRED FRural Rou Cause(a) as Signed (M	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO to Number,			
PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or BE COMPLETED BY PHYSICIAN: MEDICAL CE	DID TOBACCO L 25. WAS CASE REFERRED EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 X MEE	JSE CONTITO MEDICAL Pending Investigation Could not be detarmined ITIFYING PHYSI DICAL EXAMINE E OF CERTIFIER JEP PERSON WHI WR I G 15	RIBUTE TO CA HOSPITAL: Inpetiant 2 28a. DATE OF (Month, D) 28a. PLACE D building. CIAN: To the beat of a: CIAN: To the beat of a: CIAN: To the beat of a: CIAN: To the beat of a: CIAN: To the beat of a:	ER/Outpa INJURY ey, Year) FINJURY atc. (Specification) The property of the p	F DEATH 28. PLACE DF Interest 3 D 292 At home, f by) At home, f and/or invest	YES DEATH (Check OA 4 Nu D. TIME OF INJURY M Term, street, tac coursed at the Rigstion, in my	NO	UNY AT URY AT RK? VES 2 [and place eath occur 29c. LICI	CERTAIN and due and	28t. LOC 28t. LOC 28t. to the cast	PERFOR 1 YES 2 If (Specify) SCRIBE HOW IN ATION (Street a or Town, State) Inse(a) and man and place, and	MED? AND AUGUST NO MUMber of due to the 29d, DATE	IRED A Rural Rou Cause(a) a Signed (M	MALABLE PRIOR TO DOMPLETION OF CAUSE F DEATH? YES 2 NO No Number, No Number, To Number, North, Dey, Year) 17, 1995			



TO BE COMPLETED BY FUNERAL DIRECTOR

-	
0	
ဖ	
9/	
00	
7	
w	
~	
=	
0	
BOX 68760	
ш	
P.O.	
\cap	
٧.	
ο.	
ഗ	
0	
_	
œ	
$\overline{}$	
U	
()	
\sim	
RECO	
00	
_	
_1	
-	
-	
>	
Ц.	
$\overline{}$	
~	
_	
\circ	
=	
(A)	
-	
>	
5	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle,	Last)			DEMIN	2. DATE OF DEATH		3. TIME OF DEATH
JANISTEEN	EDWARDS				AUGUST 8.	1995 YE	5:40 P M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	100	HRTHPLACE (State or Foreign
214-58-7628 9a. FACILITY NAME (If not institution,		4Z YRS.	ONTHS DAYS	R LOCATION OF O	OCT. 27,19	52	RICHMOND, VA
THE JOHNS HOPK				ORE CIT		Jan Cooki i i	n/a
10a. STATE 10b. C	OUNTY	10c. CITY,	TOWN DR LOCAT	ION			10d. INSIDE CITY
MARYLAND 10e. STREET AND NUMBER	n/a		BALTIM				1 YES 2 NO
932 WILMONT	COURT		10f	21202		UNITE	OF WHAT COUNTRY? ED STATES
11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian,
XX Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES THO	1 Tyes, spe		n, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK
15. DECEDENT': (Specify only highest	S EDUCATION	16a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIND OF BUS	SINESS/INDUSTR	ay .
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use r					
10 th		SECURI	LIY GU	ARD	va	rious t	trades/compani
17. FATHER'S NAME (First, Middle, La JAMES ED	owards			16. MOTHER'S NA ANNIE	ME (First, Middle, Maiden MAE CO	Sumeme) RNWELL	
194. INFORMANT'S NAME (Type/Print) BOBBY	WENS	19b. MAILING AT 2622	BERYL	AVENUE.	Poute Number, City or Tow BALTIMORE	n, State, Zip Gode	AND 21205
20e. METHOD OF DISPOSITION	206	. PLACE AND DATE OF	DISPOSITION (Na			CATION — City of	
XX Buriel 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State Cen	etery, crematory or other ZION	CEMETI	RY	8-14	ANSDOWN	E. MARYLAND
21. SIGNATURE OF FUNERAL SERVI				D ADDRESS OF FA		MISDOM	IL TINKILAND
Karen	m. 1/2	701.	WM.	C. MARCH	FH1101	E. NOR	RTH AVENUE
23. PART i. Enter the diseases abook, or heart fel	, or complications that caused lure. List only one ceuse on e	the leath. Do not	enter the mo	de of dying, auc	h aa cardiac or reapi	retory arrest,	Approximata
IMMEDIATE CAUSE (Fine)	/	acti iiile.	٨				Onset and Daath
disease or condition resulting in death)	a. PUMONO	ary e	dema	2			4 hrs
	DUE TO (OR AS A	Failur	e				6 months
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	- 1	4		-	7
CAUSE (Diseese or Injury	· retrovi	ral int	ection				lyears
that initieted events reaulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE DF):	Anus	US+	>		10 +
	d. 1/1/19	7/003	CIVE	1			10 years
PART II. Other aignificant cond	gemia, throm	ut not resulting in	the underlying	ceuse given in	PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Canalaca For	gemia, inrom	DOCYTOPE	nia, v	ancomyci	1 YES 2	≥ KN0	OF DEATH?
	erococcus col						1 TES 2 TO
25. WAS CASE REFERRED TO MEDIC	ONTRIBUTE TO CAUSE O	F DEATH YES 26. PLACE OF DEATH		UNCERTAIL	1 🗆		
EXAMINER?	HOSPITAL:		THER:	T-WHITOU			
27. MANNER DF DEATH	1 Inpatient 2 ER/Outp	28b, TIME O			8 Other (Specify) 28d. DESCRIBE HOW II	WILLIAM OCCUPE	
1 Netural 5 Pending 2 Accident Investiga		INJUR	Y WOI		Ed. Degolibe non i	NOON OCCORE	·
3 Suicide 6 Could no	ot be 26e. PLACE DF INJURY building, etc. (Spec	— At home, farm, atre	et, factory, office		28f. LOCATION (Street a City or Town, Stete)	nd Number or Ru	rel Route Number,
29e. CERTIFIER DECERTIEVING	PHY'NCIAN: To the best of my least	4-4-6					
(Check only one) 2 MEDICAL EX	PHY:SICIAN: To the best of my knowl AMINER: On the basic of examination	and/or investigation, i	in my opinion, de	ath occured at the	to the cause(s) end men time, date end place, en	ner ee etated. d due to the cau	se(s) and menner se stated
29b. SIGNATURE AND THE OF CER				29c. LICENSE NUN			
CPIIn C	X Kerkin			ma	263	DAINE SIGI	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO		. //		212	97 JEFF	REY D.	PERKINS, MD.
31. DATE FILED (Month, Day, Year)	orte St. 32. BEGISSRAR'S SION	altimor ATURE	۲, ۱۱۱	212 0	0 /		
AUG1 1 1995	your distance	Walt					1

0	olola
00	90
5	andie
12	Nr att
0	nital
Z	hoe
7	# 7
R	nad P
M	ratai
шĨ	A Pa
OR	8 m2
BALTIMORE, MARYLAND 21215-0020	Pane
5	hath
8	fter d
	S SJI
	2
	mil
76(M be
68	KACLIT
X	De ed
B	ficate
0	Cert
Д,	leath
DS	the
OR	that
C	Hires
8	W rec
AL	he la
F	L.N
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SICIA
0	PH
O	DING
15	TEA
5	OB ATTENDING PHYSICIAN: The law requires that the death certificate he executed within 13 hours after death. Pane 6 may be retained by the hourist or extended or otherwise.

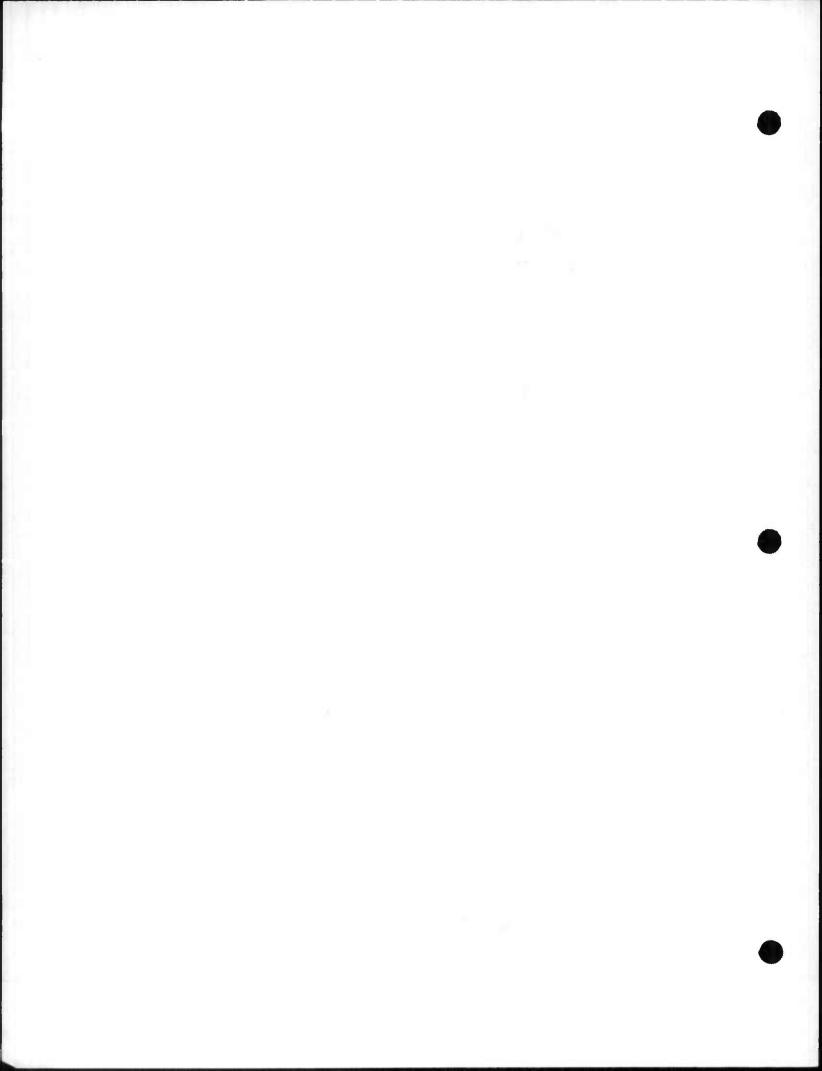
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 55 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	HEGISTRAH		CE	HIII	ICALL	UF	DEA	I H		REG. NO.			
9	1. DECEDENT'S NAME (First, Middle, Last) MARTHA JAN	E ED	GAR						2. DATE OF MONTH AUGUS		7 :	YEAR 1995	3. TIME OF DEATH 12:43 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	3 24 HRS.	7. DATE OF	BIRTH			LACE (State or Foreign
	217-20-4987	69	YRS.	MONTHS	NTHS DAYS HOURS MIN. (Month, Day, Year)					Country)			
-	9a. FACILITY NAME (If not institution, give :				9b. CITY	, TOWN (OR LOCATE	ON OF DE	EATH		9c. COU	NTY OF DE	ATH
Ö	GREATER BALTIMOR		TOV	VSON					BAL	CIMOR	E		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	-					1.0						
DIRECTOR			Y, TOWN C		TION						10d. INSIDE CITY LIMITS?		
										YES 2 X NO			
M M	106. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?					
<u> </u>	914 Stevenso						2120	4			U.	S.A.	
5	106. STREET AND NUMBER 107. ZIP CODE 914 Stevenson Lane 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.									or No-	14. RACE - Black.	- American Indian, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	R OR DATES				2 NO			,,		Specify	
	15. DECEDENT'S EDU	ICATION	10- 00	OPPENIEN		20110						112	White
COMPLETED	(Specify only highest grade	oompleted)	(G/	CEDENT'S ve kind of v Do NOT us	vork done i	during mo	ost of working	ng	16b, K	ND OF BUS	BINESS/INI	DUSTRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)		me M						Own E	Iomo		
<u>S</u>	12 Vrs. 17. FATHER'S NAME (First, Middle, Last)		IIC	IIIC 11	ancı		40 11000					_	
		27 1					1000		ME (First, Mid				
B	Newton I. (larke		****				th		enner		_	
2			1						Route Number,		,	/	2 2
1	Margaret DeBoy	_						eysv		7			d,Md.21074
	1 Donation 5 Other (Specify)	novel from State	20b. PLACE A cemetery, crei	matory or of	ther place)				DATE	20c. LO	CATION	City or Town	n, Stata
	21. SIGNATURE OF PUREFUL SERVICE LI		Hillt	op S	ervi	ce C	OTD.	8/	9/95	Tow	son,	Mary	land
1 8	977.	7//	2		22.	NAME AF	ND ADDRES	SS UF FA	CILITY			10	50 York Rd.
	Cail of	· / ano	4/1	-	R	uck	Tows	on F	unera.	1 Hom	e, I	nc.To	wson,Md.
	23. PART I. Enter the diseeses, or	complications that	caused the de	eth. Do n	Dt enter	the mo	de of dyl	ing, auci	h as cardie	or respi	retory an	rest,	Approximete
	shock, pr heart fellure. IMMEDIATE CAUSE (Final	List only one catu	to Dn esch line.										Interval Between Onset and Death
	disesse or condition requiting in desth)	R	124 '0 2	200	+	0:1	مدررا		Aci	20	2		1241.
	reduiting in desth)	DUE TO (OR AS A CONSEC	UENCE OF): -		10010	***	1,0	(0.0.	17		S M
z		h											
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS A CONSEC	UENCE OF	7:								
S	CAUSE (Disesse or Injury	c											
보	that initieted events	DUE TO (OR AS A CONSEC	UENCE DE	7:								
1	reading in dealing Exist	d											
	PART II. Other significent condition	ns contributing to	leeth but not re	suitina i	n the un	deriving	o ceuse o	riven in	Part I 24	le. WAS AN	ALITOPEY	1 24h V	VERE AUTOPSY FINDINGS
EDICAL		domen					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFOR		1	WAILABLE PRIOR TO
									- 1	YES 2	NO NO		OF DEATH?
2	DID TOPACCO LICE CONT	DIDLITE TO CAL	ICE OF DEAT	F1.1 \/F		10 177	1 11110					1	☐ YES 2 ☐ NO
SICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAL		E OF DEAT			UNC	EKIAI	4 L				
<u></u>	EXAMINER?	HOSPITAL:			OTHER								
S	1 TES 2 (NO	1 / inpetient 2 -			-	_		sidence	6 Other (S				
$1 \le 3$	AT MANUED OF DEATH	28a. DATE OF I		28b. TIMI INJ			RK7		28d. DESCR	IBE HOW II	JURY OC	CURED	
РНУ	27. MANNER OF DEATH	(Month, Day			M	1 [_] Y	YES 2	NO I					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation							,					
ВУР	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At hor	ne, farm, s	treet, facto				281. LOCATIO	ON (Street a Town, State)	nd Number	or Rural Rou	rte Number,
ED BY P	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not ba determined	28e. PLACE OF	INJURY — At hor tc. (Specify)	me, farm, s	treet, fact				281. LOCATION OF T	ON (Street a fown, State)	nd Number	or Rural Rou	ute Number,
ED BY P	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 Netural 5 Pending Investigation 5 Dending Investigation 6 Dending Investigation 6 Dending Investigation 7 Dending Investigation 7 Dending Investigation 6 Dending Investigation 7 Dending Invest	28e. PLACE OF building, e	tc. (Specify) ny knowledge, des	ith occurre	d at the ti	ory, office	and place,	and due	to the cause(a) and men	ner as sta	ed.	
ED BY P	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, e	tc. (Specify) ny knowledge, des	ith occurre	d at the ti	ory, office	and place,	and due	to the cause(a) and men	ner as sta	ed.	
E COMPLETED BY P	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 Netural 5 Pending Investigation 5 Dending Investigation 6 Dending Investigation 6 Dending Investigation 7 Dending Investigation 7 Dending Investigation 6 Dending Investigation 7 Dending Invest	28e. PLACE OF building, e	tc. (Specify) ny knowledge, des	ith occurre	d at the ti	ory, office	and place,	and due	to the cause(a) and men	ner as stat	ed.	
BE COMPLETED BY P	1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. PLACE OF building, e	ny knowledge, dea	ith occurre	d at the ti	ory, office	and place,	, and due	to the cause(a) and men	ner as stat	ed. la cause(a) d E SIGNED (A	and manner as stated.
E COMPLETED BY P	1 Netural 2 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUSE AND TITLE OF CERTIFIES	28e. PLACE OF building, e	ny knowledge, dea	nth occurre	od at the ti	ory, office	and place, eath occur 29c. LICE	, and due	to the cause(a) and men	ner as stat	ed. la cause(a) d E SIGNED (A	ind manner as stated,
BE COMPLETED BY P	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUBE AND TITLE OF CERTIFIE	28e. PLACE OF building, e ICIAN: To the best of r IR: On the basis of axi R ICIAN: To the best of r IR: On the basis of axi R ICIAN: To the best of r IR: On the basis of axi R ICIAN: To the best of r	ny knowledge, dea	nth occurre	od at the ti	ory, office	and place, eath occur 29c. LICE	, and due	to the cause(time, deta and	a) and men	ner as stat	ed. la cause(a) d E SIGNED (A	and manner as stated.
BE COMPLETED BY P	1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATUBE AND TITLE OF CERTIFIE	28e. PLACE OF building, e	ny knowledge, dea	nth occurre	od at the ti	ory, office	and place, eath occur 29c. LICE	, and due	to the cause(time, deta and	a) and men	ner as stat	ed. la cause(a) d E SIGNED (A	and manner as stated.



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1, 2, 3 should

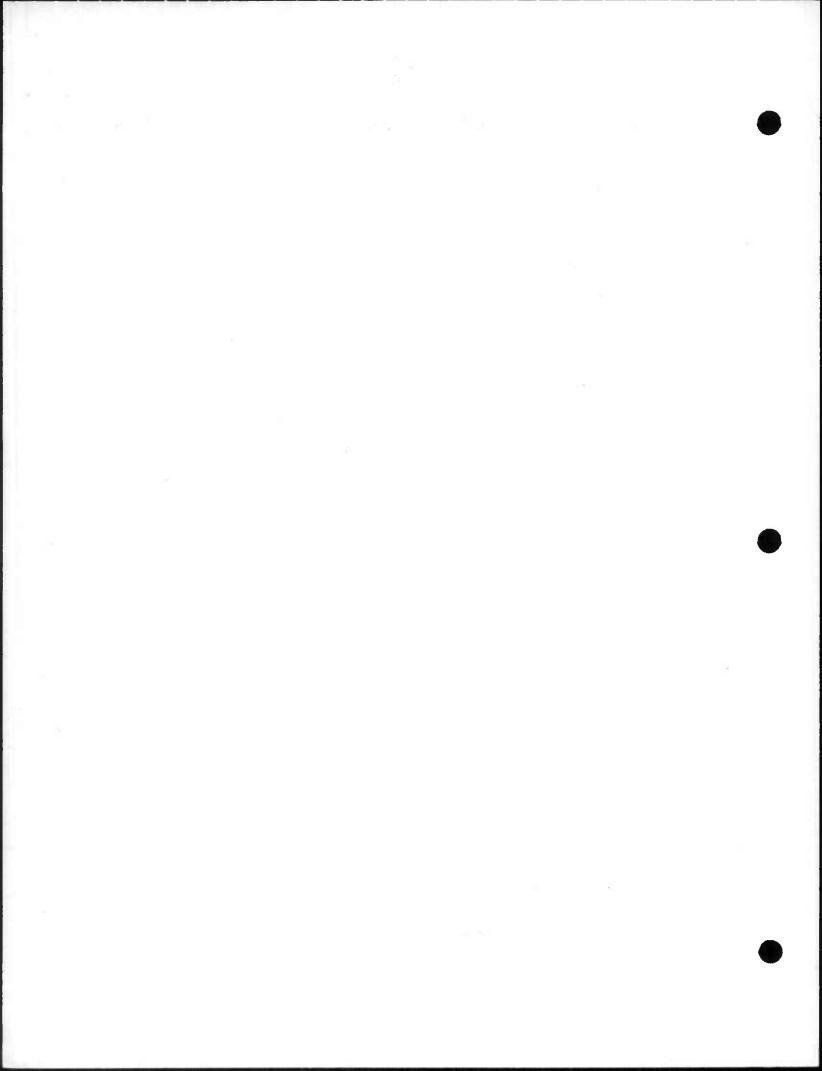
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 08 08 7:20 am arn 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign 5/2/24 1 M 2 - F DAYS 215-14-6869 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9e. FACILITY NAME (If not institution, give street and nu 9c. COUNTY OF DEATH B 7/60 Baltimore ohns Hopkins DIRECTOR JURU Baltimore City RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Baltimore 10d. INSIDE CITY Baltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1509 Rita Rd. 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
 T YES 2 R NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Merried В White 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Supervisor Beth - Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Arthur Egeberg Martha Borkman BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine Egeberg 1509 Rita Rd Baltimore, Md 21222 20a, METNOD OF DISPOSITION
1 M Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 8 - 11Baltimore, 0ak Lawn Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk low My 7110 Sollers Point Rd 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO YES 2 - NO COMPLETION OF CAUSE 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO I UNCERTAIN I 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one **EXAMINER?** HOSPITAL:

1 X Inpatient 2 ER/Outpatient 3 DOA OTHER 1 TES 2 NO 4 ☐ Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 2 Acciden 1 YES 2 NO ВҮ Accident Investigation 26s. PLACE OF INJURY — At home, term, street, factory, office 3 Sulcide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, and due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) end manner ee stated. TLE OF CENTIFICH 29c. LICENSE NUMBER 29d. DATE SIGNED BE onth, Day, Year) 96013 2

MD PhD

PLETED CAUSE OF PEATN (ITEM 27) (Type, Print)

SAZLDON



TO THE HOSPITAL OR ATENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)		-						2. DATE OF	OEATH			3. TIME OF DEATH
	DOROTHY C. FISHMAN AUGUST									ONTH DAY YEAR				
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. I	last birthday)	IF UND	R 1 YEAR	IF UNDE	R 24 HRS.	7 DATE OF	TE OF BIRTH			PLACE (State or Foreign
	215-50-485	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	4.19	09		nsylvania	
	9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b, CIT						NTY OF D		
5	Washington .	Advent	ist Hosp	ital		Tal	coma	Park				1	tgom	
ម	RESIDENCE OF DEC	CEDENT												
DIRECTOR	10a. STATE	10b. COUNTY					OR LOCA		_					10d. INSIDE CITY LIMITS?
۵						st l		tsvil				1. YES 2 N		
7	10a. STREET AND NUMBER						101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL		23rd.				20782						U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 YES							WAS DECENDENT OF HISPANIC OF			ipecify Yes	or No-	14. RACE Black	— American Indian, , White, etc.
Æ	3 X Widowed 4 Divo		IF YES, GIVE Y	WAR OR DATES	OR DATES			8 2 🖄 NO	Specify	<i>i</i> :	. ,		Specif	
	15. DEC	EDENT'S EDU	CATION	16a, I	DECEDENT'S	USUAL	OCCUPATI	ION		165 KH	ND OF BUS	IMESS/IMI		hite
E	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5		(Give kind of ife. Do NOT u	work done	during m		ng	TOOL IN	0 0 00	MINESS/ IIVI	Joaini	
ם	12		Comage (1-4 of 3		creta	ry				U.5	G. Go	vern	ment	
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	18. MOTHER'S NAME (First, Middle, Maiden Surname)					
BE C	Char1	es Coh	en						chae	-	senbe			
	19a. INFORMANT'S NAME (7	vpe/Print)		1	19b. MAILING	ADDRES	S (Street	and Number	r or Rural F	Route Number,	City or Town	n, State, Zip	Code)	
12	Barry Fishm	an			7805	Hack	camo	re Dr	. P	otomac	, Ma	ryla	nd 2	0854
	Barry Fishman 7805 Hackamore Dr. Potomac, Maryland 2089 20a. METHOD OF DISPOSITION 1 ABurlel 2 Cremetton 3 Removal from Stata 4 Donatton 5 Other (Specify) Cermetery, cremetery, cremetery or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. LOCATION - City or Town, S 27. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRES									wn, Stata				
	4 Donation 5 Other (Specify) King David Memorial Garden Falls Church, V								,Va.					
	I STEIN HERREM MEMORIAL BUNERAL HOME									ME TNC				
1	Donal	d.C.	Vitor	tterr	uns	22	SO C	TODG A	T CT	DEEL N	TLI LIA	CUTN	CTON	D.C.
	23. PART I. Enter the di	seases, or o	comprisentiona the	r carasen tile	matri. Do	not ente	r the mo	ode of dy	ing, such	es cerdiec	or reepl	ratory sn	rest,	Approximate
	shock, or he IMMEDIATE CAUSE (Fin	esrt tellure.	List only one car	ise on each ill	16.									interval Between Onset and Death
J											20 485			
- 1	resulting in death) II. CHRONIC OBSTRUCTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF): 20 YRS													
Z	Sequentially list conditions													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING													
일	CAUSE (Disesse or Inju		c	(OR AS A CONS	EQUENCE O	0								
Ē	that initiated events resulting in death) LAS	T	000 10	(On AS A CORS	EUGENCE U	₹ }:								
B	ci.													
	PART II. Other significe	nt condition	3 contributing to	death but not	resulting	In the u	nderlyin	g ceuse	given in i	Part I. 24	. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL										COMPLETIC				MAILABLE PRIOR TO COMPLETION OF CAUSE
W														OF DEATH? 1 YES 2 NO
	DID TOBACCO U	SE CONTI	RIBUTE TO CA	USE OF DE	ATH YI	ES 🔲	NO D	Z UNC	ERTAIN	10				
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HORRITAL	26. PLJ	ACE OF DEA									
Š	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHE		ne 5 🗆 Re	sidence	8 Other (Sp	pecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	E OF		JURY AT		28d. DEŞCRI	BE HOW IP	JURY OC	CURED	
B		Pending nvestigation		-		M		YES 2	NO					
		Could not be	28a, PLACE O building,	F INJURY — At It atc. (Specify)	nome, farm,	street, fac	tory, offic	en .		281. LOCATIO	N (Street a	nd Number	or Rural A	oute Number,
COMPLETED		determined												
릴			CIAN: To the best of											
S I	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	xemination and/o	r Investigatio	on, In my	opinion, d	death occur	red at the t	time, data and	placa, and	dua to th	a cause(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE							29c. LICI	ENSE NUM	BEA		29d. DAT	E SIGNED	(Month, Day, Year)
TO B	30. NAME AND ADDRESS OF	This	rend, Th.	D., AT	TENDI	M.	D,	D	089	125	}	18	161	195
F	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	. Print)		A						
	JOSEPH B	17126	ERD M.	0.,760	00 CA	RRO	44	AUE.	, T14	KGMI	P	ARK	C M	10 20912
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG 1 1 1995 Jaly drawder harfell														

CHRONIC OBSTRUCTIVE LUNG DISEASE

BALTIMORE, MARYLAND 21

3	pe		76
9	Place		Pe
etair	S		otif
be	3e 5		0
137	Da		4 6
9	Ctor,		Sinu
906	dire		16
9	20		in in
eath	The state of		Xan
ter	2	ya!	ai e
53	9	em	dic
ğ	ni b	0	E
7	量	ion,	he
喜	nely	mat	7,
×	ğ	20	Ner
onte	8	In all	ic e
exec	and	A O	nat
3	cian	0	Ine
cate	isk	e Do	1 10
arije.	D Du	gien	oth
5	pue	Ŧ	20
deal	aff	ema	J.
the	the	M	를
hat	9	30	'n
Se	gne	earth	50
adul	S US	H	how
W	20	P.	33
92	has	8	2
E	cate	State	Iten
CIAN	PHIS	the S	5
)S	S Ce	the state of	pq'
7	F	*	ark
OING	Afte	deat	E
E	OR:	ter	8
A	E	S	2
9R	뜸	HOU	te
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
OSP	NE.	thic	IN
工	FI	A P	F
프	三	fle	2
H	۲	ž	=

BUZDON

DEPT.

OF SURGERY

32 FEDSTRAND SIGNATURE CANALL

GREENE ST.

MOLLY

31. DATE FILED AND CON TOO

Pages 1, 2, 3 should

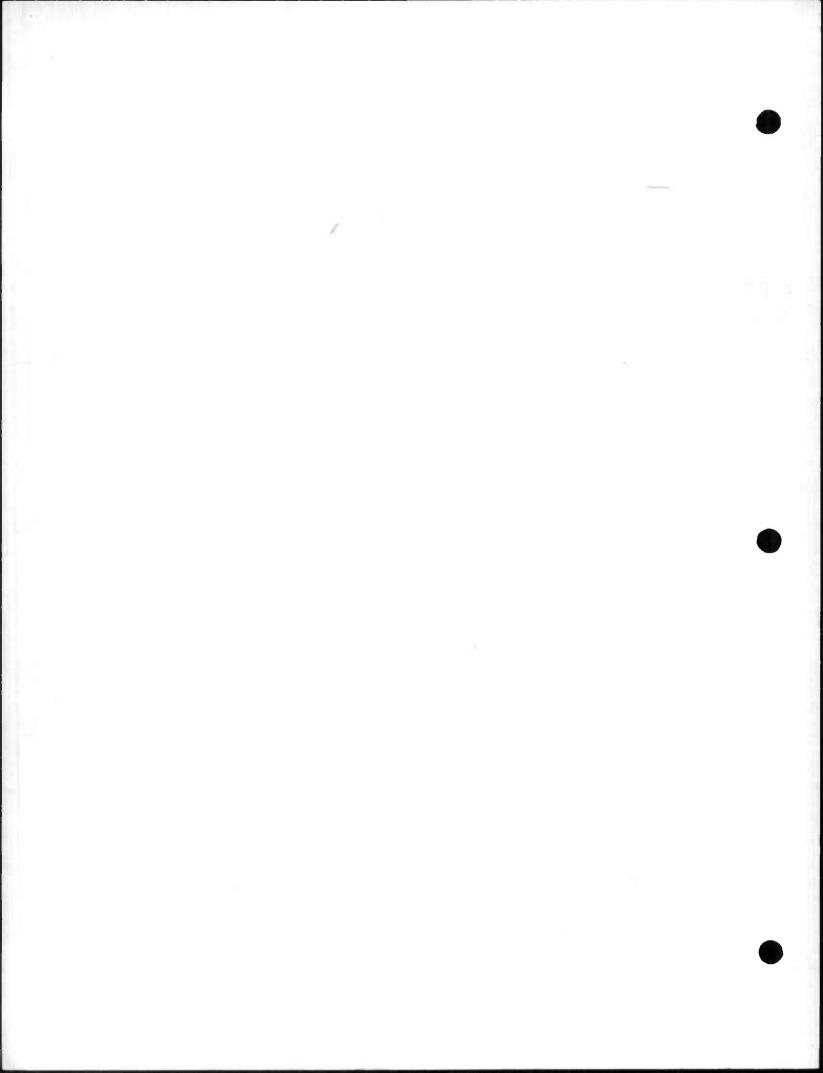
permit.

detached

once.

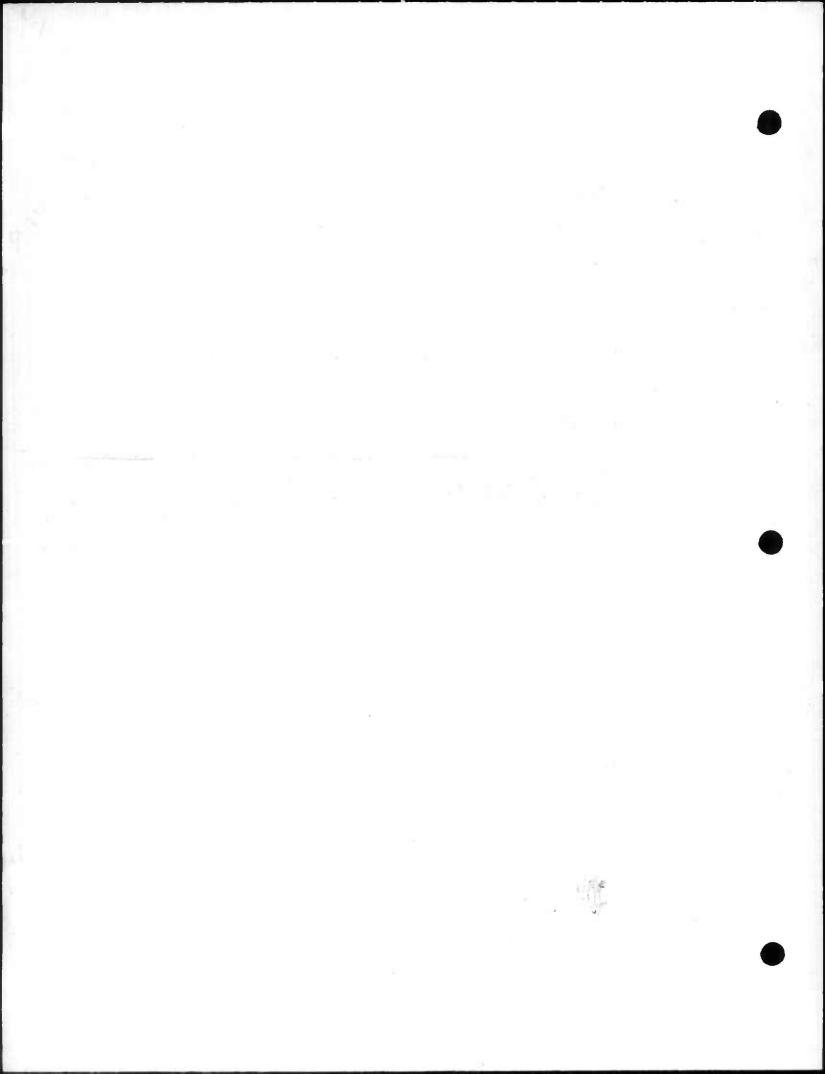
Items9a&10c,g-726,8-11-1995,perf.h..dk STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Arthur Gist 08/08/95 07:20 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Morith, Day, Year, 06/23/23 251-16-7219 HOURS 1X M 2 | F DAYS YRS CAROL I NA S. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE VETERANS HOSP. BALTIMORE CITY n/a RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY LIMITS? 1 XYES 2 NO MARYLAND n/a *BALTIMORE 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? CURLEY 1222 NORTH STREET 21213 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X XES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian Black, White, etc. 1 Never Married 2 Merried If yes, specify Cube
1 ☐ YES 2 ☐XNO À Specify: BLACK 3 Widowed 4 Divorced Specify: 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY COMPLE Elementary/Secondary (0-12) College (1-4 or 5+) th **ENGINEER** BETHLEHEM STEEL CORP. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname WILLIAM GIST CAMMIE ROBERTSON 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CAMMIE A. RUSTIN 10091 GUILFORD ROAD, JESSUP, MARYLAND 20794 20a. METHOD OF DISPOSITION
XX Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 26c. LOCATION -- City or Town, State DATE GARRISON FOREST VA C EM. 8-14 4 Donetion 5 Other (Specify) OWINGS MILLS. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH **AVENUE** 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ehock, or heart feliure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition_ Cerebrarascular accident 2 weeks resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pulmonary emb,
DUE TO (OR AS A CONSEQUENCE OF): embolus CERTIFICATION Sequentisliy list conditions, if sny, leading to immediate Myocardial infarction e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 KA NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27 MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 7:20 AM 1 YES 2 YNO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED 8 Could not be 4 Homicide determined BALTIMORE VA HOSPITAL BALTIMORE MARYLAND 21201 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) den Bu UNIV- OF MARYLAND MEIREL 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BALTIMORE, MD 21201



••	affa
	hours
	Pari 24
68760	ecuted wit
X	be ex
- VITAL RECORDS, P.O. BOX 68760	certificate
S, D	death
HD.	hat the
KECC	requires t
IAL	The law
2 2	PHYSICIAN:
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after
5	08
_	HOSPITAL
	HE
	2

	REGISTRAR 1. DECEDENT'S NAME (First, I	Middle, Last)			CERTI	FICAT	E OF	DEA		REG. NO).	3. TIME OF DEATH	
	Harold We	alsh G	aithar							MONTH D		YEAR	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.					# UNDE	1 YEAR	IF UNDER	24 HRS. 7.	AUGUST 1	95 1325 P. A. BIRTHPLACE (State or Foreign		
	217 36 3930		1)(M 2 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not inst	titution, give str	set and number)	0.5		9b. CIT	r. TOWN C	OR LOCATIO	ON OF DEATI	Appril 6,	-	Md . Y OF DEATH	
CTOR	Carroll Cou	inty G	eneral E	lospi	tal			inste				Carroll	
L	10a. STATE		TY, TOWN	OR LOCAT	ION				10d. INSIDE CITY				
E C	Md.	Car	ro11			vkes						LIMITS?	
4	10e. STREET AND NUMBER					ynes		. ZIP CODE	E		10g. CITIZE	1 ☐ YES 2 NO	
FUNER.	4706 Sykesv	ille 1	Road					217	784		11	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPANIC	ORIGIN? (Specify Ye		I. RACE — American Indian, Black, White, etc.	
BY	© Never Married 2 N 3 Widowed 4 Divorce		IF YES, GIVE V						n, maxican, P Specify:	uerto Rican, etc.)		Specify: White	
ED	15. DECEI	DENT'S EDUC	TION		16a. DECEDENT	S USUAL O	CCUPATIC	NA.		16b. KIND OF BU	SINESS INCH		
П	(Specify only in Elementary/Secondary (0-1	highest grade c	ompleted) College (1-4 or 5	,	(Give kind o life. Do NOT	work done	during mo:	st of workin	g	IOU. KIND OF BU	SINESS/INDUS) INT	
APL	High School	'	_	"	Farmer	-Carı	ente	er		State	of Mar	rvland	
COMPL	17. FATHER'S NAME (First, Mid	dle, Last)						18. MOTH	IER'S NAME	(First, Middle, Maiden		7 20110	
BE (Guy W. Gait							Hen	riett	a Horman			
10	19a. INFORMANT'S NAME (Typ									Number, City or Tow		,	
	Charles W.		ner	1		1619 Arrington Rd. Sykesville, Md. 21784							
	XXBurial 2 Cremation 4 Donation 5 Other (S	3 🗆 Remov	ral from State	206.	PLACE AND DATE V	Lew G	emet	ery		DATE 20c. LO	CATION - H	oward County	
	21. SIGNATURE OF FUNERAL		NSEE	- Hor-	estlawn	Mem.	GaI	dens	Aug	. 141 19	95 S yl	esville. Md.	
	> 4/200	1 41	14/2	11	-			Hai	ght F	ukneral	Home		
	23. PART I, Enter the dis	y 4	1. 1411	gul	A CONTRACTOR OF		P.O.	Box	195 S	vkesvill	e. Md.	x 2127 21784	
	snock, br nea	prt fellure. Li	ist only one can	se on ea	ich line.	not enter	the mod	de Df dyl	ng, such a	a cardiec or reap	iratory arres	interval Between	
	IMMEDIATE CAUSE (Fine disease or condition							- /				Onset and Death	
	resulting in death)	81.	DUE TO	(OR AS A	CONSEQUENCE	OF):	PIC	~-/	CAM PC	ere Nas	17 00	cock zari.	
z													
CATION	Sequentially ilst conditions, if any, leading to immediate												
2	cause. Enter UNDERLYIN CAUSE (Disease or Injury		DUE TO	(00.40.4	CONSEQUENCE								
RTIF	that initiated events resulting in death) LAST		DOE 10	(OH AS A	CONSEQUENCE	JF):							
빙		d.											
ICAL	PART II. Other significant								iven in Par	t i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS	
ă	- CHRANIC				MOMAR		161	11/2		1 - YES 2	NO	OF DEATH?	
MED	DID TORACCO HS				ALGOIA					_		1 TYES 2 NO	
AN	DID TOBACCO US 25. WAS CASE REFERRED TO		BUIE IO CA		6. PLACE OF DE			UNC	ERTAIN			NA.	
	EXAMINER?		HOSPITAL:	/		OTHE	1:						
SICI			28e. DATE OF	INJURY	28b, Ti	ME OF	28c. INJL	JRY AT		Other (Specify) d. DESCRIBE HOW I	NJURY OCCUP	RED	
HYSICI	27. MANNER OF DEATH			wy, Year)	11	JURY	1 Y	RK? ES 2	NO	NA.			
IY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pe		(Month, D	4			_						
D BY	27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im 3 Suicide 6 Co	ending vestigation ould not be	26a. PLACE O	F INJURY	— At home, farm,	atreet, fact			26	LOCATION (Street	and Number or	Rural Route Number,	
ED BY	27. MANNER OF DEATH 1. Natural 5 Pe 2 Accident Im 3 Suicide 6 Cc	vestigation	26a. PLACE O	F INJURY .	At home, farm,	atreet, fact			26	LOCATION (Street and City or Town, State)	and Number or	Rural Route Number,	
ED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide 6 Cc CRETIFIER (Check only 1 CERTIF	puld not be termined	26a. PLACE O building,	F INJURY - etc. (Special	ny)		ory, office			City or lown, State)			
ED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29e. CERTIFIER (Check only	vestigation ould not be termined	26a. PLACE O building,	F INJURY - etc. (Specil	idga, daath occui	red at the t	ory, office	and place,	and due to t	the cause(a) and mar	nner as stated.		
E COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29a. CERTIFIER (Check only one) 2 MEDICA 29b. SIGNATURE AND TITLE O	vestigation build not be termined YING PHYSICI AL EXAMINER:	26a. PLACE O building,	F INJURY - etc. (Specil	idga, daath occui	red at the t	ory, office	and place,	and due to t	the cause(a) and mar	nner se stated.		
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29a. CERTIFIER (Check only one) 2 MEDIC/ 29b. SIGNATURE AND TITLE O	restigation puld not be termined YING PHYSICI AL EXAMINER:	28a. PLACE O building.	FINJURY etc. (Special of the control	rdga, daath occui and/or Investigat	red at the t	ory, office	and place, path occurr 29c. LICE	and due to t	the cause(a) and mar	nner as stated. Id due to the c	rause(s) and menner as stated.	
E COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29e. CERTIFIER (Check only one) 2 MEDIC 29b. SIGNATURE AND TITLE O	vestigation build not be termined YING PHYSICI AL EXAMINER: F CERTIFIER PERSON WHD	28a. PLACE O building. AN: To the basis of e: COMPLETED CAUSE	FINJURY etc. (Special my knowle my k	odga, daath occui and/or Investigat TH (ITEM 27) (Typ	red at the t	ime, data	and place, path occurs 29c. LICE	end due to to and at the time	the cause(s) and mare, date and place, and	oner se stated. d due to the co	reuse(s) and menner as stated. IGNED (Month, Day, Year)	
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident Im 3 Suicide 6 Cc 4 Homicide de 29a. CERTIFIER (Check only one) 2 MEDIC/ 29b. SIGNATURE AND TITLE O	vestigation build not be termined YING PHYSICI AL EXAMINER: F CERTIFIER PERSON WHO	28a. PLACE O building. AN: To the basis of e: COMPLETED CAUSE	F INJURY etc. (Special of the state of the s	odge, death occur and/or investigat TH (ITEM 27) (Typ 14 24 E	red at the t	ime, data	and place, path occurs 29c. LICE	end due to to and at the time	the cause(a) and mar	oner se stated. d due to the co	reuse(s) and menner as stated. IGNED (Month, Day, Year)	



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Minnie	Maude	Goods				10,199	8:55 A M			
- 1	4. SOCIAL SECURITY NUMBER		IGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BURE					
	212-32-3063	1 M 2 TF	96 YRS.	MONTHS DAYS	HOURS MIN.	JULY 4,	1800	No. C.			
	9s. FACILITY NAME (If not institution, give s		30								
OC.			m = =		OR LOCATION OF D	EATH	9c. COUNTY				
0	MARYLAND GENE	RAL HOSPI	TAL	BA	LTIMORE		N/A				
입	10a. STATE 10b. COUNTY	,	ton CIT	Y. TOWN OR LOC	ATION!						
DIRECTOR	N I	V/A		LTIMOR				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	17.11						XXYES 2 NO			
₹				1	DI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
	2412 ASHLAND				212	05	S.A.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No — 14, I	RACE — American Indian, Black, White, etc.			
B	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR O			S 2X XNO Specil						
								BLACK			
1 12	15. DECEDENT'S EDUI (Specify only highest grade	CATION (completed)	16a. DECEDENT'S	USUAL OCCUPAT	ION post of working	16b. KIND OF BU	SINESS/INDUSTR	RY			
l iu	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)							
a	5TH	N/A	DOME	STIC W	ORKER	PRI	VATE H	OME			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Sumame)				
E m	MINT	YANCEY			UNK	NOWN					
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tox	m, State, Zip Code	9)			
2 3	MILDRED B. MITO	HELL						MD. 21205			
8	20s. METHOD OF DISPOSITION										
ann	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of the principle) 20b. PLACE AND DATE OF DATE OF DATE OF DATE OF DATE OF DA										
ē	21. SIGNATURE OF FUNERAL SERVICE LIC		III. ZION	22 NAME A	ND ADDRESS OF FA	OUTY	ADDOMIA	E, FID.			
[]	A 1.11	_	11	a	WO ADDRESS OF PA	BETTS FI	JNERAL	HOME			
	" Well Well	eomari	le	1129	N. CAR	OLINE ST	. BALT	O,MD21213			
<u>e</u> [23. PAST L Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.										
Ĕ	eriock, or neart reliure. List only one ceuse on each line.										
ŝ l	disease or condition	Pneumo	ກຳລ					unknown			
any injury, or other traumatic event, the medical examiner must be notified at once. JICAL CERTIFICATION TO BE COM	Chonic Obstructive Pulmonary Disease										
2		Chonic	Opstruc	tive P	ulmonar	y Disease	2				
y, or other traumatic	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										
A P	if any, leading to immediata cause. Enter UNDERLYING	Athero	scleroti	c Coro	narv Va	scular D	isease				
	CAUSE (Disease or injury	(:	AS A CONSEQUENCE OF		J						
E E	thet initiated events resulting in death) LAST	302 10 (011)	AS A CONSEQUENCE OF	1.							
訂片		d,									
	PART II. Other aignificant condition	s contributing to das	th but not reaulting i	in the underlying	ng ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
DICAL		-	_	•		PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
2 0						1 [YES]	(∑(NO	OF DEATH?			
Z3 shows								1 YES 2 NO			
AN:	DID TOBACCO USE CONTI	RIBUTE TO CAUSE				N 🗆 📗					
-	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT	OTHER:)						
YSI	1 TES 2 NO	1 Inpetient 2 ERA	Outpatient 3 🗆 DOA		me 5 🗆 Residence	6 Other (Specify)					
	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye			JURY AT ORK?	26d. DESCRIBE HOW	NJURY OCCURE	D			
BY PH	10 Natural 5 Pending 2 Accident Investigation	(,		YES 2 NO						
5 U	3 Suicide 8 Could not be	26s. PLACE OF INJ	URY — At home, ferm, s	street, factory, offi	ca	281. LOCATION (Street	and Number or Ru	iral Route Number,			
100 EU	4 Homicide determined	building, stc. (ар в спу)			City or Town, State)					
tem 2	29s. CERTIFIER TYCEOTIEVING DAVE	CIAN. To the board of			20,00	501					
= B		CIAN: To the best of my k									
COMPL	2 MEDICAL EXAMINE	A: On the besie of sxamin	ation and/or investigatio	n, in my opinion,	death occured at the	time, dats and place, ar	d dus to the csu	se(a) and manner as stated.			
E G	29b. SIGNATURE AND TITLE OF CERTIFIEF				29c. LICENSE NUI	MBER	29d. DATE SIO	NED (Month, Day, Year)			
MPORTANT: If Item O BE COMPLE	THELHER	>			8923	2	▶ 81	10/95			
₽	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)							
1	Jayant Hirpa	ara, M.D.	c/o Mar	yland (General	Hospital					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S			· · · · · · · · · · · · · · · · · · ·	- :					
		32. REGISTRAN'S S									

.

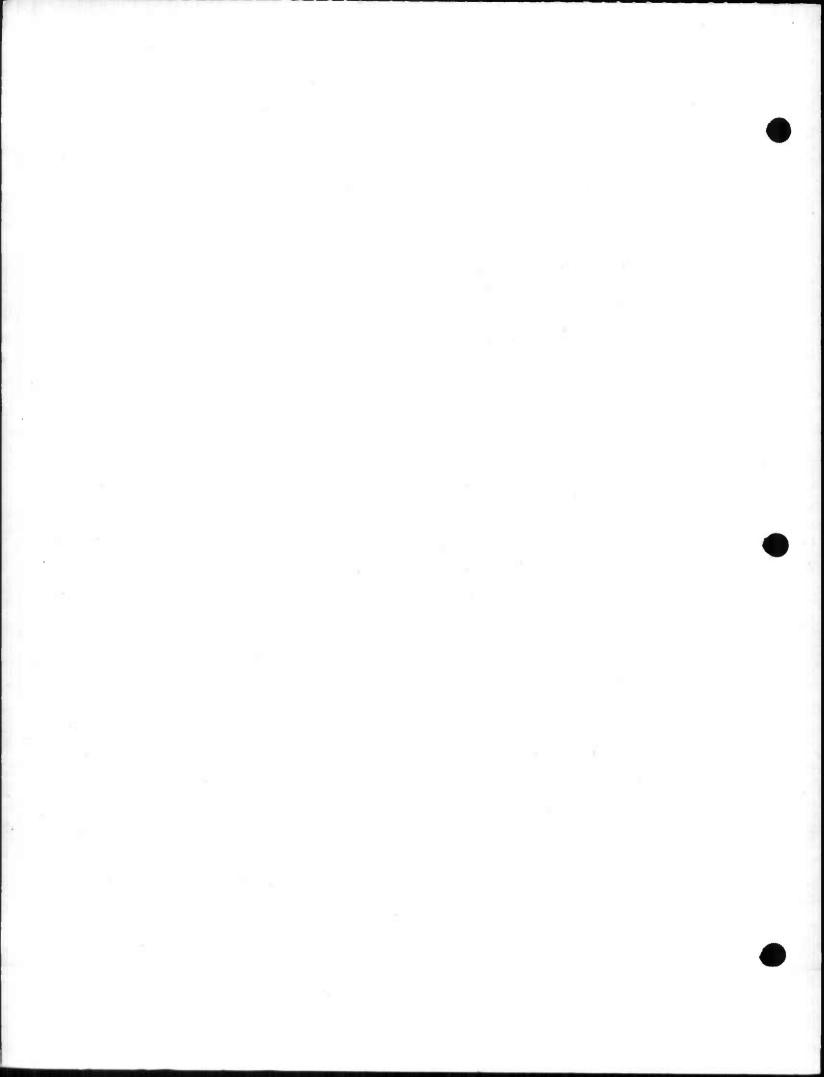
'n	ğ
7	at e
_	6
BALTIMORE, MARYLAND 21215-	ss that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attendi-
Z	2
4	the
\equiv	E
α	be
MA	retain
	2
æ	may
0	9
Σ	Page
5	€
⋖	dea
00	ter
	S
_	hour
	57
	E .
Ö	M
7	2
9	mecn
×	8
0	9
30	cat
ORDS, P.O. BOX 68760	Sertif
م	#
'n	dea
ă	he
T	191
0	S

		FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	TMENT OF	F HEALTH AND OF DEATH	MENT	AL HYGIEN REG. NO					
	,	1. DECEDENT'S NAME (First, Middle, Lest Catherine 4. SOCIAL SECURITY NUMBER		Grzym				A	E OF DEATH TH D		ST ST	3. TIME OF DEATH		
Pir		215-14-8468	5. SEX 1 M 2 XF	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YE MONTHS DA	/S HOURS MIN.	(Mor	E 64 BIR TH 11th, Day, Year) 29/189		Country	PLACE (State or Foreign		
2, 3 should	CTOR	90. FACILITY NAME (If not institution, give 4001 Greenway RESIDENCE OF DECEDENT					WN OR LOCATION OF D altimore	EATH		9c. COUN	TY OF DI			
Pages		10e. STATE 10b. COUN Maryland	N/A		10c. CIT	Y, TOWN OR LO					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
permi	ZAL	10e. STREET AND NUMBER			Baltimore					EN OF W	HAT COUNTRY?			
ag 2	BY FUNE	4001 Greenway 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AR YES 2 X	XNO If yes, specify Cuben, Mexican							— American Indian, , White, etc.		
or use as	PLETED		(Specify only highest grade completed) mary/Secondary (0-12) College (1-4 or 5+)				ATION n most of working	16	SE KIND OF BUS	siness/indu	ISTRY			
2 %	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Gregory Weg				18. MOTHER'S NA				<				
	10	190. INFORMANT'S NAME (Type/Print) Victoria Teresa	Wielech	19b. MAILING ADDRESS (Street and Number or Rural Ro										
must		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Red 4 Donation 5 Other (Specify)	. 8/	TE 20c. LO	cation — c	etty or Ton	wn, State aryland							
the funeral di wal.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Devid J. Weber Funeral Home 4C1 S. Chester st. Baltimore, Maryland 218												
and completely filled in by the build, cremation, or removal.	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one couse on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as consequence of):										Approximate Interval Betwee Onset and Daa			
attending physician and o intal Hygiene prior to buritry, or other traumatic	CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	(OR AS A CONSEC										
signed by the Health and Me was any Injur	- 1	PART II. Other significant condition	ns contributing to	death but not re	ot resulting in the underlying cause given in I				Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 VES 2 NO			WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Dept Dept		DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check only o		N 🗆						
h the State	E L	1 YES 2 PNO 27. MANNEB OF DEATH	HOSPITAL: 1 Inpatient 2 I	INJURY	26b. TIM	E OF 28c.	fome 5 Residence		er (Specify)	NJURY OCC	JRED			
death v	5	1 Netural 5 Pending 2 Accident Investigation 3 Suicide	(Month, D				WORK? YES 2 NO	281, LO	CATION (Street a	and Number o	or Rural R	oute Number		
after 28	<u>"</u>	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, etc. (Specify) 28e. CERTIFIER CONTROL DUMBER AT LOCATION (Street and Number or Rural of City or Town, State)												
¥ 22 =	200	29s. CERTIFFINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ea										and manner ea stated,		
20 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	296. SIGNATURE NO TITLE OF CHATTER AND AND SIGNATURE NUMBER 29d. DATE SIGNED (Month, D) 9858 Aug 8, 1									(Month, Day, Year) 2, 1995				
2		George Tales 11. DATE FLEE DESTRUCTION	ND Ke	SE OF DEATH (ITER	27) (Type,	2200 N	l. Forest P	KA	ve, Ba	Min	ne	Nd 21201		

BALTIMORE, MARYLAND 21215-0020	as hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flad within 72 hours after health with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled within 72 pours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CE	:KIIF	ICATE	UF	DEAL	H	R	EG. NO.			
	DOROTHY			GREI	ENFIE	LD			2. DATE OF D	DA		YEAR	TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1		IF UNDER 2	4 HRS.	AUGUS	RTH	1995	S. BIRTHPL	1:00 M
	403-34-8540	1 🗌 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	66191	May 8	191	15	Country)	Kentucky
	9e. FACILITY NAME (If not institution, give	,	*************	,			R LOCATION	N OF DEA	ATH			Aru	
DIRECTOR	Kimbrough Army C	Community	Hospita	T	Oae	ento	OH				AIIIIE	ALU	IIGET
EC	10a, STATE 10b. COUNT				Y, TOWN OR		ION					1	od. INSIDE CITY LIMITS?
	MD How	ard ————		<u> </u>	Colum	bıa						1	YES 2 X NO
FUNERAL	100. STREET AND NUMBER 9425 Mellenbrook	Road		101. ZIP CODE 21045							ZEN OF WH	AT COUNTRY?	
JNE	11, MARITAL STATUS		IT EVER IN U.S. AR	MED	13, W	AS DECI			C ORIGIN? (S	pecify Yes	or No-	14. RACE -	- American Indian,
BY FL	t Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR I YES 2 XI MAR OR DATES	NO				Specify:	, Puerto Ricar	ı, etc.)		Canalia.	White, etc. Black
	15. DECEDENT'S ED		16e. DE	CEDENT'S	USUAL OCC	CUPATIO	ON		16b. KIN	O OF BUS	INESS/IND		DIACK
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT us			st of working	1	77.7		4		
COMPLETED		5+	Sch	100T	Teach	er				ucat			
	17. FATHER'S NAME (First, Middle, Lest) Sanford Turne	er.							e (First, Middle) Shnson		Surname)		
BE	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS ((Street a			oute Number, C		n, State, Zip	Code)	
2	Gerald Q. Greenfi	leld (Spo	use) 9	425	Melle	nbr	ook		Colum	bia,	MD	2104	5
	20a METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 X Rer 4 Donation 5 Other (Specify)	noval trom State	cemetery, cre	and dated emetory or of oton	of disposit ther plece). Natio	ona]	me of L Cem	. 14	9. DATE , 1995			on, VA	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE .	the s	L	Ler 55	AME AN	& Rus Twin	s of FAC SSEL Kno.	l Witz lls Rd	ke F	unera	al Ho ia, M	me D 21045
	23. PART i. Enter the diseases, o complications that ceused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between												
	shock, or heert failurd. List only one cause on each line. IMMEDIATE CAUSE (Finel										Onset and Death		
	disease or condition resulting in death)		JTE RENA									12HRS	
_			GESTIVE			LLUF	Æ						6MOS
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE			SEAS	SE						5YRS
음	cause, Enter UNDERLYING CAUSE (Disease or Injury that initieted evente	C		R AS A CONSEQUENCE OF):									-
E	resulting in deeth) LAST	d		, A CONSEQUENCE OF).									
	PART II. Other significant condition	ons contributing to	deeth but not resulting in the underlying ceu				g ceuse given in Part I, 24a, WAS AN			AN AUTOPSY 24b 1		VERE AUTOPSY FINDINGS	
EDICAL			deeth but not resulting in the underlying ce				PERFO			PERFOR	MED?		WAILABLE PRIOR TO COMPLETION OF CAUSE
MED											22		OF DEATH?
	DID TOBACCO USE CON	TRIBUTE TO CA	AUSE OF DEA	ATH YE	ES 🗆 N	10 [] UNC	ERTAIN	1 🖾				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	:							
1YS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2	ER/Outpetient 3	28b. TIM			URY AT	sidenca	8 Other (Sp 28d, DESCRI		NJURY OCC	CURED	
	1 Natural 5 Pending	(Month, I	Day, Year)	IN.	JURY	WO	YES 2 [NO					
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At he	ome, farm,	atreet, facto	ry, offic	•		281. LOCATIO City or R	ON (Street a own, State)	and Number	or Rural Ro	ute Number,
画	29a. CERTIFIER 1 X CERTIFYING PHY	SICIAN: To the heat o	d an basuladan d	anth assum	and at the time	no dete	and alone	and due	to the sound) and ma		and .	=
COMPL	(Check only one) 2 MEDICAL EXAMIN											and manner as steted.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFI					2 4	29d. DATE SIGNED (
70	30, NAME AND ADDRESS OF PERSON W	ISE OF DEATH #TS	M 27) /5m-	n Printl		17	55	1 0		8	1081	45	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT WOLFGANG, DO KACH, FGGM, MD 20755—5800												
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		•	_							
	AUG1 1 1995 9	Win allucted	radelle										



permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

PHYSICIAN:

COMPLETED BY

BE

2

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-tran	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

											95	2	432	7	
	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH DEAT	AND N	MENTA	L HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AV	YEAR	3. TIME OF	DEATH	
	Caroline Cece	adsky						Aug	10,	1995	9:55	a	M		
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. lest	vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. (7. DATE OF BIRTH 8. BIRTH				HPLACE (State or Foreign		
	212-05-0066	91	YRS. MONTHS DAYS HOURS MIN. (A						n. Day. Year)	Mai	aryland				
	Se. FACILITY NAME (If not institution, give s			9b. CITY,	TOWN C	R LOCATE	ON OF DE			INTY OF D	3				
DIRECTOR	Manor Care - Ru	uxton				To	owsor	1]	Balti	imore		
Ä	10a. STATE 10b. COUNTY	Y		10c. CIT	TY, TOWN O	R LOCAT	ION						10d. INSIDE	CITY	
ā	Maryland Balt			To	wsor	1						LIMITS?			
AL	10e. STREET AND NUMBER				101	. ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNT	RY7		
E	7001 N. Charles					21	204				US	SA			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced					t yes, spi	ecify Cuba	OF HISPAN In, Mexicer Specify:	n, Puerto F	I? (Spectly Yes Ricen, etc.)	r Yes or No— 14. RACE — American Ind Black, White, etc. Specify:				
	15. DECEDENT'S EDU	KATION	16a, DE	CEDENT'S	USUAL OC	CUPATIC			16b	LIND OF BU	White White				_
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Girlife.	(Give kind of work done during most of working life. Do NOT use retired.)					1	The trans					
COMPLET	8	n/a	Homemaker					Own Home							
Š	17. FATHER'S NAME (First, Middle, Last)	,					18. MOTI	HER'S NAI	ME (First, A	Middle, Meiden	Surname)			_	
BEC	Michael	Gast						Eva	131-12	Gies					
0	19e. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS	(Street a	nd Number	or Rural A	loute Numt	ber, City or Tow	n, State, Zij				
-	Frank P. Gla	ldsky, Jr.	7	Fir	wood	Cou	ırt,	Cock	teysv	ville,	MD	2103	30		
ľ	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Reme	Poval from State	20b. PLACE A	20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory or other place) Metro Crematory					DATE	DATE 20c. LOCATION — City or Town, Start					
	4 Donation S Other (Specify)		Metro	Cre					Āu	Aug Catonsville,				D	
	Bryan W. Cla	D. CVA	ry	Lemmon Funeral Home 10 W. Padonia Road, Timonium,					MD 21	093					
	23. PART I. Enter the diseases, or o	complications that of	caused the der	ath. Do r	not enter	the mo	de of dyl	ng, such	as card	liac or reapi	ratory an	reat,	Appro	oximata	
	shock, or hear fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Ac	ule	<	51	ro	ke						Onse	rai Between t and Deat Week	th
NOL	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSEQUENCE OF A CONSEQUENCE OF A CONS												
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	NUENCE OF	F):												
DICAL C	PERFORMED? AMILAE COMPLE										WERE AUTOR AVAILABLE P COMPLETION OF DEATH?	RIOR TO	1		
#									- 1				1 TYES 2	□ NO	

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO X 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

UNCERTAIN 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

OTHER:
4 M Nursing Home 5 Residence 6 Other (Specify)

-128

27. MANNER OF DEATH 1 X Natural 2 Accident
3 Suicide 6 Could not be

4 Homicide

26e. DATE OF INJURY (Month, Day, Year)

28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

26t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my km viedge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.

restigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

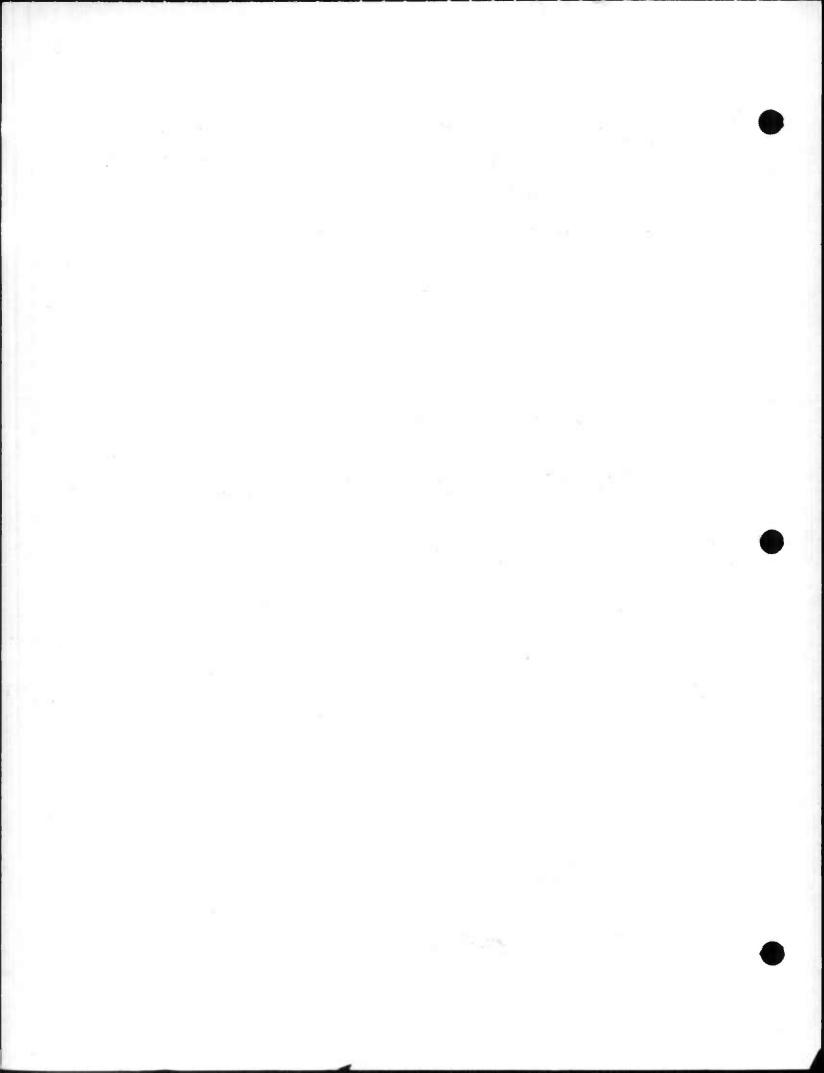
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. H. 7600 Osler Drive, suite 111, Towson, Maryland Ghiladi, M.D. 21204

31. DATE FILED (Month, Day, Year)
AUG1 11995

32, REGISTRAR'S SIGNATURE

August 11, 1995



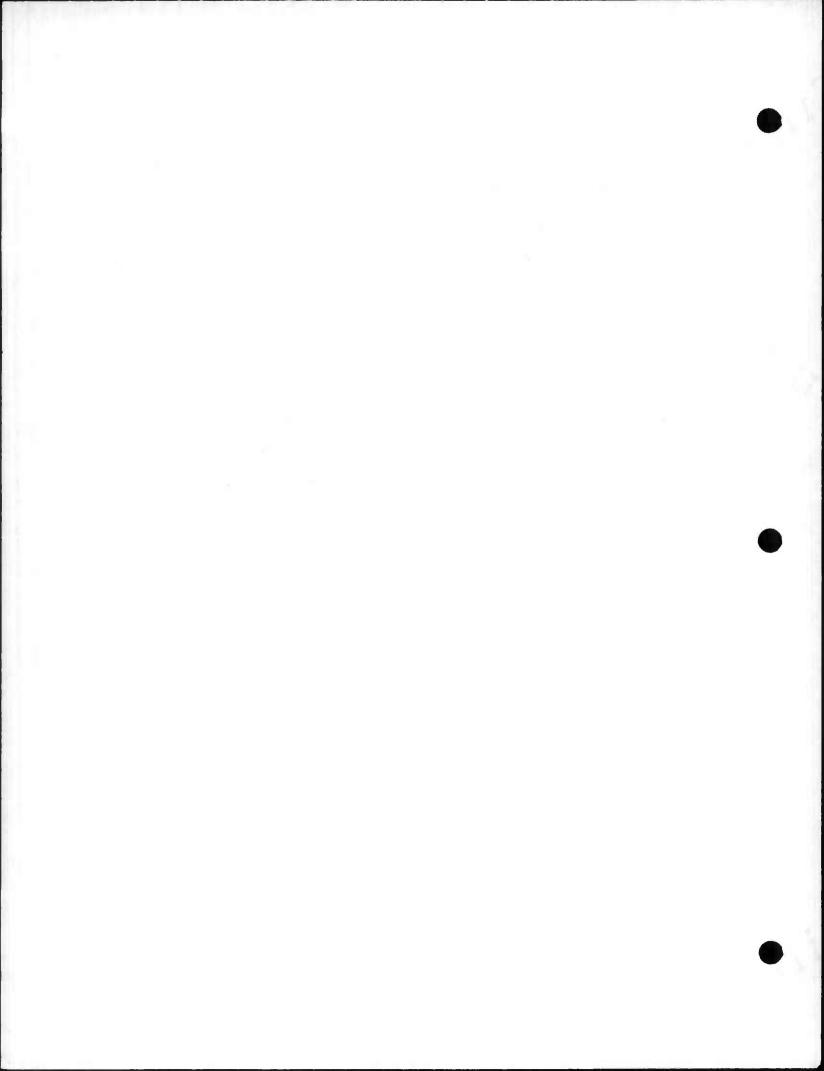
	Į
BOX 68760	141
37	4-4
ĕ	1
×	1
8	1
F VITAL RECORDS, P.O. I	314-
م	44-
Ś	1
	44.4
ō	4
Ü	
Ï	-
_	fan .
⋖	700
5	AAL
1	2010
0	200
ב כ	918
ž	OIT.
2	i
DIVISION OF	00
_	OF ATTRIONIC DUNCHARIST The fear and the day of the fear and the day of the fear and the fear an

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMI			MENTAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last)	ALIAUO				2. DATE OF DEATH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO	K	3. TIME OF DEATH					
	040 44 9040	6. SEX 6. AGE (In yrs. It	MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)					
	9e. FACILITY NAME (If not institution, give etree	71		CITY, TOWN O	R LOCATION OF DI	February 22		Louisiana OF DEATH					
DIRECTOR	Howard County General			Columb			Howard						
<u>[</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOV	WN OR LOCATI	ON			10d. INSIDE CITY					
	Maryland Howard		C	olumbia				LIMITS?					
FUNERAL	10e. STREET AND NUMBER	.1.		101.	ZIP CODE			N OF WHAT COUNTRY?					
NE	7245 Single Wheel Fa	2. WAS DECEDENT EVER IN U.S. A		42 377 2 2 2 2	21046			S.A.					
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES		13. WAS DECE 17 yes, spec 1 TYES	cify Cuben, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	or No 14	RACE — American Indien, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con		ECEDENT'S USUA Give kind of work di	L OCCUPATION	N t of working	16b. KIND OF BU	SINESS/INDUS	TRY					
J-E		College (1-4 or 5+)	o. <i>Do NOT uso rotin</i> Omemaker	ed.)		O = 17							
OM	17. FATNER'S NAME (First, Middle, Lest)	110	alicilanet		18. MOTNER'S NA	Own Har							
BE C	Joseph Lala			ľ		Unknown)	Gurnerney						
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow							
		Daughter)				lumbia, Maryl							
	20Y. METNOD OF DISPOSITION 1 Burlet 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	it from State 20b.PLACE completely, pr	AND DATE OF DIS ematory or other plants WITINGE	POSITION (Named)		11, 1995 D		y or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND	ADDRESS OF FA	CILITY							
	Lasous	A second		1630 E	tmondson A	11 C. Witzke venue Catons	ville. N	Maryland 21228					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate interval Between Onset and Death disease or condition Approximate inter												
CERTIFICATION													
MEDICAL	PART II. Other algoriticant conditions of PESELTION OF BLEEDING FROM	LEFT COLON	TOCO	undarlying SN7E DISE	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 \square YES 2 (PM)					
	DID TOBACCO USE CONTRIE	BUTE TO CAUSE OF DEA	ATH YES	NO D	UNCERTAIN	v 🗆							
PHYSICIAN:		IOSPITAL:	CE OF DEATH (Ch	eck only one)									
HYS	1 TYES 2 THO 1 27. MANNER OF DEATN	Inpatient 2 ER/Outpatient :		Nursing Nome		6 Other (Specify) 28d. DESCRIBE NOW I	HIEV OCCUE	NEO.					
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	LIA N	28c. INJUI WOR	K? 2//4	11/1	9	leb					
8	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At his building, etc. (Specify)	ome, term, street,	factory, office		281. LOCATION (Street e City or Town, State)	and Number or	Rural Route Number,					
COMPLET		N: To the best of my knowledge, d											
8	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner and the course of the cause of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner and the course of the cause of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of examination and/or investigation.												
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Licer_ Mil	1		29c. LICENSE NUN	763	29d. DATE SIGNED (Month, Day, Year)						
10	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)	PATE	PHENT!	KWY #10	Q	120,111					
	31. DATE FILED (Month, Day, Year) AUG1 11995 Jalia	2. REGISTRAR'S SIGNATURE			<u> </u>	LUMBIC.	7332	101097					



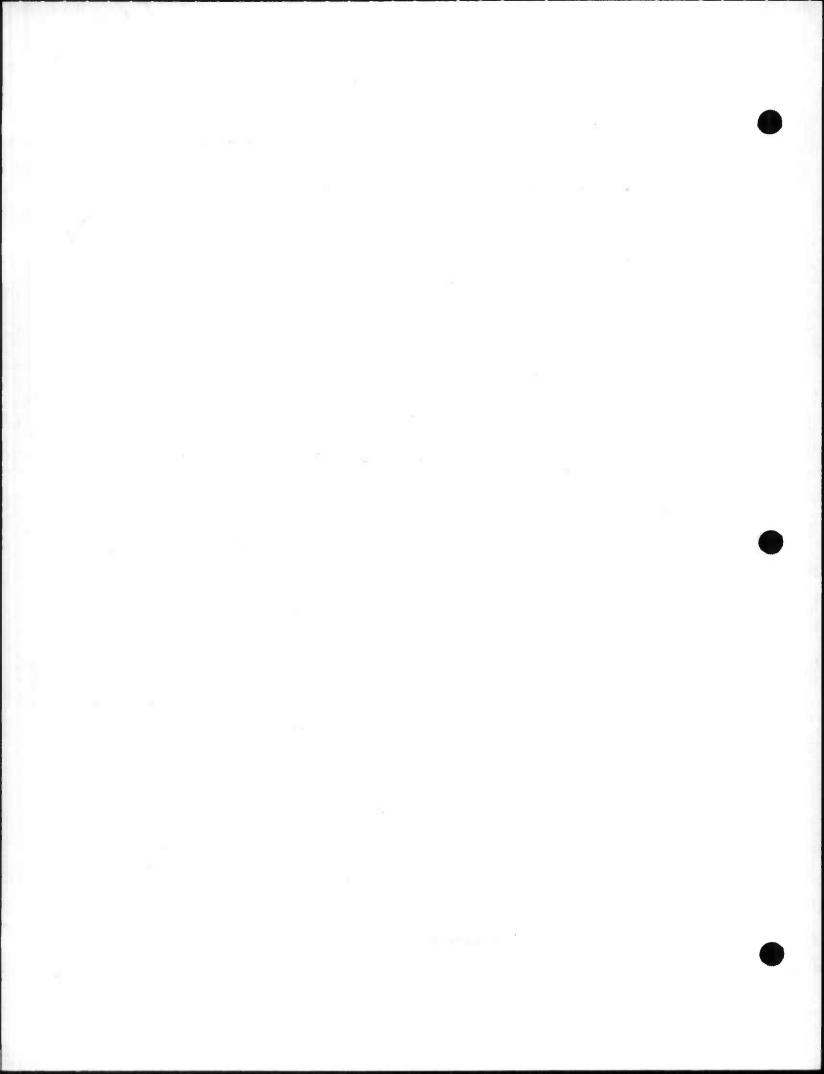
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE BEACH					2. DATE MONT AUC	OF DEATH	1995	3. TIME OF DEATH 11:15P. M		
	4. SOCIAL SECURITY NUMBER 212-10-9788	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH th, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign ry)		
OR BO	90. FACILITY NAME (If not institution, give 1227 PROVIDENCE RESIDENCE OF DECEDENT		9b. CITY, TOWN OR LOCATION OF DEATH TOWSON 90. COUNTY OF DEATH BALTIMORE		DEATH						
DIRECTOR	10a. STATE 10b. COUNT	LTIMORE		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	10e. STREET AND NUMBER 1227 PROVIDENCE										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		ANIC ORIGIF	N? (Specify Yea or I	No- 14. RAC	E — Americen Indian, k, Whita, etc.		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed) College (1-4 or 5+)	Iffe. Do NOT use r	k done during mo etired.)	N st of working		. KIND OF BUSINE				
DMC	12th GRADE		SALES AG	ENT	18 MOTHER'S		NDUSTRI		IINES		
ш	BRUCE HARRISON G	ALLUP, SR.					JANE BE	,			
10 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a			ber, City or Town, St				
-	DORIS C. GALLUP		1227	PROVIDE	NCE ROA	D TO	WSON, M	D 2128	36		
	20e. METHOD OF DISPOSITION 1	naval from State cer	D. PLACE AND DATE OF Interest, crematory or other IFTRO—CREM	ATORY.	INC.	8/1C		ION — City or To			
	21. SIGNATURE OF FUNERAL SERVICES	CINSEE		JOHNS		RAL H		l LOCH	RAVEN BLVD.		
	22 PART I Enter the diseases, or	complications that cause. List only one ceuse on e	d the death. Do not	enter the mo	de of dying, au	ich as card	'용어 disc or respireto	ory srrest,	Approximate		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Ad	CONSEQUENCE OF):	hel	nboli	c 6	ncepha	Lopath	interval Between Onset and Death		
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST L. Due to (or as a consequence or injury that initiated events resulting in death) LAST										
MEDICAL	PART ii. Other significant condition	ns contributing to death b	out not resulting in	the underlying	csuse given i	n Part I.	24a. WAS AN AUTO PERFORMED	27	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: M	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE C			UNCERTA	IN 💆			1 TYES 2 NO		
	EXAMINER?	HOSPITAL:		THER:	. V	Nacci					
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C	F 28c, INJU	5 Residence	_	(Specify) CRIBE HOW INJUI	RY OCCURED			
- 1	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO! M 1 □ Y							
I ED B	3 Suicide 4 Homicide S Could not be datermined S Could not be datermined S Could not be datermined S Could not be datermined S Could not be datermined S Could not be datermined S Could not be datermined S Could not be datermined										
COMPLE		ICIAN: To the best of my know ER: On the beste of examination							end manner ee stated.		
# H	296. SIGNATURE AND TITLE OF CERTIFIE	The Man	ph	sol um	29c. LICENSE NO	JMBER 97	69 29	d. DATE SIGNED	(Mongh, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON WI		ATH (ITEM 27) (Type, P)	5/4	n. k	011	in R	1 B	alto.		
	31. DATE FILED (Month, Day, Year) AUG 1 1 1995	32 PEGIS RAR'S ON	ATURE					t			



Pages 1, 2, 3 should

permit.

ed for use as the burial-transit

BE

2

254. CERTIFIER CERTIFYING BAYS CLAN: TO I

290. SIGNATURE AND TITUE OF CERTIF

2 MEDICAL EXAMINER: OF

TO THE HOSPITAL TO THE FUNERAL I Se find within 72 h HOSPITAL

A OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within 14 hours who death. Page 6 may be retained by the hos	. DiffCDDR After this centificate has been signed by the attending physician and competent filed in by the funeral director, page 5 should be detach from after death with the State Dest of Health and Meter Health and Meter Health and Meters health behalf between the to build commission or removal	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4	8	16
20	PA	0
retair	5 sho	Pottff
P S	8	2
E	8	Ħ
9 8	E	E
E.	10	ě
Sett.	funer	E
4	y the	H
8	5	medi
á	all a	the
ğ	. DRECEUR After this certificate has been signed by the attending physician and competerly filled in by the fi hours after death with the State Dest of health and Mereal Hoolene prior to burial, committee or removal	m,
B	8 1	
(Cape	27	natie
8	ion in	Į.
di di	i,	è
曹	21	뭄
fi	DOM:	9
8	No. of	5
ti H	4	Ä
6	24	H
i	3.1	N.
ž	10	#
ñ	報る	23
Ē	有力	H
80	E a	ä
Š	20.0	b,
0	10 10	F
NG.	五名	35
E	臣	23
R.A	E BE	E
9	F 2	=

95 24330 FilmG, 726, item #1, 8/11/95,cyw, per f.h. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH James Samuel Henderes Henderson Aug. 9, P. 1995 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🕅 M 2 🗌 F DAYS HOURS 219 20 2729 88 Nov. 20, 1906 Alabama 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County Genereal Hospital Westminster Carroll 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Carroll Sykesville 1 YES XX NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6246 Sykesville, Road 21784 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specific 3 Widowed 4 Divorced WW II White 16a, DECEDENT'S USUAL OCCUPATION

"Silva kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 8 Barber Painter Hospital 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Thomas Henderson Mary Ann Weeks BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marie Henderson 6246 Sykeesville Road Sykesville, Md. 21784 29s. METHOD OF DISPOSITION 20e. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of 1 % Burial 2 □ Cremation 3 □ 1 4 □ Donation 5 □ Other (Specify) Burial 2 Cremetion 3 - Re Lukes Winters Cemetery 8/11/95 New Windsor, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 41 Haight Funeral Home Harry P.O.Box 195 Sykesville, Md. 21784 23. PART I. Enter the biseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only see cause on each line. Approximate Interval Betwee IMMEDIATE CAUSE (Final Onset and Death disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) PURTO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Pre Revel Azotherwa DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS MAIL ABLE PRIOR TO COMPLETION OF GAUSE 24s. WAS AN AUTOPSY Dementer T TES DE NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 TYES 2 NO 4 - Nursing Home 5 - Residence 5 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 🔲 Sylcide 38f. LOCATION (Street and Number or Rurel Route Number City or Town, States COMPLETED 6 Could not be 4 Homicide

me, date and place, and due to the cause(s) and manner as stated

29c. LICENSE NUMBER

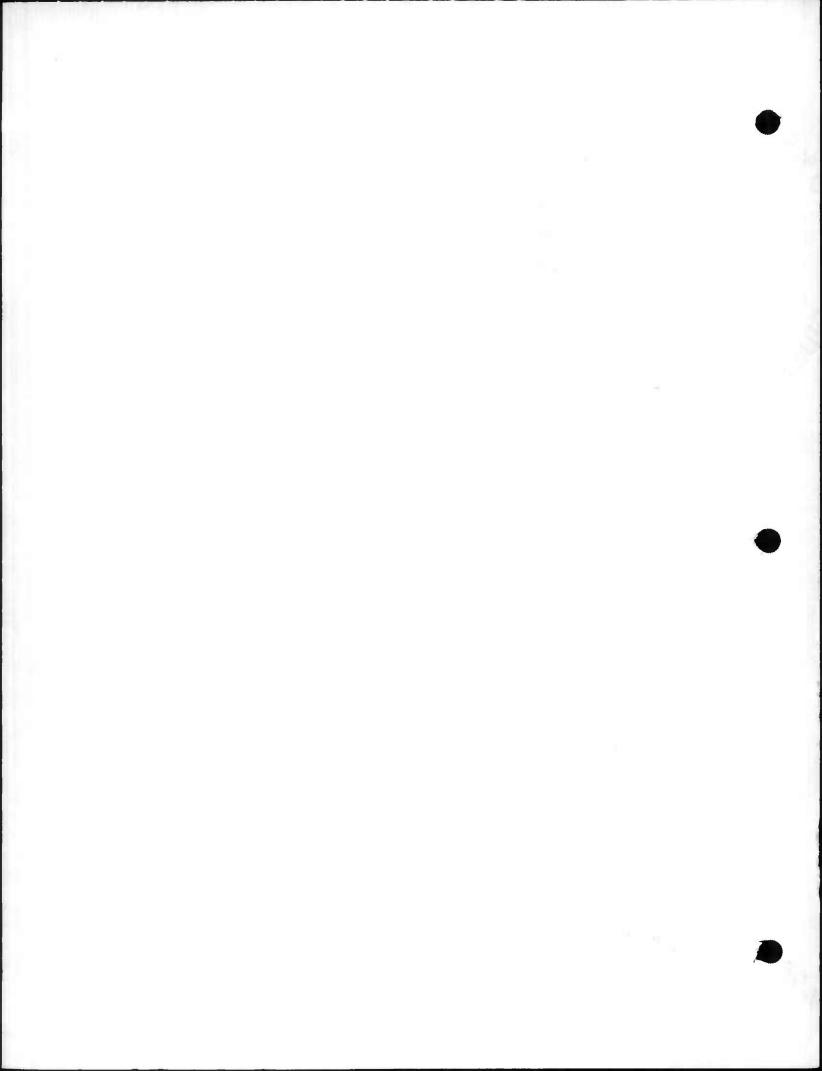
37940

by opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated

DHMH-16 Rev 1/89

2945. DATE SIGNED (Month, Day: Year)

				ATE OF DEATH	REG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last) KRUNGHA JUNES		2. DATE OF DEATH DAY JUNE 26	YEAR 3. TIME OF DEATH	
	D		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. DHTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Dec 1. 1960	8. BIRTNPLACE (State or Foreign Country)	
	2, 3 should	DIRECTOR		Baltimore	EATN 9c. COL	NTY OF DEATH	
	Pages 1	ÆC	10a. STATE 10b. COUNTY 10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY	
	permit. Pa	_		LTIMORE 101, ZIP CODE	Longo	LIMITS? 1 YES 2 NO	
cjan.	1Si	FUNERAL	5603 Nolwood Fug. M. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	2120	7	1. S. A.	
215-0020 attending physician	the burial	В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Sack	
	use as	TED	15. OECEDENT'S EDUCITION 16a. DECEDENT'S US (Specify only highest grade completed) (Give kind of work	k done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY	
ND 21	of for	Ö	OMPLE	Flamentary/Secondary (0.12) College (1.4 or 5.1) Ille. Do NOT use n	borer	Construct	ron
A a	be detached at once.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ME (First, Middle, Meiden Sumame)		
MARYI retained by		BE	19a INFORMANT'S NEEDE (Type/Print)	DRESS (Street and Number or Rural I			
, MA	5	2	HARRYLEE JONES 5603	Noewood A		d. 21207	
6 may	ector, page must be		20s. METNOO OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF Community or other community or oth	DISPOSITION (Name of	DATE 20c. LOCATION -	City or Town, State	
th. Page	funeral dire L examiner		21. SHONATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF EACH TUP		Wost	
BALT after death.			Dugues 13 Scott	4300 Wab	ash the B	salto Hd ZIZIS	
hours a	d in by the or remove		23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart fellure. List only one cause on each line.	enter the mode of dying, auc	h aa cardiac or reapiratory ar	Interval Between	
	nation,		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acquired Immur	10 deliciena	y Syndrow	Onset and Death	
760 Mit	omplete al, crem event,		Continue	,			
X 68	vician and crior to bunit	CERTIFICATION	Sequentially list conditions, If any, leading to immediate b Carcuowyo particle of the conditions of	14 -			
Eate be	hysicia e prior	CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	1 7	dous		
o f	Hygien or oth	F	that initiated events resulting in death) LAST	Endocard	1 4:		
S, r	the Part of	- 11	1				
that the	P. C -	EDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the INVAV-LACIA drug abuse	he underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
3 6	P 2 0	MED			1 D YES 2 NO	OF DEATH?	
- A	has been si Dept. of He n 23 show	ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES	□ NO □ UNCERTAIN	N D		
AN: The		SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VO NO HOSPITAL: 1 YES 2 VO NO POSITION 1 TO PROVIDE 1 TO	THER:			
OT V	the the	PHYS	1 YES 2 V NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 27. MANNER OF OEATN 28e. DATE OF INJURY 28b. TIME O		8 Other (Specify) 28d. DESCRIBE NOW INJURY OC	CURED	
S PH S	After this death with s marked	BY	2 Accident Investigation	M 1 TYES 2 NO			
OR ATTENDING PHYSICIAN: The	after d		3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, ferm, street building, etc. (Specify)	H, factory, office	26f. LOCATION (Street and Number City or Town, State)	r or Rurel Route Number,	
		COMPLETE	29e. CERTIFIER (Check only (Check only Inc.)	it the time, date and place, and due	to the cause(a) and manner as star	ted.	
SPITA	FUNERAL within 72 TANT: If	ŏ.	one) 2 MEDICAL EXAMINEF: On the basis of examination end/or investigation, i				
THE HOSPITAL	보일 등	BEO		29c. LICENSE NUM		E SIGNED (Month, Day, Year)	
2	₽ 8 ¥	5		D1832		6/26/95	
	7		Moges Gebremariam, 4060 wilkens		md 21229		
		. 1	31. DATE FILED Growth. 1998 July 32 Harris Market				
	L		nous since				



3. TIME OF DEATH

3:03 8. BIRTHPLACE (State or Foreign VIRGINIA

225. GREENE STREET, BALTIMORE, MD 2120

2. DATE OF DEATH

AVGUST

P		231-40-9340	5. SEX	6. AGE (In yrs. Ia 61	st birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DAVE OF BIRTH (Month, Day, Year) JULY 24,	1934	Country)	LACE (State or Foreign	
3 should		8e. FACILITY NAME (If not institution, give :	street end number)			96. CITY	, TOWN C	R LOCATIO	ON OF DE		9c. COU	NTY OF DE	ATH	
33	O B	UNIVERSITY	HOSPITAL				BALT	CIMOR	E Cl	TY		N/A		
₩.	ЕСТО	RESIDENCE OF DECEDENT												
permit. Pages	DIR	MARYLAND 106. COUNT	N/A		10c. CIT	Y, TOWN (CIMOR	E CI	ITY		- P	IDEL INSIDE CITY LIMITS? IX YES 2 \(\bar{\text{\text{NO}}}\) NO	
ш	A	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF WH			AT COUNTRY?	
	<u>u</u>	17 DUCHESS COL	JRT		21237					7 USA			Α.	
215-0020 attending physician. se as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 X Divorced	FORCES?	NT EVER IN U.S. AI I YES 2X MAR OR DATES			If yes, spi	ecify Cuber	T OF HISPANIC ORIGIN? (Specify Yes or No — ben, Mexicen, Puerto Ricen, etc.) O Specify: BLACK					
		15. DECEDENT'S EDU (Specify only highest grade		16a. Di	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use neither).)					16b. KIND OF BUS	SINESS/INC	USTRY		
AND 212- the hospital or att detached for use once.	COMPLET	Elementary/Secondary (0-12) 11th GRADE	College (1-4 or 5		i. Do NOT u	se retired.)				FURNI	TURE	COMPA	NY	
AND the hospit detached once.	S I	17. FATHER'S NAME (First, Middle, Last)			RE-UPHOLSTERER FURNITURE (18. MOTHER'S NAME (First, Middle, Meiden Surname)									
# 8 4 X	ш	ROBERT	SCOTT		MARY						ENNIN	GS		
MAR retained 5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S				nd Number	or Rural F	Route Number, City or Yow	n, State, Zip	Code)		
	F	JOYCE JENNINGS 17 DUCHESS COURT, BALTIMORE, MD. 21237							237					
W > 0 A		1 122 Surrier 2 Cremation 3 Removal from State cemetery or other place									CATION - BUTUS			
BALT after death. P y the funeral noval. cal examin	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME 1913 W. BALTIMORE ST., BALTIMORE												E, P.A.	
in 24 hour sely filled is nation, or the me		23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ia. Head	Interval Onset a								Approximate interval Between Onset and Death		
P.O. BOX 68 th certificate be execute ending physician and c I Hygiene prior to bunia or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	0,		CONSEQUENCE OF):									
AL RECORDS, F s law requires that the death has been signed by the attent Dept. of Health and Mental 23 shows any injury, or	MEDICAL	PART II. Other algorificant condition CORONARY ART PSORIASIS DID TOBACCO USE CONT	SEASE	1 120 2 18 100					6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
TAL The law are has tate Dept	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			E OF DEAT	H (Check	only one)							
F VIT SICIAN: certificat the Sta 1, or ite		1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	DOA	OTHER		e 5 🗆 Res	sidence	6 ☐ Other (Specify)				
이 중 왕을 중	Y PHYSI	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF (Month, E		28b, TIM	v	28c. INJS WO	URY AT		28d. DESCRIBE HOW I	NJURY OCC	URED		
0 0 0	TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	M 1 VES 2 NO At home, term, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)											
E BE BE	COMPLETED	290. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	ed at the ti	lme, date	end place,	end due	to the ceuse(s) end man	ner es stat	ed.		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: #	8	one) 2 MEDICAL EXAMINE	R: On the besis of e	xamination end/or	Investigatio	n, In my o	pinion, de	eath occure	d at the	time, date end place, en	d due to th	e cause(s) e	and manner es stated.	
E HO d wit		295 SIGNATURE AND TITLE OF CERTIFIE	1 /1					29c. LICE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)				fonth, Day, Year)	
TO THE HOSPI TO THE FUNER be filed within	TO BE	Unxwanda,	MI					D4	662	3			8,1995	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

JENNINGS

FOR STATE REGISTRAR

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89

1/ DUCHEDD COULT

X

BLACK

X

RE-UPHOLSTERER FURNITURE COMPANY

MARY JENNINGS

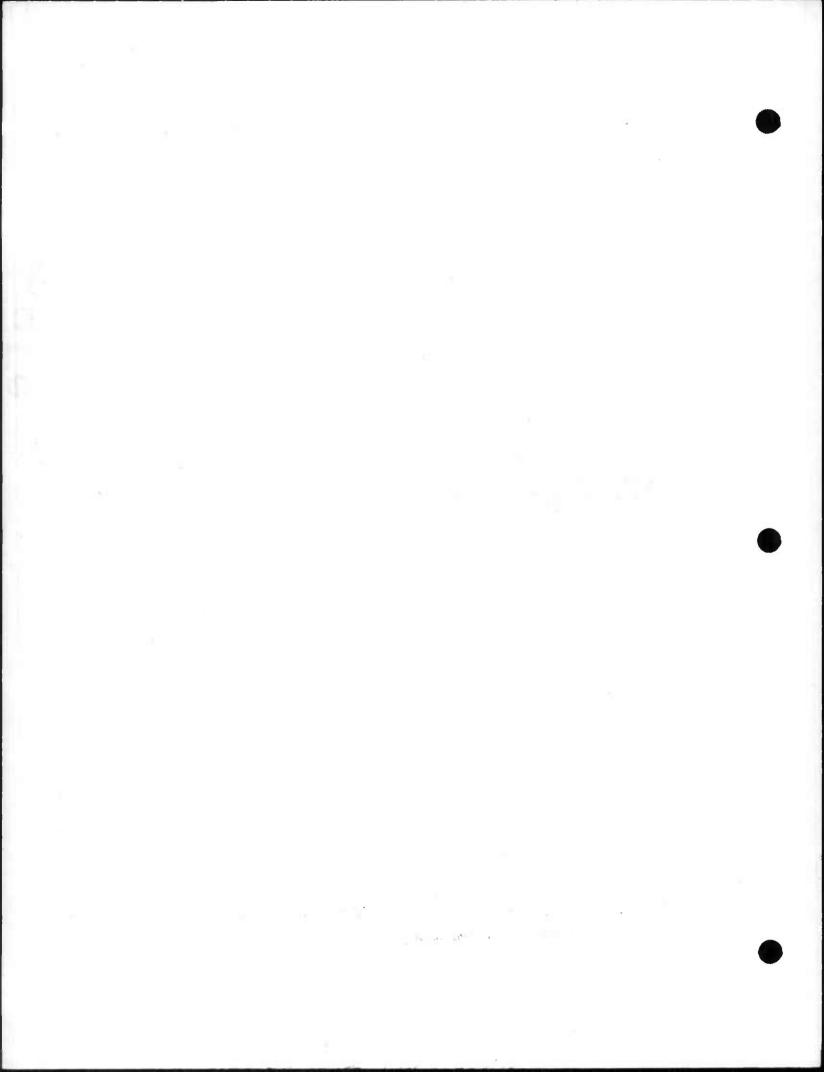
ROBERT

יד היותים כל תחומה באדתדתחם אם שוחים די

95 24333

Item8, Film726, 8/11/95, 1t

		1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYG			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEAT	гн	3. 1	TIME OF DEATH
		RICHARD		KAIL			AUGUST	7, 19	95	1515 P M
2		4. SOCIAL SECURITY NUMBER 216-66-2798	1 💢 M 2 🗆 F	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 3/13/	n er) 55 Ba	Country V	ARYLAND ore, Mary
3 should	NG.	90. FACILITY NAME (If not institution, give si 206 SOUTH WOLF				IMORE C			Y OF DEATH	1
5 1, 2	5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		140-000						
permit. Pages 1, 2,	DIRECTOR	Maryland	N/A		TOWN OR LOCAT					1. INSIDE CITY LIMITS? X YES 2 NO
it per	RAL	10s. STREET AND NUMBER			101	. ZIP CODE	-	10g. CITIZE	N OF WHAT	COUNTRY?
020 physician. burlal-transit	FUNERAL	206 S. Wolfe St.	12. WAS DECEDENT EVER IN	110 1011ED		21231		US		
	B	1 🔀 Never Married 2 🗌 Merried 3 🗍 Wildowed 4 🗍 Divorced	FORCES? 1 YES	2 XNO	If yes, sp		NIC ORIGIN? (Specifien, Puerto Rican, etc.) fy:		4. RACE — A Black, Wh Specify: White	
21 Se a	8	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S I	JSUAL OCCUPATION	ON of working	18b. KIND O	F BUSINESS/INDUS	STRY	
ğ 5 17	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Store	retired.)	5.5	Date	:1 0.1		
ANI the hosy detache	OME	17. FATHER'S NAME (First, Middle, Last)		Store	Clerk	16 MOTNER'S NA	ME (First, Middle, Me	il Sales	3	
YLA by the be dett	Ü	Melvin John	Kail				hy Anna			
MARYLAND 2: retained by the hospital of 5 should be detached for notified at once.	0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a		Route Number, City o		ode)	
(II) en	١٠	Melvin Denis	Kail	268 Wh	istling	Pine Rd	. Severn	e Pk., M	1d. 2	1146
FORE e 6 may rector, pag		20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	val from State 20b	PLACE AND DATE O	F DISPOSITION (Na	me of	OATE 20	c. LOCATION — Cit	y or Town, S	State
Page (direc		4 Donation 8 Other (Specify)	I SE	etery, crematory or oth acred Hea	rt of J	ESUS CEM	. 8/11 B	altimore	, Mar	ryland
BALTIMORE, after death. Page 6 may be by the funeral director, page noval. cal examiner must be		Daville	1. mil		David	J. Webe	r Funera	l Homes ltimore.	Mary	yland 2123
within 24 hours within 24 hours releasely filted in b cremation, or referent, the median		23. PART i. Enter the diseases, of cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death)	ATHEROSCLERO	ach iina.	ASCULAR D		ch as cardiac or r	reapiratory arres	rt,	Approximate interval Between Onset and Death
X 68 and and control to buria	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):					
P.O. Entification of other of other properties.	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
RDS, P lat the death by the atten and Mental H	O	PART II. Other aignificant conditions	contributing to death by	ut not requiting in	the underlying	T COURS Shop in	Dart I Day Mr.	S AN AUTOPSY	Last Mere	and the same of th
that the ed by the and it and it	MEDICAL				the underlying	J Causa given in	PEI	RFORMED?	OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
S of Se		DID TOBACCO USE CONTR	IBUTE TO CAUSE O	F DEATH YES	S \square NO \square	UNCERTAI	иП		100	YES 2 NO
A . E .	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)					
CIAN: The ertificate the State or item	YSIC		HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp		OTHER: 4 Nursing Hom	● 5XIXesidence	8 Other (Specify))		
OF PHYSIC this ce with t	ву Рн	27. MANNER OF DEATH 1 ((Neture) 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT RK? (ES 2 NO	28d. DESCRIBE H	OW INJURY OCCUI	RED	
TENDI TTENDI TTOR: A after d		3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, st	reet, factory, office		281. LOCATION (St City or Town, S	treet and Number or State)	Rural Route	Number,
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC DE filed within 72 hours IMPORTANT: If Item	COMPLETED		IAN: To the best of my knowl							i manner ee stated.
E FUI PA WITH	ш	29b. SIGNATURE AND THILE OF CENTIFICAT	18/	/		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Mon	nth, Day, Year)
THE COLUMN THE PROPERTY OF THE	TO B		47 0			O.C.M.	• E			8,1995
			nwle- 1	11 Penn		t, Bali	timore,			
		31. DATE FILED (MALL G. 1°) 1 199	22 DEMOTRADIS SIGNA	ATURE						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		HYGIENE REG. NO.
ŀ	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF	DEATH

	1. DECEDENT'S NAME (First, Middle, Lest) JAMES JOSE	PH KINSE	ΤΤ λ	TD	JAIL O	PEAIN	2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER							AUGUST 5, 1995 0913 A			
	215-28-1674	1 XXM 2 □ F 6:	(In yrs. las		IF UNDER 1 YEAR		/A / + 1	1932	BHITHPLACE (State or Foreign Country) Maryland		
OR	90. FACILITY NAME (If not institution, give UNION MEMORIAL		E.R.			MORE C		9c. COUNT	Y OF DEATH		
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c, CITY.	TOWN OR LOC	CATION			10d. INSIDE CITY		
L DIR	Maryland N	/A	_		Baltim	ore			1 XXVES 2 NO		
FUNERAL	2808 Park View	Tonnaco				10f. ZIP CODE		102	EN OF WHAT COUNTRY?		
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. AR	MED	13 WAS D	21214 ECENDENT OF HIS	PANIC ORIGIN? (Specify Ye		USA 4. RACE — American Indian.		
B√	1 Never Merried 2 Merried 3 Wildowed 4 XXDivorced	FORCES? XX YES	² □N MATES rea	10	If yes,	specify Cuben, Me: ES 2X XNO Sp	tican, Puerto Rican, atc.)	01.110	Black, White, etc. Specify: White		
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DE	CEDENT'S US	SUAL OCCUPA	TION most of working	16b. KIND OF BU	SINESS/INDUS			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	Do NOT use Drive	retired.)	most of worlding	т	axi			
OM	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Maiden Surneme)					
M M	James Joseph K	insella Sr					Mary Joseph	ine Mc	Guire		
TO BI	19s. INFORMANT'S NAME (Type/Print)					el end Number or Ru	ral Route Number, City or Tow	n, State, Zip Co	ode)		
De n	K.M.Massoni		13	33 St	Mary!	s Church	Road Abind	on Md	21009		
must	ZPs, METHOD OF DISPOSITION AVX Buriel 2 □ Cremation 3 □ Ren	covel from State CS	PLACE	ND DATE OF	DISPOSITION (Name of			ty or Town, State		
E	New Cathedral Cemetery 8/8/ Baltimore, N										
medical examiner	22. NAME AND ADDRESS OF PACILITY Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212										
event, the	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Arteriosc DUE TO (OR AS	A CONSEC	DUENCE OF):	Card	iovascu	lar Disea	se	Onset and De		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART il. Other significant condition	na contributing to death t	out not re	esulting in	the underly	ing cause given			24b. WERE AUTOPSY FINDIN		
EDICAL CI						PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
								— INSPECTION			
AN: M	DID TOBACCO USE CONT	RIBUTE TO CAUSE C	F DEA	TH YES	□ NO I	UNCERT		CIION	1 YES 2 NO		
Item 2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1 -	(Check only on	•)					
_ 1 0/ 1	XXYES 2 NO	1 Inpetient 2XXER/Out	patient 3		THER:	ome 5 🗆 Resident	e 6 Other (Specify)	6 Other (Specify)			
marked, o	27. MANNER OF DEATH 1 X Satural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		28b. TIME (Y V	NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RED		
28 18 LED 18	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	— At hor	eet, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Rural Route Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	ICIAN: To the best of my know	riedge, des n and/or li	nth occurred	at the time, da	ite end place, end d	lue to the cause(s) and mer	nner ee stated.	cause(e) end menner ee stated		
N O	306. SIGNATURE AND TITLE OF CERTIFIES	frakhalat .	- 1			29c, LICENSE N		-			
TO BE CON	alud	All J.	1			O.C.M	.E	▶ AU	IGUST 5, 199		
	30. NAME AND ADDRESS OF PERSON OF Mario F. Golle	Jr. M.D.	111	Penr	Stre	eet, Ba	ltimore,	Maryl	and 21201		
	ALIGI 1 1995 de	32. REGISTRAR'S SIGN	ATURE								

DHMH-16 Rev 1/89

ITEMS: 23 PART I,II, 27, PER MEO FILM G-726 8/28/95 t.t

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTII	RTMENT OF	F HEALTH AND OF DEATH	MENTAL HYG			
	1. DECEDENT'S NAME (FIRE, MARIN, LI I - CHIE	LEE, M.D.				AUGUST		795	1623 P
	4. SOCIAL SECURITY NUMBER 070-44-2111	1 ⊠ M 2 □ F	61 YRS.	MONTHS EM	ers Hours MIN.	May 5,	1934	Inde	nesia
TOR	ST. JOSEPH"S H	OSPITAL O.R		750	ISON	HTABO	111111111111111111111111111111111111111	TIMO	
DIRECTOR	Maryland 186. COL		NDc. CI	Cockey	ocamon sville				LIMITS?
ERAL	13034 Beaver Dar	n Road	190		10f. ZIP CODE 21030		10g. CITIZ	US/	T COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Discorded	12. WAS DECEDENT EVER FORCEST 1 TES IF YES, GIVE WAR OR I	2 XNO	If yo	DECENDENT OF HISPA R, apacify Cuben, Mark YES 2 NO Spec	cen, Puerto Ricen, etc	y Yes or No — 1	4. RACE -	American Indian, falle, etc.
LETED	15. DECEDENT'S I (Specify only highest p Elementary/Secondary (0-12)	sde completed) Coffege (1-4 or 5 +)	INs. Do NOT	work done during use retired.)	g most of working	16b. KIND OF	BUSINESS/INDU		core-renor
E COMPLET	12 17. FATHER'S NAME (First, MIGNIN, Laux) Ka - Phoat Lee				18, MOTHER'S N	AME (First, Middle, Mi	Medic Mem Surmanne) Kho	al_	
TO BE	19a. INFORMANT'S NAME (TypesPring) Mark S. Lee		10,100		ver Dam R	Abute Number, City o	Rwn, Stein, Zip C		21030
	20a. METHOD OF DISPOSITION 1 Description 2 M Cremation 3 D S 4 Donation Description	emoval from State co	the PLACE AND DATE	OF DISPOSITIO	N/Name of	DATE 200	LOCATION - C	ty or Town,	State
	23. PART I. Enter the diseases, shock, or heart fallu immediate Cause (Franklisese or condition resulting in death)	or complications that cause on a	each line.	not enter the	emmon Fundo W. Pado mode of dying, su ARRHYTHMIA I OR COLON CAI	nia Rd., ch as cardiac or r DURING LAPA	Timoniu		Approximat Interval Bet Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO JOR AS	A CONSEQUENCE O	DF):	511 00C38 011	WOEN			
MEDICAL C	CHRONIC MUSCULAR		but not resulting	ot resulting in the underlying cause given in Part I.				CO OF	THE AUTOPSY FINE MLABLE PRIOR TO MPLETION OF CAL DEATHY
PHYSICIAN: N	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XIX YES 2 NO		26, PLACE OF DEA			IN 🗆		<u> </u>	J YES 2 □ NO
BY PHYS	27. MANNER OF DEATH 1) C Natural S Panding Investigation	28s. DATE OF INJUSTY (MONTH, Day, Hear)	26b, TB	ME OF 286	Home 5 Assidence INJURY AT WORKY YES 2 NO	8 Other (Specify)		MED	
	5 Suitride 8 Could not 4 Homicide determined	28s. PLACE OF INJUR building, etc. //ipe	Y — At home, farm, lofy)	street, factory,	office	281. LOCATION (St City or Town, I	rest ent/ Number or Italie)	Rural Route	Number
COMPLETED	29th. CERTIFIEN (Check only one) 1 CERTIFYING PH	YSICIAN: To the best of my know	viedys, death occur on and/or investigati	red at the time, on, in my opinio	date and place, and du in, death occured at th	e to the cause(x) and a time, data and place	menner as stated	i. causo(x) an	d manner as stat
TO BE	296. SIGNATURE AND TITLE OF CENTE	1 Chut	le un		O.C.N				9,1995
OT	31. DATE PILED (Month, Day, Value) AUG1 11995	//	11 Penr		et, Balt	1525			

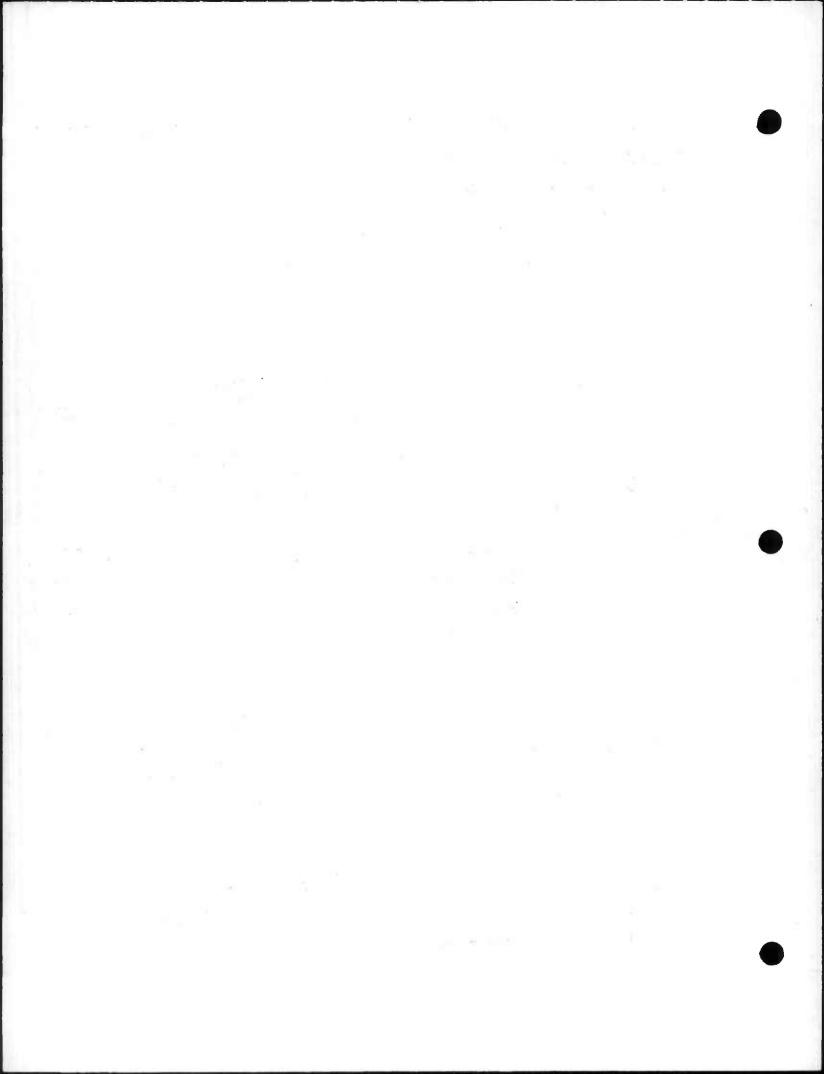
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	T	Libert	S	2. DATE OF DEATH MONTH D	MY YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday) #	UNDER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BIRTH	9, /995 a. BIRTH	9:06 A M			
	2/3-78-3727 9a. FACILITY NAME (If not institution, give stri		5 YAS.	NTHS DAYS HOURS MH	NOV.12,19	59 MAI	RYLAND			
DIRECTOR	UNIVERSITY OF MAR			BALTIMORE	P DEATH		IMORE CITY			
REC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY LIMITS?			
	MARYLAND BALTI	MORE CITY		BALTIMORE			1 X YES 2 NO			
FUNERAL	1954 SPONSON STRE	ET		101. ZIP CODE 2123	30	10g. CITIZEN OF Y				
ВУ	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yee, specify Cuban, Ma 1 YES 2 XNO Sc	xican, Puerlo Rican, etc.)	s or No— 14. RACI Black Spec	E — American Indian, k, White, etc.			
밀	15. DECEDENT'S EDUCA (Specify only highest grade of	NTION ompleted)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BU	SINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)	TILE SE	,	BUILD	ING				
BE CO	17. FATHER'S NAME (First, Middle, Last) JAMES J. LIBERTO			18. MOTHER'S NANCY	C. HARE	Surname)				
6	19a. INFORMANT'S NAME (Type/Print) NANCY C. LIBERTO		196. MAILING AD 3905 DA	RLEIGH ROAD—	ral Route Number, City or Tow UNIT-1-H-BA	vn. State, Zip Code)	MD 21236			
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remin 4 Donation 5 Other (Specify)		PLACE AND DATE OF D	ISPOSITION (Name of MEMORIAL PAR		CATION — City or To	own, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF HUBBARD FUND		NC				
_	> M. Tleaf	Coleman	/	4107 WILKENS	S AVENUE-BAL	TIMORE, 1	MD 21229			
	23. PART I. Enter the disease. From shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPSIS DUE TO (OR AS A	CONSEQUENCE OF):	enter the mode of dying, :	such as cardlec or respi	Iratory srrest,	Approximate Interval Batween Onset and Dasth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST D. PERMODIA DUE TO (OR AS A CONSEQUENCE OF): UNKALL A I DS DUE TO (OR AS A CONSEQUENCE OF): UNKALL LAST DUE TO (OR AS A CONSEQUENCE OF): UNKALL U									
PHYSICIAN: MEDICAL	PART II. Other algnificent conditiona	contributing to death bu	ut not resulting in t	ne underlying ceuse given	In Part I. 24a, WAS AN PERFOR	PMED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF	F DEATH YES	□ NO □ UNCERT	AIN 🛮		T LES 2 P NO			
Sign		HQSPITAL:		HER:		1				
	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	WORK?	ca 6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Speci	At home, ferm, stree	M 1 YES 2 NO	261. LOCATION (Street a City or Town, State)	and Number or Rural F	Poute Number,			
		AN: To the base of an income								
COMPLE				the time, data and place, and my opinion, death occured at) and menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	16 -		29c. LICENSE	NUMBER	29d. DATE SIGNED				
2	38. WAME AND ADDRESS OF PERSON WITO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	PO	8668	8/9	7/95			
	RACHEL Hin 31. DATE FILED (MONTH), Day Your AUG 1 1 1995		MD.	22 5. 61	sene ST.	Boltimera	Md. 2/201			





	001100
ſ	
60	dob
DIVISION OF VITAL RECORDS, P.O. BOX 68760	ann ne stand
6	2
. 8	Pichade
Ų	9
ر م	danth
ä	2
<u> </u>	96.46
EC.	- Consister
1	41 01
7	and the
	É
>	PIAN.
5	DLIVE
Ž	SIN
Ę	SAS.
2	ATTR
5	0
	INCOITAL OB ATTEMBRIC BLIVE CIAN The law consists that the the state of the second units

	FOR	STATE OF I	MARYLAND /	DEPART	MENT OF	HEAITH AND	MENTAL HYGIEN	E	24331			
	1 - STATE REGISTRAR	0				F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, La	ist)							3. TIME OF DEATH			
	JOHA		LA	FCE			MONTH D	\$ 19	CYEAR 17152			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE GERBETH	9 1	8. BIRTHPLACE (State of Foreign			
	218-30-3380	1 X M 2 F	87		MONTHS DAYS		7. DATE OF BIRTH (Month, Bey, Year) OC-7 2-2	207	Country)			
	9a. FACILITY NAME (If not institution, gi		07						Ohio			
or						OR LOCATION OF D	EATH		NTY OF DEATH			
DIRECTOR	Howard County		spital		COLU	mbia		HO	ward			
2	RESIDENCE OF DECEDENT			10a CITY	TOWN OR LOC	ATION						
<u>E</u>		oward			Columbi				10d, INSIDE CITY LIMITS?			
	10e, STREET AND NUMBER				-				1 TYES 2 X NO			
FUNERAL		int Dood	7∞+ 01(0		21044			ZEN OF WHAT COUNTRY?			
9	5400 Vantage Po					21044		"	ISA			
٦	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13. WAS DI	ECENDENT OF HISPA	NIC ORIOIN? (Specify Yes	or No-	14. RACE — American Indian, Black, White, etc.			
ВУІ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, OIVE W			1 🗆 Y	ES 2 NO Speci	an, Puerto Rican, etc.)	i	Specify:			
	* Manage 4 Director								White			
	15. DECEDENT'S E (Specify only highest gi		16a. DE	CEDENT'S U	SUAL OCCUPAT	TION most of working	16b. KIND OF BUS					
LET	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)		ork done during r retired.)				s Applied			
<u>A</u>	12	5+	Pat	tent A	Attorne	² Y	Physics	Labo	ratory			
COMPL	17. FATHER'S NAME (First, Middle, Last)					te. MOTHER'S NA	AME (First, Middle, Maiden	Surname)				
ш	John S. Lacey					Margare	et Henders	on				
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILINO /	ADDRESS (Street	t and Number or Rural	Route Number, City or Tow.	State Zin	Cordel			
2	Alice W. Brands	(Friend)	54	400 Va	antage	Point Rd	., Columbia	a, MD	21044			
-3	20a. METHOD OF DISPOSITION		anh BLACE	ANDDATEO	F DISPOSITION (Manufal	- I I I	2471211				
	1 Burial 2 Cremation 3 R	emoval from State	cemetery, cre	metory or oth	er place)				City or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Metro	Crema		Aug. 9			lle, MD			
- 1	12/	1)=4/	Leroy M & Rus				sell C Witz	ke F	uneral Home			
	K. Cran	Wike	Steet 5555 Twin Kno.				lls Rd. Co.	Lumbi	a, MD 21045			
	23. PART I. Enter the diseases,	or complications the	ceused the de	eath. Do no	ot enter the m	node of dying, aud	h ea cardlec or reapl	retory srr	est, Approximate			
	shock, or heart feilu	re. List only one cau	rse on eech line	.					Interval Between			
	diseese or condition	0,00	octu	PI	to an	ST Co	HILVRE		Onset and Dea			
	resulting in death)	a. DUE TO	ON AS A CONSE	OHENCE OF	1 611	-, 1,	FILVITE		> year			
_		552.19	Jan A Comse	OUENCE OF)	•				0			
8	Sequentially list conditions,	b	(OR AS A CONSEC	OUENCE OF								
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	552.10	(OII AS A CONSE	DOENCE OF)	*				i			
유	CAUSE (Disease or Injury	C. DUE TO	IOD AS A CONSEI	OHENCE OF								
Ē	that initiated events resulting in death) LAST	DOE 10	DUE TO (OR AS A CONSEQUENCE OF):									
#		d										
	PART II. Other significant conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS											
MEDICAL					,		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
							1 YE\$ 2	NHO	OF DEATH?			
	DID TODA GGO HOT GOA					_			1 TYES 2 NO			
	DID TOBACCO USE CON					UNCERTAL	N 🗆 📗					
5 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC		OTHER:	e) ⁶						
CIAN			ER/Outpatient 3			me 5 🗆 Rasidenca	8 Other (Specify)					
YSICIAN	1 TES 2 NO	28a. DATE OF		26b. TIME		NJURY AT	28d. DESCRIBE HOW II	JURY OCC	CURED			
PHYSICIAN	27. MANNER OF OEATH		(Month, Day, Year) INJURY W									
품	27. MANNER OF OEATH Netural 5 Pending	(Month, De										
D BY PHYSICIAN:	27. MANNER OF OEATH Netural 5 Pending Accident Investigation Pending	(Month, Di	F INJURY — At ho	me, farm, str	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Fig. City or Town, State)							
ED DT PRI	27. MANNER OF OEATH Netural 5 Pending Dispersion Investigation	(Month, Di	F INJURY — At ho	me, farm, str	reet, factory, off	ice		nd Number	or Rural Route Number,			
ETED BY PHY	27. MANNER OF OEATH Neture 5	(Month, Di	etc. (Specify)				City or Town, State)					
ETED BY PHY	27. MANNER OF OEATH Netural 5 Pending Investigation	(Month, Di 28s. PLACE Of building,	my knowledge, de	eth occurred	I at the time, da	te and place, and due	City or Town, State) to the cause(a) and men	ner as state	ed.			
EIEU DI PUI	27. MANNER OF OEATH Netural 5 Pending Investigation	(Month, Di 28s. PLACE Of building,	my knowledge, de	eth occurred	I at the time, da	te and place, and due	City or Town, State) to the cause(a) and men	ner as state	ed.			
E COMPLETED BY PHY	27. MANNER OF OEATH Naturel 5 Pending Accident Investigation Suicide Could not determined	(Month, Di 28a. PLACE Of building, YSICIAN: To the best of INER: On the besis of ax	my knowledge, de	eth occurred	I at the time, da	te and place, and due death occured at the 29c. LICENSE NUI	City or Town, State) to the cause(a) and men time, date and placa, and	ner as state				
COMPLETED BY PHY	27. MANNER OF OEATH Neturel 5 Pending 2 Accident Investigation 3 Suicide e Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	(Month, Di 28a. PLACE Of building, YSICIAN: To the best of INER: On the besis of ax	my knowledge, de	eth occurred	I at the time, da	te and place, and due death occured at the	City or Town, State) to the cause(a) and men time, date and placa, and	ner as state	ed. e cause(s) and manner as state			

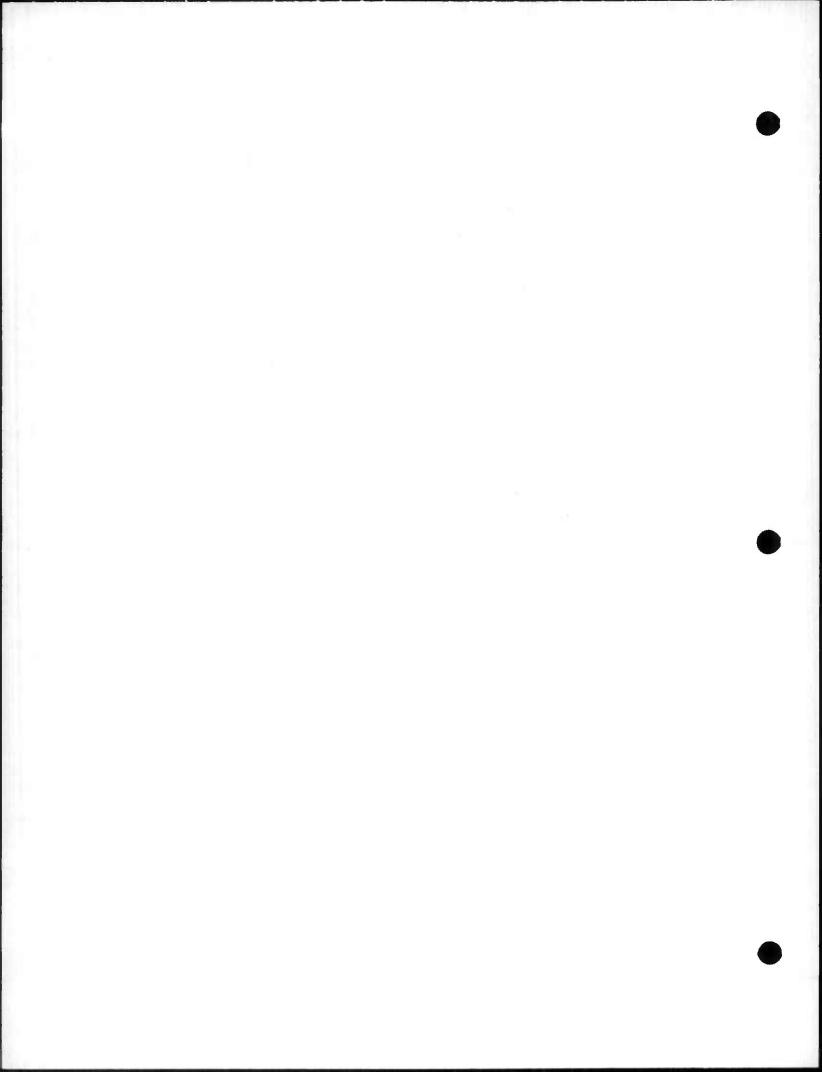
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

W. W. C. Flowens M. J. O. S. Z. HIC

AUG1 1 1995

32. REGISTRAR'S SIGNATURE

Colum



7	
9	
B	
68	
9	
~	
BOX	
0	
m	
_	
Ö	
σ.	
<u>a</u>	
S	
0	
=	
Œ	
0	
\sim	
RECORD	
ш	
or	
No.	
_	
Z	
-	
=	
-	
OFV	
7	
~	
0	
_	
ഗ	
_	
>	
_	

David Schwartz

31. DATE FILED (Month, Day, Year)
AUG1 1 1995

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH MII DRED 1995 12:32 P ₩ MCEADDEN August 07 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 191-12-9713 82 1 - M 2 X F PENNSYLVANIA FEBRUARY 2 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY MARYL AND ANNE ARUNDEL SEVERNA PARK 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 289 RIVERDALE ROAD use as the burial-transit 21146 USA retained by the hospital or attending physician. 5 should be detached for use as the burial-tran: 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ◯ NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)

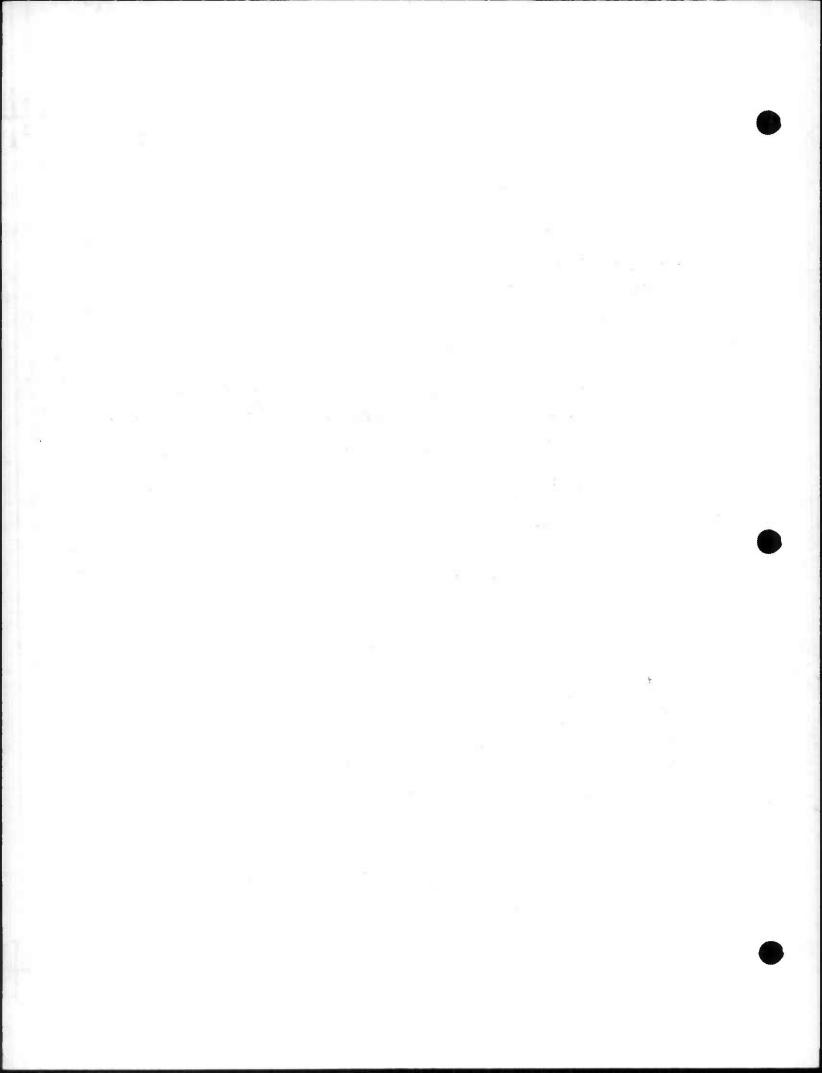
1 YES 2 NO Specify: 14. RACE -- American Indian, Slack, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 NURSE JOHNS HOPKINS HOSPITAL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HERBERT O. SCOTT H BESSIE MILLER BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 s PATRICIA D. BOWMAN 289 RIVERDALE ROAD, SEVERNA PARK, MD 21146 uted withing thours after death. Page 6 may be in completely filled in by the funeral director, page 5 fills, cremation, or removal. 90 20e. METHOD OF DISPOSITION

1 M Burlel 2 Cremation 3 C

4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must BAPTIST CH. CFM. 8-11 BALTIMORE. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HY ARY - MOUNTAIN ROAD, PASABENA STALL 21122 23. PART f. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between anding physician and completely filled in Hygiene prior to burlat, cremation, or IMMEDIATE CAUSE (Finel Onset and Death the disease or condition DUE TO (OF AS A CONSCOUENCE OF): resulting in death) traumatic event, executed with comman CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING attending physician death certificate be CAUSE (Disease or Injury other i DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Mental een signed by the a PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. app MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? requires that shows any 1 TYES 2 NO 1 YES 2 NO peen DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO Y UNCERTAIN PHYSICIAN: Dept. ALC: 23 has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OR ATTENDING PHYSICIAN: The this certificate h item HOSPITAL OTHER: 1 TES 2 NO Inpatient 2 (FER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) the marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE NOW INJURY OCCUPED 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be COMPLETED 4 Homicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE TO THE WITHIN 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. (Check only one) etion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) wall H 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM-27) Aypo, Print,

325 Hospital Drive, Glen Burnie, Md 21061

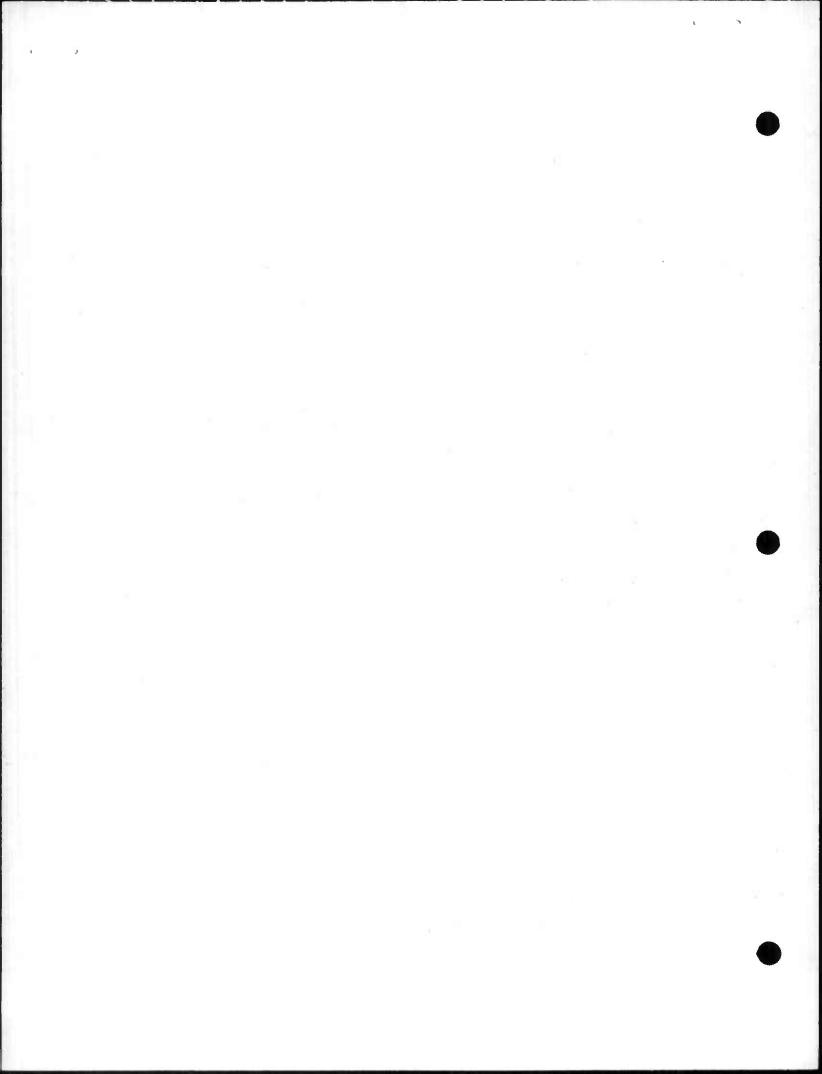
32. REGISTRAR'S SIGNATURE



90
37
9
×
BOX
0
1
S
æ
Ö
Щ
œ
7
E
>
J.
7
ō
S
>
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 7.5 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burfal, cremation, or removal.	
IMDORTANT: If item 28 is marked on item 22 shows any injury or other fraumatic assent the medical assentiated as seen	

	1 - STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Dorothy	Moore			August	DAY 199	TEAR 1:40 A			
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	212-12-5937	1 🗆 M 2 💢 F	YAS.	ONTHS DAYS HOURS MIN.	7. 0.0	1918	Country) Md.			
OR	98. FACILITY NAME (If not institution, give striet and number) 90. COUNTY OF DEATH BOLLY, TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH ROLLY TOWN OR LOCATION OF DEATH									
<u> [</u>	10a. STATE 10b. COUNT	Υ	10c CITY	TOWN OR LOCATION			10d. INSIDE CITY			
DIRECTOR	Md	NA	Bal	timore	1.0		1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER	rt Ave	nie.	10f. ZIP CODE	>	10g. CITIZE	N OF WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify	Yee or No.— 14	. RACE — American Indian,			
	1 Never Married 2 Merried	FORCES? 1 Y		If yes, specify Cuben, Mexi 1 - YES 2 NO Spe	can, Puerto Rican, atc.)		Black, White, atc.			
ВУ	3 Widowed 4 Divorced	1 120, 0112 10110	T DATE	TES ZINO Spe	му:		Specifical			
COMPLETED	15. DECEDENT'S EDU		16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF	BUSINESS/INDUS	TRY			
H	(Specify only highest grade Elergegiany/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during most of working retired.)			1			
립	6th grade		Dance	tic	I	own }	tome,			
TO BE COM	17. FATHER'S NAME (First, Middle, Last)		001.0	18. MOTHER'S I	IAME (First, Middle, Maid	ien Sumame)				
0	Albert Tor	dan		Elen	nor T	a cda r				
BE	190. INFORMANT'S NAME (Type/Print)	13077	19b. MAILING A	DDRESS (Street end Number or Run	Al South Number Clay or	Fours State Zie Co	ada)			
2	Shirley Will	nms	an la	/ Iba I Nue	D 11 -	Now, State, 240 CC	1 21212			
	200. METHOD OF DISPOSITION	001/62		HOGT HYC	Daltimo	100	1. 2 2 2			
	1 De Buriel 2 Cremation 3 Rem		20b. PLACE AND DATE OF competery, crematory or othe		DATE 20c.	LOCATION — CIT	y or Town, State			
	Donesión 8 🗆 Other (Specify)		cometery, crematory or othe		10.1mg F	rbutu	s Ma			
	EN SHOUATURE OF FUNERAL SERVICE LIC	ENSEE)	22. NAME AND ADDRESS OF	FACILITY I TOM	Wast				
	Home + Thompson Hapo Wabash Avenue									
	23. PART I. Enter the diseases, or o	complications that cau	used the death. Do not			spiretory arrest	t, Approximate			
	whock, or heart failure.	List only one cause o	n each line.	one and more or aying, as	on as cardiac of re	spiretory arres	Interval Between			
	iMMEDIATE CAUSE (Final disease or condition	1	1				Onset and Deati			
	resulting in death)	181	rosepsis				7 days			
			AS A CONSEQUENCE OF):	- 0			20			
ERTIFICATION	Sequentially list conditions,	b	S A CONSEQUENCE OF):	Edeny 1 Failure			> Way 5			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	- 1	S A CONSEQUENCE OF):	1 = 1 =			2 years			
일	CAUSE (Disease or Injury	-		1 failure			2 75075			
ΙĒΙ	that initiated events resulting in death) LAST	N HO) OI 300	AS A CONSEQUENCE OF):							
15		d								
AL CE	PART II. Other significant condition	s contributing to deat	h but not resulting in	the underlying cause given i	n Part i. 24- was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
	Congecti	in Heart F	eilu-	Themiq	PERI	ORMED?	AVAILABLE PRIOR TO			
		-4 11-48 1 1	1	1-6-00014	1 _ YES	2 DKN0	OF DEATH?			
<u>ă</u>					1		1 TYES 2 NO			
MEDI					772					
IN: MEDI	DID TOBACCO USE CONT	RIBUTE TO CAUSE			IN 🛛					
CIAN: MEDIC	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH	(Check only one)	IN 🗵					
YSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE HOSPITAL: 1 M Inpetient 2 - ER/C	28. PLACE OF DEATH							
HYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	HOSPITAL: 1 1 Inpetient 2 - ER/C	26. PLACE OF DEATH Outpetient 3 DOA 4 RY 28b. TIME ((Check only one) THER: Nursing Home 5 Residence F 28c. INJURY AT		W INJURY OCCUP	RED			
YSICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending	HOSPITAL:	26. PLACE OF DEATH Outpatient 3 DOA 4	(Check only one) THER: Nursing Home 5 Residence F 28c. INJURY AT	6 Other (Specify)	W INJURY OCCUP	RED			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	HOSPITAL: 1 Impetient 2 ERVC 28e. DATE OF INJUI (Month, Day, Yea 28e. PLACE OF INJU	28. PLACE OF DEATH Outpettent 3 DOA 4 Try 28b. TIME (INJUR URY — At home, farm, atre	(Check only one) PTHER: Nursing Home 5 Residence PT	6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Stre	et end Number or				
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 M inpetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yea	28. PLACE OF DEATH Outpettent 3 DOA 4 Try 28b. TIME (INJUR URY — At home, farm, atre	(Check only one) PTHER: Nursing Home 5 Residence PT	6 Other (Specify) 28d. DESCRIBE HO	et end Number or				
TED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 🔀 inpetient 2 □ ER/C 28e. DATE OF INJUI (Month, Day, Yea 28e. PLACE OF INJUI building, etc. (3)	28. PLACE OF DEATH Outpetient 3 DOA 4 Priv 28b. Time (INJUR URY — At home, ferm, atre	(Check only one) PTHER: Nursing Home 5 Residence OF Y 28c. INJURY AT WORK? M 1 YES 2 NO Net, factory, office	28d. DESCRIBE HO 28d. LOCATION (Street, Stree	et end Number or ete)				
TED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 1 Inpatient 2 = ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (S)	28. PLACE OF DEATH Outpetient 3 DOA 4 Pary 28b. TIME (INJUR URY — At home, ferm, atre	(Check only one) OTHER: Nursing Home 5 Residence OF Y 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date end placa, and determine the series of the series	28d. DESCRIBE HO 28d. LOCATION (Street, Stree	et end Number or ete)	Rurel Route Number,			
TED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 1 Inpatient 2 = ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (S)	28. PLACE OF DEATH Outpetient 3 DOA 4 Pary 28b. TIME (INJUR URY — At home, ferm, atre	(Check only one) PTHER: Nursing Home 5 Residence OF Y 28c. INJURY AT WORK? M 1 YES 2 NO Net, factory, office	28d. DESCRIBE HO 28d. LOCATION (Street, Stree	et end Number or ete)	Rurel Route Number,			
TED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	HOSPITAL: 1 Impetient 2 ERVC 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (S) ICIAN: To the best of my kr R: On the bests of examina	28. PLACE OF DEATH Outpetient 3 DOA 4 Pary 28b. TIME (INJUR URY — At home, ferm, atre	(Check only one) OTHER: Nursing Home 5 Residence PT	28d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Stre City or Town, St	et end Number or ete) menner ea stated, and due to the c	Rurel Route Number,			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI: 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Impetient 2 ERVC 28e. DATE OF INJUI 28e. PLACE OF INJUI 28e. PLACE OF INJUI CIAN: To the best of my kr R: On the best of examina	28. PLACE OF DEATH Outpetient 3 DOA 4 RY 28b. THRE (INJUR URY — At home, farm, atrespecify) nowledge, death occurred etion and/or investigation,	(Check only one) OTHER: Nursing Home 5 Residence OF Y 28c. INJURY AT WORK? I YES 2 NO Set, factory, office at the time, date end placa, and defin my opinion, death occured at the set of the	28d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Stre City or Town, St	nenner ea stated. and due to the c	Rural Route Number, euse(s) and menner ee stated. IGNED (Month, Day, Year)			
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (3) ICIAN: To the best of my kr R: On the best of examinate COMPLETED CAUSE OF	28. PLACE OF DEATH Outpettent 3 □ DOA CARP CONTROL OF THE CARP CON	(Check only one) OTHER: Nursing Home 5 Residence OF	28d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Street, Str	menner ea stated. and due to the c	Rural Route Number, ause(a) and menner ee stated. IGNED (Morth, Day, Year)			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (3) ICIAN: To the best of my kr R: On the best of examinate COMPLETED CAUSE OF	28. PLACE OF DEATH Outpettent 3 □ DOA CARP CONTROL OF THE CARP CON	(Check only one) OTHER: Nursing Home 5 Residence OF	28d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Street, Str	menner ea stated. and due to the c	Rural Route Number, ause(a) and menner ee stated. IGNED (Morth, Day, Year)			
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	HOSPITAL: 1 Impetient 2 ER/C 28e. DATE OF INJUI (Month, Day, Yes 28e. PLACE OF INJUI building, etc. (3) ICIAN: To the best of my kr R: On the best of examinate COMPLETED CAUSE OF	28. PLACE OF DEATH Outpatient 3 DOA 4 28b. TIME C INJUR URY — At homa, farm, atre Specify DEATH (ITEM 27) (Type, Pr We ~ C A	(Check only one) OTHER: Nursing Home 5 Residence OF	28d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Street, Str	menner ea stated. and due to the c	Rural Route Number, ause(a) and menner ee stated. IGNED (Morth, Day, Year)			



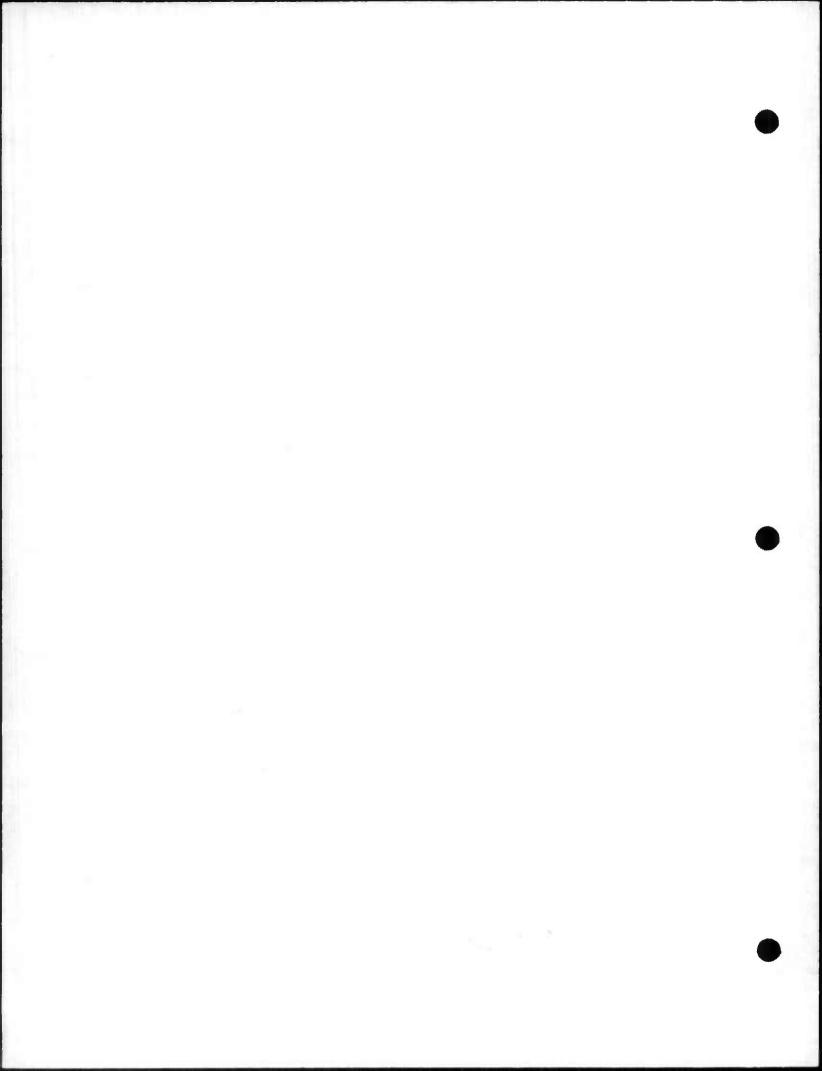
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with it be State Dept. of Health and Mental Hypene prior to burial, cremation, or removal.	MFORTARI: II ITEM 20 IS MATKEU, UT ITEM 23 SHOWS ANY INJUTY, OF OTHER UTHINGING EXAMINET TRUST DE NOTHEG AT ONCE.
---	---

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
- 8	1. DECEDENT'S NAME (First, Middle, I	Last)				2. DATE OF DEATH		3. TIME OF DEATH			
-	MARY ELI	ZABETH MATTISC	M			August 8	MY YEAR 95				
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (Stete or Foreign			
	220-22-1341	1 M 2 F	2 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	Country)			
	9e. FACILITY NAME (If not institution,			b. CITY, TOWN C	R LOCATION OF D	July 26	9c. COUNTY OF	Baltimore NTY OF DEATH			
K	1010 Brooklan	d Wood Rd		Brook 1	andville		Baltimo	-			
DIRECTOR	RESIDENCE OF DECEDEN	Т					Daiting	ore			
뿐	Md. Ba	lt:imore		TOWN OR LOCAT		10d. INSIDE CITY					
		Tt.more	Broo	oklandv			1 TES 21 NO				
RA	100. STREET AND NUMBER 1010 Brookland Wood Rd. P.O. Box 411 1010 Brookland Wood Rd. P.O. Box 411 1010 Brookland Wood Rd. P.O. Box 411 1020 Brookland Wood Rd. P.O. Box 411										
FUNERAL	1					USA					
5	1 Never Married 2 Merried	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	CE — American Indian, ick, White, atc.				
B≺	3 🖔 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	2 NO Specif	y:	Spo	Specify: White			
<u> </u>	15. DECEDENT'S	EDUCATION	16a. DECEDENT'S US	UAL OCCUPATION	IM	165 KIND OF BU	ISINESS/INDUSTRY	wiitte			
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 +)	(Give kind of wor	k done during mo	st of working	TOU. KIND OF BO	SINE SS/INDUSTRI				
COMPLET	12	Solings (1-4 of 5 4)	Home	Maker		Own H	Iome				
Š	17. FATHER'S NAME (First, Middle, Last	0			18. MOTHER'S NA	ME (First, Middle, Meider	Surneme)				
ш I	Harry Fisher					eth Perkir					
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street e	nd Number or Rural	Route Number, City or Tov	vn, State, Zip Code)				
임	Harry Fisher		1510 Am	nalfi D	r. Westm	inster Md.	21157				
- 1	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 C	Removal from State	b. PLACE AND DATE OF	DISPOSITION (Na	me of		OCATION — City or	Town, State			
	4 Donation 5 Other (Specify)		Oak creEawnoth	emeter	8-11-	95	Dundalk	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Ruck Towson Funeral Home, Inc.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										
- 1	ehock, or heart fallure. List only one cause on each line. Interval Between Onset and Death										
	DUE TO (OR AS A CONSEQUENCE OF):										
z I	Sequentially list conditions, Due to consequence (of):										
	Sequentielly list conditions, If any, leading to immediata DUE (0 (OR AS A CONSEQUENCE OI):										
RIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury c. Commany heart disease 5 / 2.										
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
		d						1 0 1			
AL	PART II. Other eignificant cond	Itions contributing to deeth i	but not resulting in	the underlying	cause given in	Part I. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS			
3	PERFORMED? ANALABLE PRIOR TO COMPLETION DF CAUS										
MEDIC	Spindy losis 1 YES 27 NO OF DEATH? 1 YES 2 NO										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN										
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
2	HOSPITAL: 1 YES 2 NO THER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
-	27. MANNER OF DEATH	R OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED									
2	1 Natural 5 Pending 2 Accident Investigat				ES 2 NO						
	3 Suicide 8 Could not	building, atc. (Spe	Y — At home, ferm, stre	et, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
2	4 Homicide distermined										
≰	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner se stated.										
5	MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner es stated.										
2	296. BIGNAYUH AND TILLYOF CENT	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Seer)									
MD D-14957							7 > 8-9-95				
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)										
	Dr. Steven Smith 4116 E. Northern Pkwy										
	31. MIG 1995 Sale Washington										
	700-	(/									

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	- 3	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH									
		LILLIAN NAOMI MYERS			August 7,	1995	10:45 P.M					
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last b	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTH Countr	HPLACE (State or Foreign					
PS		218-22-4641 1 M 2 M F 96	YRS.		June 1, 189	9	Md.					
2, 3 should	CTOR	sa. FACILITY NAME (If not institution, give atreet and number) Holly Hill Manor		OR LOCATION OF DE	ATH	Baltim						
es .	ш	PESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	TION			18d, INSIDE CITY					
. Pages	DIR	Md. Baltimore	TIO!	wson			LIMITS?					
permit.	AL	10e. STREET AND NUMBER		f. ZIP CODE	1	log. CITIZEN OF V	- 21					
12	FUNER	531 Stevenson Lane		21286		U.S.	Α.					
020 physiclan. bunal-transit	5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO		CENDENT OF HISPAN	IC ORIGIN? (Specify Year or	No- 14, RACE	E — American Indian, k, White, atc.					
	ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced FONCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		2 NO Specify		Speci	Hy:					
- O 10	B	15. DECEDENT'S EDUCATION 16s DECE	DENT'S USUAL OCCUPATION	ON	16b. KIND OF BUSIN	ESC/INDUSTRY	White					
- 5 -	Ш	(Specify only highest grade completed) (Give	kind of work done during mo o NOT use retired.)	ost of working	100. KIND OF BUSIN	ESS/MUUS INT						
0 \$ B	릴		esperson		Hutzler'	S						
₹ 9 9 5	COMPL	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAM	ME (First, Middle, Maiden Sur							
# EE	BE	Jesse Thomas Stoner		Mary	Catherin	ie F	urry					
₹ 5 5 5	0	19a. INFORMANT'S NAME (Type/Print) 19b. I	MAILING ADDRESS (Street a	and Number or Rural R	oute Number, City or Town, S	State, Zip Code)						
- 2 8 w	-		Lovett Ct.		m, Md. 2109	3						
e 6 may ector, pa		1 □ Burial 2 □ Cremation 3 □ Removal from State cemetery, creme	D DATE OF DISPOSITION (Na story or other place)		1	TION — City or To	•					
		Lorraine Park Cemetery 8/10/95 Baltimore, Md.										
ALTIN death. Pag tuneral dis funeral dis cominer		22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home Inc.										
	\vdash	1050 York Rd. Towson, Md. 21204										
ed in the		 PART i. Enter the diseases, or complications that caused the deat shock, or heart failure. List only one cause on each line. 	n. Do not enter the mo	de of dying, such	as cardiac or respirat	ory arrest,	Approximate interval Between					
fille fille		IMMEDIATE CAUSE (Final disease or condition	0-	-	Onset and Death							
ted within 24 completely fille lal, cremation, event, the		resulting in death)										
a po of	_	- must	andia	I FA	iland	2	5-us					
	CERTIFICATION	Sequentially list conditions, If any, leading to immediate	ENCE OF)		1							
ate be hysiciar phor	CA	CAUSE (Disease or injury	- Y D			10-40						
certificate ding physi hygiene pri		that initiated events resulting in death) LAST	ENCE OF):									
T E 2 0	5	4.										
- 01 6 5	AL (PART II. Other eignificent conditions contributing to death but not ree	uiting in the underlying	g ceuse given in i			. WERE AUTOPSY FINDINGS					
I # 0 # >	EDIC				PERFORME		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
requires the requires the of Health shows and	ME						1 YES 2 NO					
e law re has bee Dept. o		DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\boxed{1}\) UNCERTAIN \(\Boxed{1}\)										
N: The Ncate has State D	PHYSICIAN:	EXAMINER? HOSPITAL:	OF DEATH (Check only one)									
SICIAN: The Certificate the State	IYS	1 PES 2 PSO 1 Inpatient 2 ER/Outpatient 3 Inpatient 2 PSO DEATH 28s. DATE OF INJURY 2	DOA 4 D Nursing Hom	e 5 🗆 Rasidenca (
NG PHYS fer this c eath with marked,		27. MANNER OF DEATH 1 Patural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)		PK?	28d. OEŞCRIBE HOW INJU	IRY OCCURED						
After death	ВУ	2 Accident Investigation 3 Suicide 6 Could get be 26s. PLACE OF INJURY — At home	1.0.	YES 2 NO	28f. LOCATION (Street and	Number or Burni 6	Pourto Alumbar					
28 I after	TED	4 Homicide determined building, etc. (Specify)		-	City or Town, State)	THE THE CALL THE PARTY OF THE P	NOTE PROPERTY.					
	LET	29a. CERTIFIER (Check only (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) end manner as stated.										
HOSPITAL FUNERAL WITHIN 72	COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or invited in the basis of examination en) and manner as stated.					
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	ECC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUM		Rd. DATE SIGNED						
TO THE TO THE De filed	@	Glaras T. Gelman	mi	002	325	8/5	2/9.5					
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	T) (Type, Print)			2 10	112					
		George Gilmore, M. D. 20 F. Timo	nium Rd. Ti	monium.	Md. 21093							
22		31. DAY CHE MONT 1995 July 320 Best APT CONTEN										
		.U										

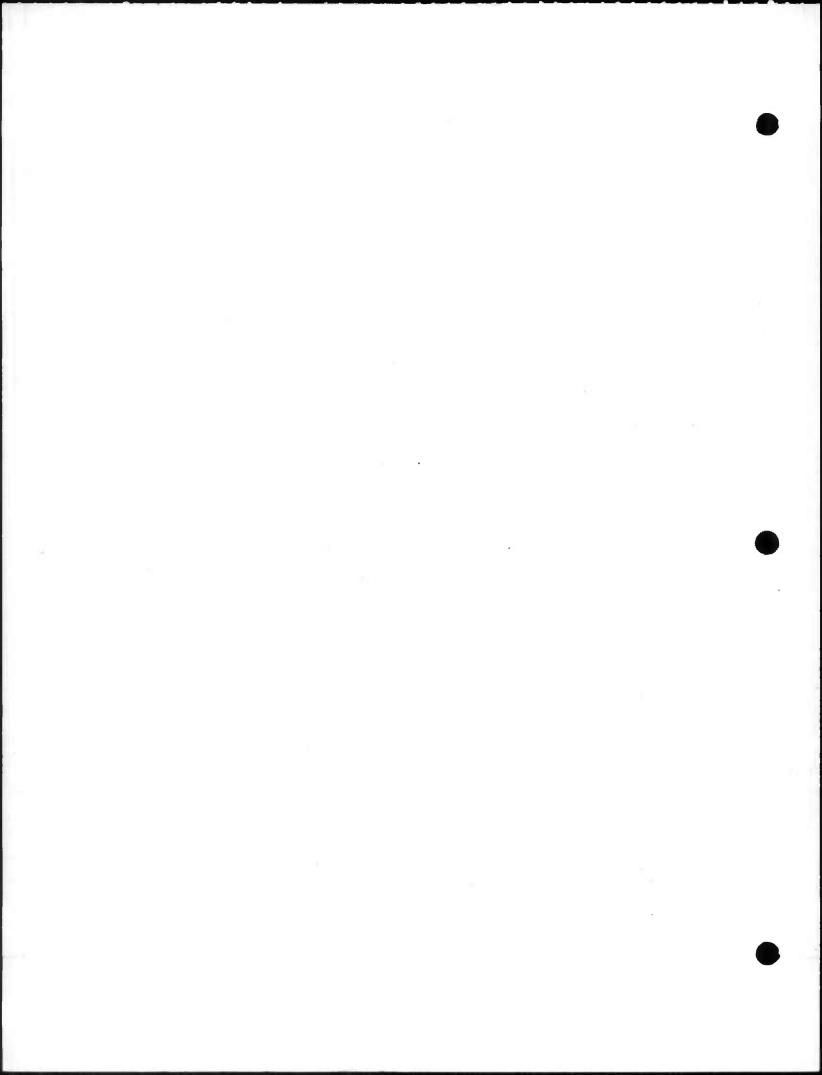
		FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPART	MENT (OF H	EALTH AND DEATH		HYGIENI REG. NO.	E		
		t. DECEDENT'S NAME (First, Middle, Last) Allen	Mabel				2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH		
Pir		4. SOCIAL SECURITY NUMBER 215-14-3345	t 🗆 M 2 🖵 F	(In yrs. les	YRS.		PAYS	F UNDER 24 HRS. HOURS MIN.			. !	Country	4:30 A PLACE (State or Foreign
2, 3 should	OR	90. FACILITY NAME (If not institution, give si Wicomic RESIDENCE OF DECEDENT		ome				isbury	DEATH		Wic		
permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland Wicon				town or i	LOCAT	ION				44	10d. INSIDE CITY LIMITS? t YES 2 NO
菱	TO BE COMPLETED BY FUNERAL	10e. STREET AND NUMBER 27466 Log Cabin Ro					101.	ZIP CODE 21801					HAT COUNTRY?
:1215-0020 or attending physician. r use as the burial-transit		tt. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If yes, specify Cuban, Maxt I ☐ YES 2 ※ NO Specify Cuban, Wax					city Cuban, Mexic					
CA = 5		15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S US	k done duri	JPATIO	N st of working			INESS/INOU		III America
IARYLAND 2 rained by the hospital should be detached to riffled at once.		5th grade 17. FATHER'S NAME (First, Middle, Last)		l_la	borer			18. MOTHER'S N		mesti Ile, Malden S			
MARY retained by 5 should b		Albert Taylor 19a. INFORMANT'S NAME (Type/Print)	<u>-</u>					Mary nd Number or Runs	l Route Number,	City or Town	n, State, Zip C	ode)	
TORE, I e 6 may be bettor, page must be r		Riley Allen 20a. METHOD OF DISPOSITION 1	oval from State 20	b. PLACE	AND DATE OF	DISPOSITIO	ON (Nar	ne of Cemetery	OATE 5/12	Sno	CATION - CH	y or Tow	m, State
ALTIN death. Pag funeral dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 1 ST. James Church Cemetery 5/12 Snow Hill, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE. 1213 Jersey Road - Salisbury, MD 21801											
within 24 hours aff within 24 hours aff ppletely filled in by cremation, or remo cent, the medica		23. PART I. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	h line			12	te of dying, su			ratory arres	ot,	Approximate interval Betwee Onset and Dec
P.O. BOX 68' tth certificate be execute tending physician and co all Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEC	DUENCE OF):		2	de.	YO(1	``			Zenn
AECORDS requires that the d een signed by the of Health and Mei	PHYSICIAN: MEDICAL CE		unes	V	A	the unde			_ 1	a. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The la	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLAC	E OF DEATH	(Check only	one)						
PHYSICI this cer with th	ву РНУ	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 1 Netural 5 Pending Pendi								RED			
S affe 85	ETED 8	3 Suicide 8 Could not be 4 Homicide determined	Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
425	COMPLI	29s. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.											
TO THE HOSPITAL TO THE FUNERAL be fied within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND THE OF CERTIFIER	12	-	7	7		29c. LICENSE NU D0202			29d. DATE S	-	Month, Day, Year)
П		30. NAME AND ADDRESS OF PERSON WHO	completed cause of di co G. Arthes				0се	an Pine	s, Ber	lin,		218	11



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	IENT OF H	EALTH AND I	MENTA	AL HYGIENI REG. NO.	E				
	1. DECEOENT'S NAME (First, Middle, Last) RUBY	MAC		MON	E OF DEATH	1995	YEAR 3.	TIME OF DEATH	А, м			
		1 □ M 2 🖾 F 89		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mor. 11	E OF BIRTH hth, Day, Year) 15 05	signth (State or Country) Maryland			gn	
POP	9a. FACILITY NAME (If not institution, give str 426 South Drew		96		R LOCATION OF DE		9c. COUNT	Y OF DEAT	TH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. N/	A		10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 XYES 2 \(\text{NO} \) NO		
FUNERAL	100. STREET AND NUMBER 426 South Drew			101. ZIP CODE 21224						T COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO TES						Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					White	·		
COMP	Unknown 17. FATHER'S NAME (First, Middle, Last)		Housewor	Iousework 16. MOTHER'S NAME (First, Middle,								
BE	Unknown 19a. INFORMANT'S NAME (Type/Print)	Gray				_	nown				_	
5	Ronald A. Rubin				od Number or Rural I							
	Ronald A. Rubin 10 N. Calvert Street Balto., Md. 21201 20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from Stata 20b. PLACE AND DATE Of DISPOSITION (Name of Commetter), Crematory or other place) Oak Lawn Cemetery 8-11-95 Eastwood, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICE	Oak Lawn	Charle	ry 8 D ADDRESS OF FA ES S. Ze Eastern	iler	& Son	Inc.	4, 12				
	23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Cerebrovascular accident. (Strake) Due To for as a consequence of: Sequentially list conditions. b. Carebrovascular accident. (Strake) 2 WKs Sequentially list conditions.											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST b. AYTRY OSCIPYITIC CE YEDYO VASCULE, CIETOS SUPERIOR SUPERIO									12		
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions STOJOVUS IS			Part I.	art I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		CO OF	RE AUTOPSY FIND AILABLE PRIOR TO EMPLETION OF CAU DEATH?	2,772			
CIAN	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEATH (C	Check only one)	UNCERTAIN	4 🗆						
IYSI		1 Inpetient 2 ER/Outp	itlent 3 DOA 4 D	HER: Nursing Home								
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF	M 1 Y	RK?	280. DE	SCRIBE HOW IN	JURY OCCU	RED		Î	
	3 Suicide a Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Speci	At home, farm, stree	At home, farm, street, factory, offica			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		IAN: To the best of my knowler On the basis of examination								nd manner as state	d.	
TO BE C	298. SIGNATURE AND TITLE OF CHIPPERS 30. NAME AND ADDRESS OF PERSON WHO	TH (ITEM 27) (Type, Prin	29c. LICENSE NUMBER 29d. OME SIGNED (Mont					orith, Day, Year)	5			
	MARVIN J. FELDM 31. DATE FILED (MONTH, Day, 1904) AUGI 1 1995 July	AN, MD. 30	ST. PAI	DL PL	#407	BA	LTO, 1	yD.	216	202	\dashv	



1. DECEDENT'S NAME (First, Middle, Last)

Joseph

1 X M 2 - F

Arlington

Madison Street

5. SEX

YEAR

995

9c. COUNTY OF DEATH

Oueen Anne

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

3. TIME OF DEATH

0015

8. BIRTHPLACE (State or Foreign Country) Louisvil 4 Kentucky

10d. INSIDE CITY
LIMITS? X
1 YES 2 NO

e

REG. NO

July 21
7. DATE OF BIRTH (Month, Day, Year)
Ch 16, 1954

2. DATE OF OEATH MONTH

FOR STATE REGISTRAR

Thomas

Virginia 100. STREET AND NUMBER

N.

TURE AND TITLE OF

859

4. SOCIAL SECURITY NUMBER

152-48-5518

9a. FACILITY NAME (If not institution, give

ITEMS: 23 PART I, 27,28a-f, PER MEO FILM G-726 8/17/95 t.t STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6. AGE (In yrs. last birthday)
41 yrs.

CERTIFICATE OF DEATH

10c. CITY, TOWN OR LOCATION

Nelson

IF UNDER 1 YEAR IF UNDER 24 HRS.

Grasonville

101. ZIP CODE 22205

29c. LICENSE NUMBER

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

NERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

hours after death, Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

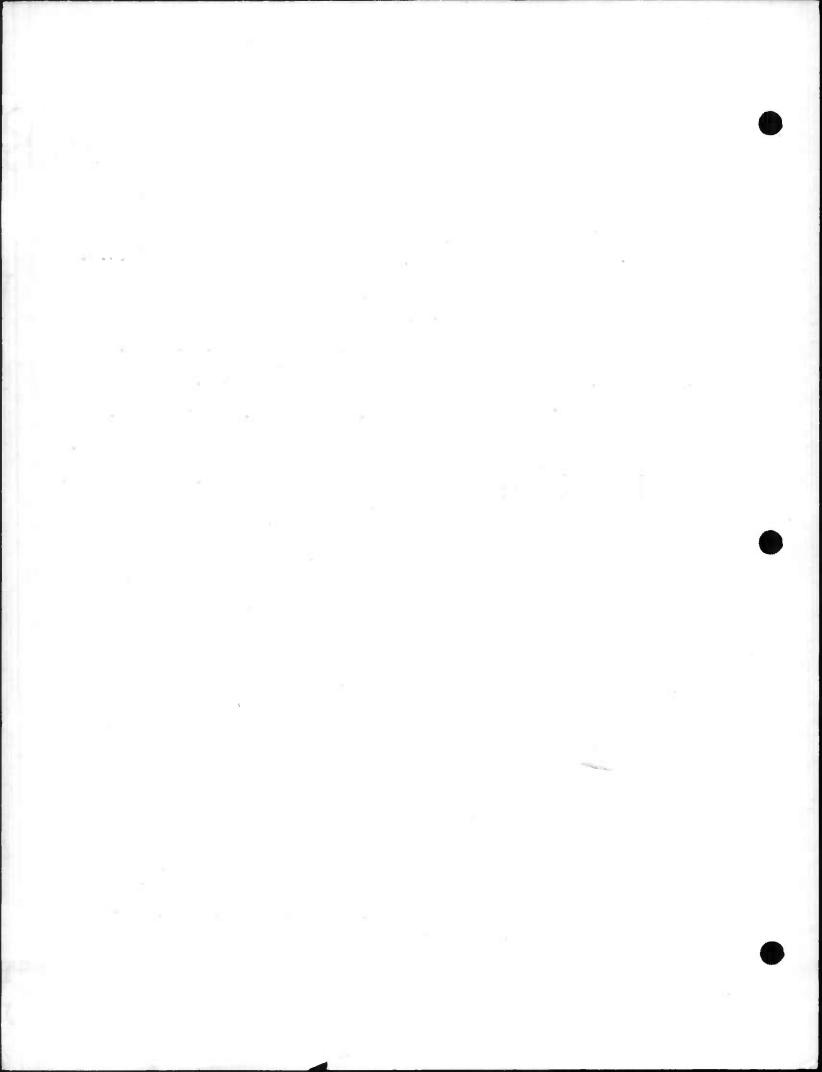
BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced		FORCES? 1 YES 2 NO If y			If yes, specify Cuban, Markan, Puerto Rican, etc.) 1 YES 2 XNO Specify:					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	Itte. Do NOT us	vork done during r	nosi of working	100	G. W. Univ. Hospit				
BE CON	17. FATHER'S NAME (First, Middle, Last) Melvin J. Nels	son			18. MOTHER'S NA	AME (First, Middle, Melden Surneme) olda L. Rogers					
TO B	190. INFORMANT'S NAME (FIRST PINE)	Stowe	19b. MAILING 859	196. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, Stele, Zip Code) 859 N. Madison St., Arlington, Va. 2220							
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE O	LACE AND DATE OF DISPOSITION Name of STATE 2 20c. LOCATION — City or Town, State Tate 2 Arlington, Va							
j	21-CHAPTURE OF FUNERAL SERVICE LIC	ENSEE	e	22. NAME 284	7 Wilso	n Bly	d., Arlin	gton 2	Va. H. 2201		
CERTIFICATION	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, abock, or heart feliure. List only pine cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DROWNING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL (PERFORMEO? 1 W YES 2 NO OF								ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL	GIBUTE TO CAUSE C	28. PLACE OF DEAT			NU	111				
SICI	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER		Other (Specify) at sc	ene	in wate:		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year) FOUND 7/20/		E OF 28c. H	JURY AT VORK? YES 2 XXNO	JURY AT 28d. DESCRIBE HOW INJURY OCCURED ORK? YES 2 XXNO SUBJECT FELL OFF BOAT					
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	icify)		ica	QUEEN	ON (Street and Number of Town, State) EASTER ANNE COUNTY	r Rural Route N BAY	e Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										

B

2

29d. DATE SIGNED (Month, Day, Year)

July 21 1995



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

PHYSICIAN:

BY

COMPLETED

BE

2

Accident

3 Suicide

4 Homicide

e FUNERAL Dh. vithin 72 hours.

TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: I

Pages 1, 2, 3

permit.

urial-transit

95 24345 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH STEVEN AUGUST 995 11:35 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 [XM 2] F YRS. 212-52-4890 46 Dec. 25, Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PATUXENT INSTITUTE PRISON DIRECTOR **JESSUP** HOWARD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Glen Burnie Maryland Anne Arundel 1 YES ZY NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Shannon Street U.S.A. 21060 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Repairman Auto Body 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Orval Elmous Pyle, Jr. Elizabeth Anna Robb BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Susan L. Seymore 321 Kalorama Road Sykesville, MD 21784 20a, METHOD OF DISPOSITION
1 □ Burlal 2 X Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 6 Other (Specify) Carroll Cremation Serv. 8/10/95 Hampstead, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart failure. List only one ceuse on each line. intervai Betwe IMMEDIATE CAUSE (Final **Onset and Death** disease or condition ARTERIOSCIERATIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algorificant conditions contributing to death but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO OF DEATH? 1 YES 2 | NO

► AUGUST 5,1995

DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: TXXYES 2 - NO ng Home 5 - Rasidenca &XXother (Specify) PRISON CELL 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, atreet, factory, offica building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the b on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. SCHATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

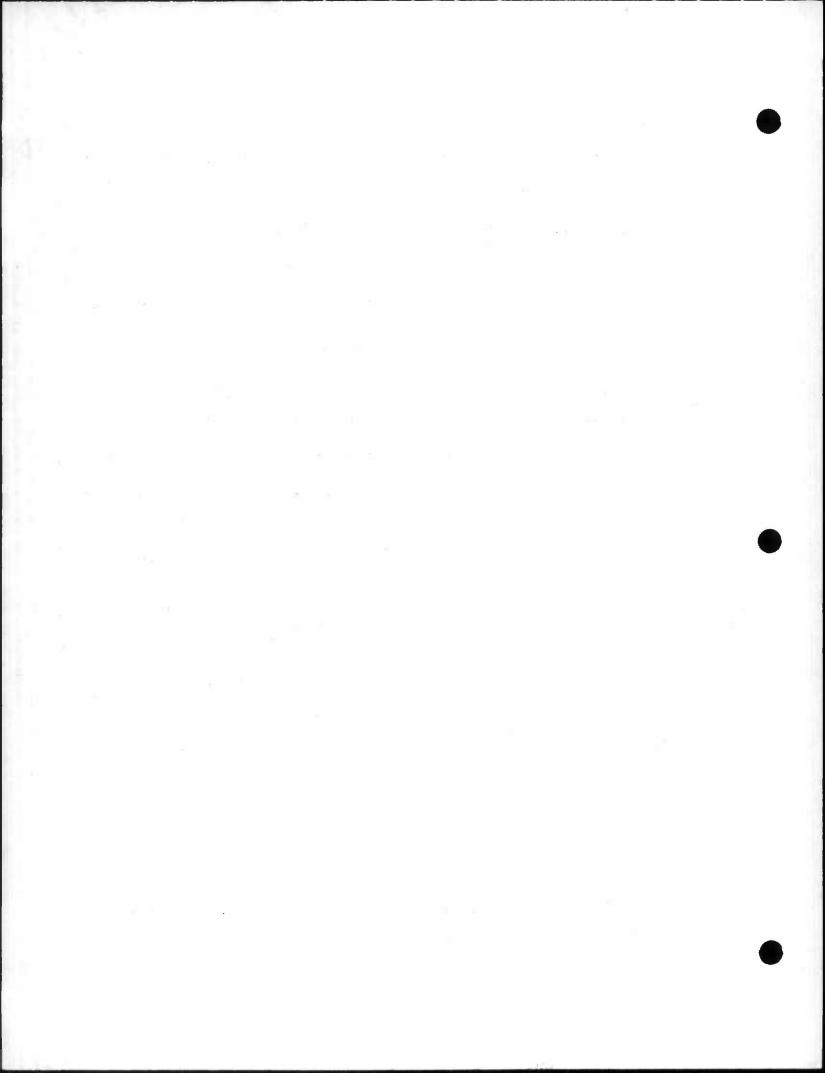
PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MY 111 Penn Street, Baltimore, Maryland 21201

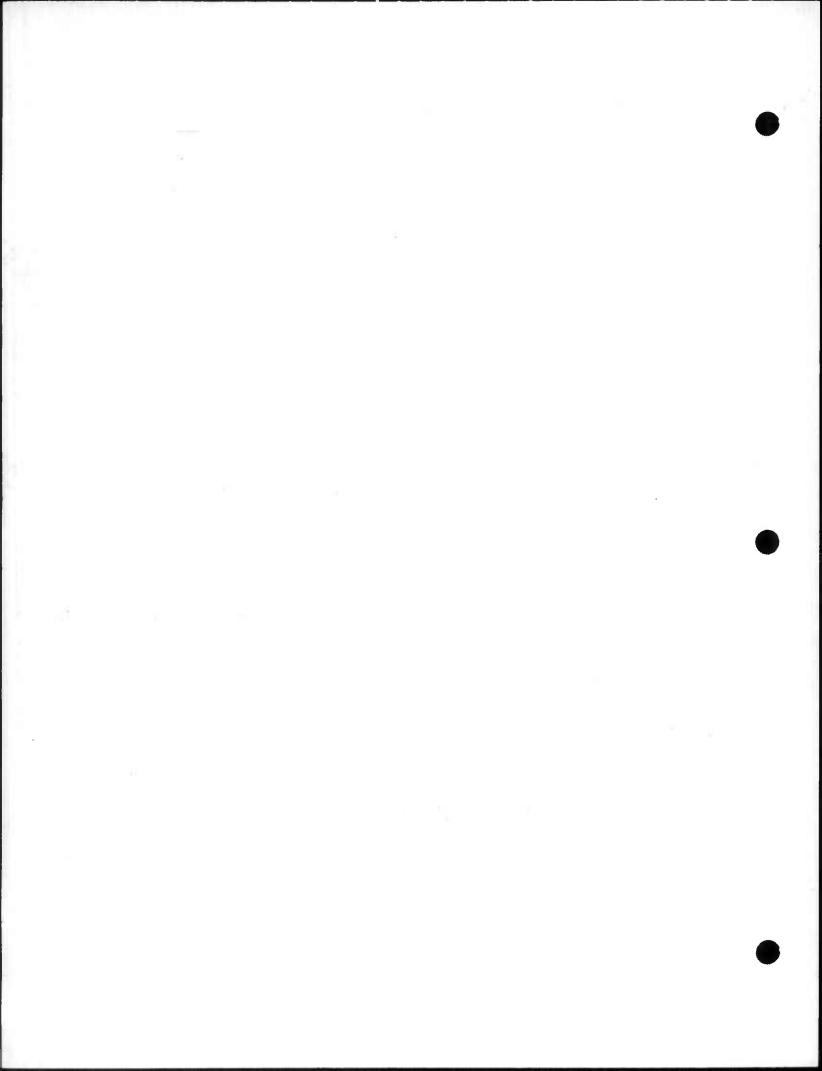
O.C.M.E

6 Could not be





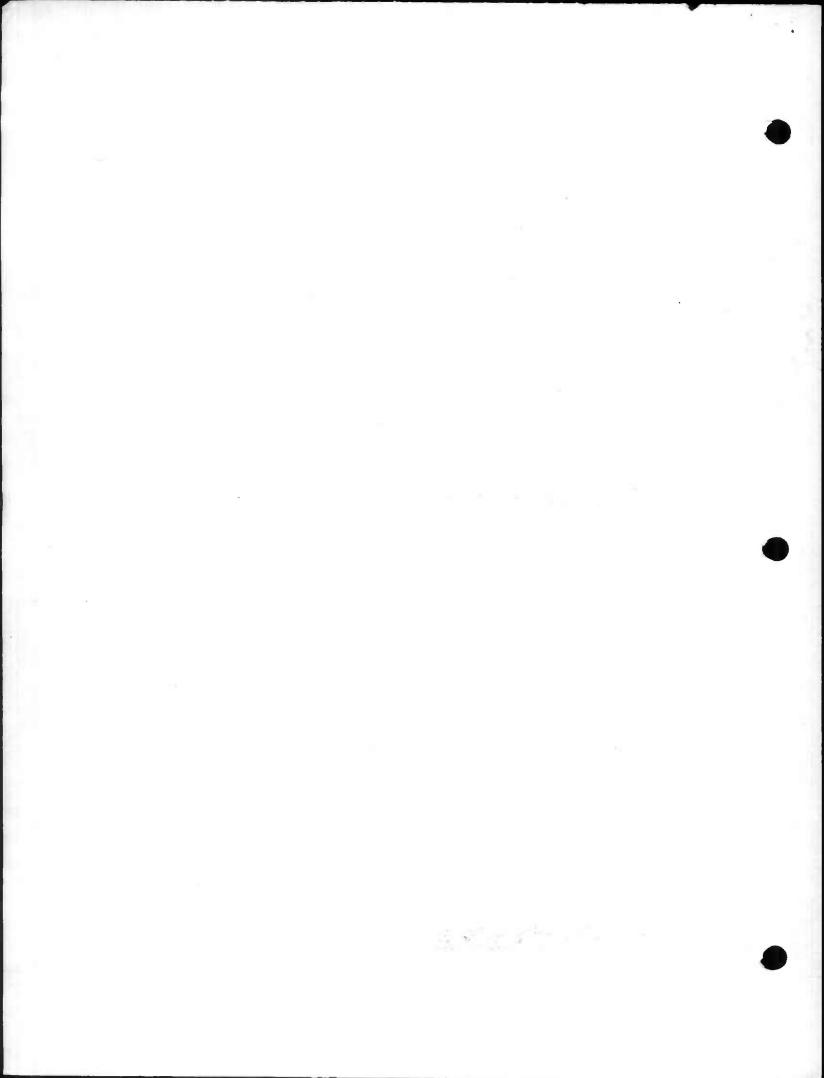
		1 - STATE REGISTRAR		STATE OF I	MARYL					DEAT			G. NO.			
		1. OECEDENT'S NAME (First, SALVATORE	Middle, Last)	JAME	S			PEL	LEGI	RINI		2. DATE OF DI	EATH 9	YE	EAR	. TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	5. SEX		(In yrs. last bi	irthrim.	IF UNDER		IF UNDER	24 0000	7. DATE OF BI	10	199		7:36 P. M
		213-32-2717		1 😾 M 2 🗆 F	61		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Year)	1 1	Country)	ACE (State or Poreign
should		90. FACILITY NAME (If not ins	stitution, give s	treet and number)				9b. CITY	, TOWN C	R LOCATION	ON OF DE	May 5	193	9c. COUNTY	MD OF DEA	TH
2, 3 s	OR	HOPKIN BA		W MEDIC	AL	CENTI	ER	B	ALT]	MOR	E			N/A		
	DIRECTOR	RESIDENCE OF DEC	10b. COUNT	r		To-	10c. CIT	Y, TOWN (OR LOCAT	ION				M/A	T	Dd. INSIDE CITY
Pages	FIG	MD	Ralt	<u>imore</u>				oniu							- 1	LIMITS? VES 2-1 NO
permit.		10s. STREET AND NUMBER	Dail	J-IIIOI C			LIII	OHTU		ZIP CODE				10g. CITIZEN	-	AT COUNTRY?
	FUNERAL	2305 Raveny	view R	oad						210	93			USA		
020 physician burial-tra	5	11. MARITAL STATUS 1 Never Merried 2 🔯	Merried	12. WAS DECEDEN FORCES? 1				13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Spe., Puerto Rican,	etc.)		RACE Black,	- Americen Indian, White, etc.
-0020 ling physician. the burial-transit	B	3 Widowed 4 Divor		IF YES, GIVE V	MAR OR D	ATESA			1 TYES	2X NO	Specify:		,		Specify:	
1215-0020 r attending physic use as the burial	8		DENT'S EDU			16a. DECE	DENT'S	USUAL O	CCUPATIO	N st of workin		16b, KIND	OF BUSI	NESS/INDUST		ite
21 12 o d		Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do	NOT U	se retired.)								
AND 2 the hospital detached for	COMP	1.2 17. FATHER'S NAME (First, Mic	della Lasti	4		Furn	itu	re R	epre	šēnt	ativ	e Furn	nitun	re Ind	ust	ry
YLA by the be det	E C	Donato Pell		i						1000000		IE (First, Middle,		umeme)		
MARYLAND retained by the hospits 5 should be detached notffled at once.	00	19e. INFORMANT'S NAME (Ty				19b. N	AILING	ADDRESS	S (Street e			Salvuco		State, Zip Coo	de)	
	2	June M. Pell	legrin	i								imoniun				
RA may	- 1	20s. METHOD OF DISPOSITION 1 (C) Burlet 2 □ Cremetton	n 3 🗆 Ram	ovel from State		PLACE AND	DATE	OF DISPOS	ITTON (No	me af		DATE	20c. LOC	ATION - City	or Town	, State
Page 6 m al director, inter must		4 th Donation 5 □ Other (DIECE -	- bu	laney	Va.	llow	Mem	Gar	dens	Aug.	Timo	nium,	MD	21093
ALTIN death. Pag tuneral di tuneral di examitter)/					10	W.	Pado	nia	Lem Road	mon	Funera	al H	lome
	_	Koin	Ma.	Person	on	_		Ti	mon	ium,	MD 2	1093				
within 24 he npletely filled cremation or vent, the m		shock, or heart failure. List only one cause on each line.												Approximata Interval Batween Onset and Death		
certificate be executed ding physician and con tygiene prior to bunal, other traumatic er	ERTIFICATION	Sequentially list condition of any, leading to immed cause. Enter UNDERLYIF CAUSE (Disease or Injurthat initiated events	liete NG Ty	C		A CONSEQUE										
교 등 등 급	ERI	resulting in deeth) LAST		d	- 5											
그 의 존 프 플	L C	PART II. Other eignificar	nt condition	s contributing to	death b	out not resi	uiting	In the un	derlying	ceuse g	Iven in F		WAS AN A		24b. W	ERE AUTOPSY FINDINGS
OKD that the ned by th th and h	SICAL											_ 10	YES 2	NO NO	0	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
requires that some signed shows any	MED												, ,	1		YES 2 NO
law as b Sept.	N.	DID TOBACCO US		RIBUTE TO CA						UNC	ERTAIN	0 0	1 ne	chan		
AN: The sificate h state of the	SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO	MEDICAL	HOSPITAL:		26. PLACE C		OTHER	R:							
HYSICIAN: The certificate with the State ked, or iten	PHYS	27. MANNER OF GEATH		1 Inpatient 2	INJURY		8b. TIM	E OF	28c. fNJL	JRY AT	_	Other (Spec		JURY OCCUR	ED ø	. ()
S S S S	ВУ Р	1 Netural 5 F	Pending restigation	(Month, D	19 (Fau	~d /	STOP 14	WOI 1 □ Y	- 1	NO	Subje	ct	poure	de	deline on
TENDING TOR: After after death 28 Is man	ED	3 Suicide 6 0	Could not be	28e. PLACE O building,	F INJURY	— At home,	ferm, s	street, fact	ory, office	1		281. LOCATION City or Town		d Number or F	lural Rou	to Number & any
OR ATTEN DIRECTOR: hours after item 28 I	E	no. ocorreso				bec		delsc.	KILL	- how	Q					
보기하는	COMPLET			CIAN: To the best of R: On the basis of e											use(e) e	nd menner ee stated.
E FUN		296. SIGNATURE AND SETLE			11						NSE NUM					onth, Day, Year)
TO THE HOSPIT TO THE FUNERS be filed within 7	TO BE	Theo	the	e de	Thro	Vu	us			O.C	. M . I	Ξ.		▶AUG		0, 1995
	F	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	_ (,							
		2 ATIC 1 11 100 E	RE (Az HELHETHA	III SHOW	111	Pen	n S	tre	et,	Balt	timore	e, M	laryla	and	21201
	- 1	U007 T 1999	Jaco	- management	A SPACE	1.00										



BALTIMORE, MARYLAND 21215-0020

Item3,Film726,8/11/95,1t

	REGISTRAR	C	ERTIFI	CATE C	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	tion.				2. DAT	E OF DEATH	AV	YEAR	3. TIME OF DEA	TH
	Rhea Dorothy Person	1								7:45	A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6, AGE (In yrs. i	last birthday)	IF UNDER 1 YE		s. 7. DAT	E OF BIRTH		8. BIRTH Count	HPLACE (State or F	oreign
	216-76-5356 1 M 2 9e. FACILITY NAME (If not institution, pive street and num		YRS.	MONTHS DA			il 21,		Mis	souri	
E C	Chapel Hill Nursing H	,			vn or location o lallstown				ltir		
5	RESIDENCE OF DECEDENT										
DIRECTO	Maryland 106. COUNTY Balt	imore		Rockda						10d. INSIDE CIT LIMITS? 1 YES 2 X	
A	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?	
FUNERAL	3611 Marriott Lane			21244				.S.A			
_	1 News Married 2 Married FORCE	ECEDENT EVER IN U.S., S? 1 TYES 2 A GIVE WAR OR DATES	NO	If yes	DECENDENT OF HIS i, specify Cuben, Me YES 2 X NO S	xican, Puert		or No-	Blec	E — American Ind ik, White, etc.	len,
В	3 🔀 Widowed 4 🗆 Divorced	GIVE WAN ON DATES		''	TES Z IN NO S	рөсну;			Spec	White	
COMPLETED	15. DECEDENT'S EDUC/ITION (Specify only highest grade completed)			USUAL OCCUI	PATION g most of working	1	6b, KIND OF BU	SINESS/INC	DUSTRY		
PLE	Elementary/Secondary (0-12) College (1 8th Grade	-4 or 5+)		maker			her o	wn ho	me		
W C	17, FATHER'S NAME (First, Middle, Last)		Home	marci	18. MOTHER'S	S NAME (First	t, Middle, Meiden		inc		
	Charles John	Mayer			Maud			mann			
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	eet and Number or R	ural Route Nu	imber, City or Tow	rn, State, Zip	Code)		
2	Miss Judy Cole		98 La	ke Sho	re Drive	Pas	adena,	Mary	land	1 21122	
	20s. METHOD OF DISPOSITION 1X Burisi 2 Cremetion 3 Removal from S			of DISPOSITIO	al Park	1		CATION —			
	4 Donation 5 Other (Specify)	Lake	View		al Park	8/11/	/95 Syl	kesvi	lle,	, MD	
	Stepha m (onka			ng Byers						122
	23. PART t. Enfer the diseases, or complication	one that caused the	death. Do n		Liberty mode of dying,					Approxim	133
	shock, or heart fallure. List only o									interval E	
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	epartins	re	Ar	7-eno	SCIC	roni	C0-	de	overca	(00
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	immediate cause (Fine) disease or condition resulting in death) Due to (or as a consequence of): Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING Due to (or as a consequence of): Conditional Conditions, if any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	th any, leeding to immediate cause. Enter UNDERLYING										n+1
E I	CAUSE (Disease or injury that initiated events Due to (or as a consequence of):										
ᇤ	resulting in deeth) LAST										
	PART ii. Other algnificent conditions contribu	ting to deeth but no	t reaulting	in the under	lying csuse give	n in Part i.	24e. WAS AN	AUTOPSY	24	b. WERE AUTOPSY	FINDINGS
DICAL							PERFO			AVAILABLE PRIOR COMPLETION DE	
MED					/		1,	100		OF DEATH?	NO
	DID TOBACCO USE CONTRIBUTE T	O CAUSE OF DE	ATH YE	S NC	UNCER	IAIN 🗆					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF DEAT	TH (Check only	one)						
PHYSICIAN:	1 TYES 2 NO 1 Inpet	ent 2 - ER/Outpatient	3 DOA	OTHER:	Home 5 - Reside						
PH	27. MANNER OF DEATH 1 Netural 5 Pending	DATE OF INJURY Month, Day, Year)	28b. TIM	IURY	INJURY AT WORK?		DESCRIBE HOW	INJURY OC	CURED		
BY	2 Accident Investigation	PLACE OF INJURY — At	home form		YES 2 N	_	OCATION (Street	and Mumba	- as Burni	Davida Mumbar	
TED	3 Suicide 8 Could not be 4 Homicide determined	ouliding, atc. (Specify)	nome, rem,	alreet, ractory,	onice	201. 6	ity or Town, State	eno Namba	or norm	rode runos,	
E	298. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge.	death occurr	ed at the time.	date and place, and	due to the	cause(s) and me	nner es sta	ted.		
COMPLET	one) 2 MEDICAL EXAMINER: On the b									(s) and manner se	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE	NUMBER		29d. DAT	E SIGNE	D (Month, Day, Year)
TO BE	R. W-shar my				10 1	766	8.	• °	61	9195	1
<u> </u>	30. NAME AND ADDRESS OF PERSON WHD COMPLET	TO & P	TEM 27) (Type	erst.	my b	d.	OWIN	gon	mii	1 2 712	
		EGISTRAR'S SIGNATURE						U			
	AUG1 1 1995 July 201	udger ladel									



BALTIMORE, MARYLAND 21215-0020

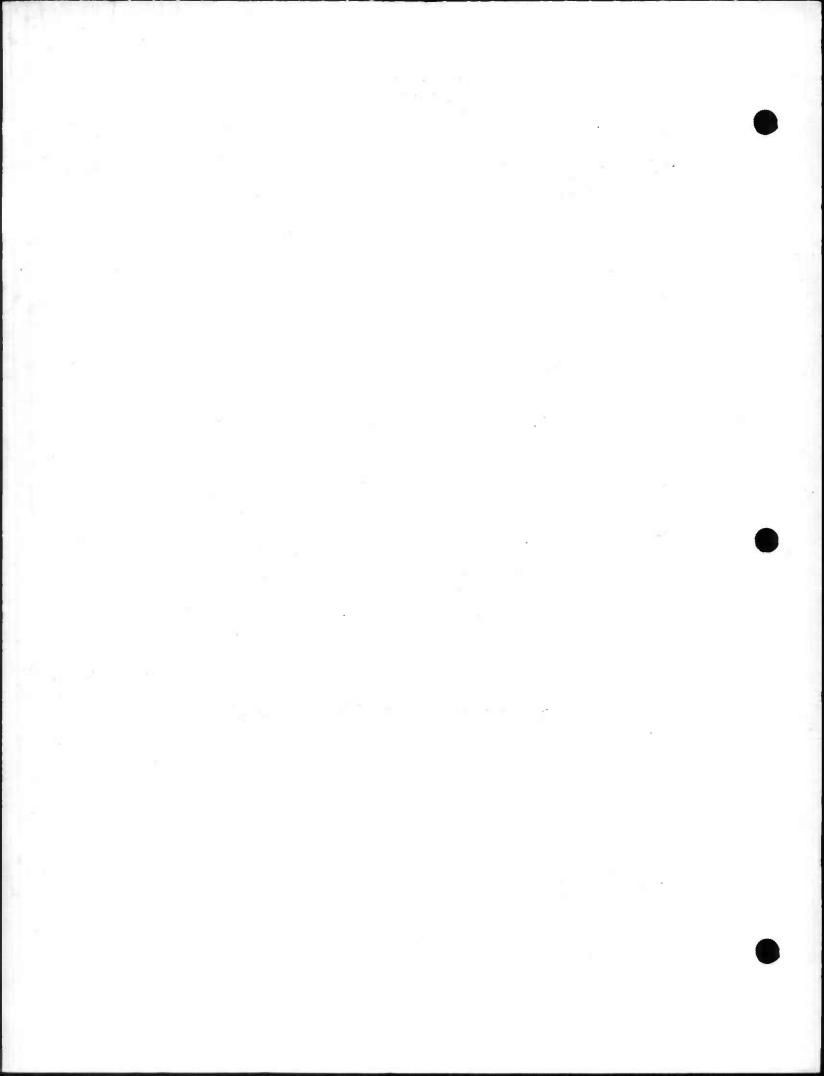
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local performance of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	2				2. DATE OF DEATH		3. TIME OF DEATH			
	ELIZA BETH	PERRY				AUGUST		5 7:45 Pm			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (V) yrs. la	Marie Marie	F UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATÉ OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	217-82-9020 9e. FACILITY NAME (If not institution, give str	1 M 2 XF 77	YRS.	A CITY TOWN O	R LOCATION OF DE	MARCH 16,		MARYLAND DUNTY OF DEATH			
E C	BON SECOURS HOSPI		1.		MORE CIT		N/A				
CTC	RESIDENCE OF DECEDENT	IND	BALTIMORE CITI N/A								
DIRECTOR	MARYLAND N	/A	10c. CITY,	OWN OR LOCAT	IMORE CI	ľΥ		10d. INSIDE CITY LIMITS?			
	100. STREET AND NUMBER	, , , ,			ZIP CODE		1 X YES 2 □ NO OF WHAT COUNTRY?				
FUNERAL	526 NORTH PAYSON	STREET			21223			USA.			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AT FORCES? 1 YES 2 X				HC ORIGIN? (Specify Yes	or No- 14.	RACE American Indian, Black, White, etc.			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	NO		2 NO Specify	n, Puerto Rican, etc.)		Specify:			
ED	15. DECEDENT'S EDUC		ECEDENT'S US	UAL OCCUPATION	N .	16b. KIND OF BU	SINESS/INDUST	BLACK			
Ē	(Specify only highest grade of Elementary/Secondary (0-12)	College (t-4 or 5+)	Give kind of wor B. Do NOT use r	k done during mo: etired.)	st of working						
COMPLET	9th GRADE	Н	OMEMAK	ER		OWN	HOME				
	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Malden					
BE	UNKNOWN 19a. INFORMANT'S NAME (Type/Print)	11	A MAILING AL	DDDESS (Street o	MARY	E. CO Route Number, City or Tow	LEMAN				
5	DOROTHY WILLIA					ET, BALTIM					
	20a. METHOD OF DISPOSITION 1 Buriel 2 □ Cremetion 3 □ Remo			DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, State			
	4 Donetton 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICE	MT. Z	ION CE	METERY			LTIMORE	E, MARYLAND			
	21. SIGNATURE OF PUNEMAL SERVICE CES	PASEE .		JOSEPH	H. BROV	WN JR. FUN	ERAL HO	OME, P.A.			
_	AV	www/h				MORE ST.,					
		omplications that caused the de- lat only one cause on each line	esth. Do not a.	anter tha mo	da of dying, suci	h as cardiac or resp	iratory arrest,	intarval Between			
	IMMEDIATE CAUSE (Final disease or condition	PARKED	at	the	Calan)		Onset and Death			
	resulting in death) II. HIVEE OF ME COIDIU DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, T. Metastatic Cancer of the Colon,										
ATIC	if any, leading to immediata cause. Entar UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF):	2.00	ada t	Dorlot	6.				
임	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	OUENCE OF):	rupes	19171	MINDELL	7				
CERTIFICATION	resulting in death) LAST			/							
AL C	PART II. Other aignificant conditions	contributing to death but not	reaulting in	tha undarlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
					5.0%	PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED							ACIO	OF DEATH?			
PHYSICIAN: MEDIC	DID TOBACCO USE C	ONTRIBUTE TO CAU	SE OF E	DEATH Y	ES NO						
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch						
HYS	1 YES 2 NO 27. MANNER OF DEATH	1. Inpetient 2 ER/Outpetient :	29b. TIME (6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	EQ			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WO	RK7 ES 2 ND						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, stre	et, fectory, office	,	28t. LOCATION (Street City or Town, State)	and Number or F	Bural Route Number,			
13	AA- ACCUTICE										
COMPLETED		CIAN: To the beat of my knowledge, de									
	29b. SHENATURE AND THE OF CERTIFIER	t: On the table of examination end/or	investigation,	In my opinion, d							
BE	290. Management of Certifies	MIN MI)			D 43-7	. 0	29d. DATE SI	GNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO	7 /-	M 27) (Type, Pr	rint)	-		P/	1/75			
	RAUL RIVERA	2600 W. B	salt s	T+. 1	Balt MD	2122	3				
	AUG1 1 1995	32 REGISTRAR'S SIGNATURE	4.4								
	**************************************	Ame marter 1	dell								

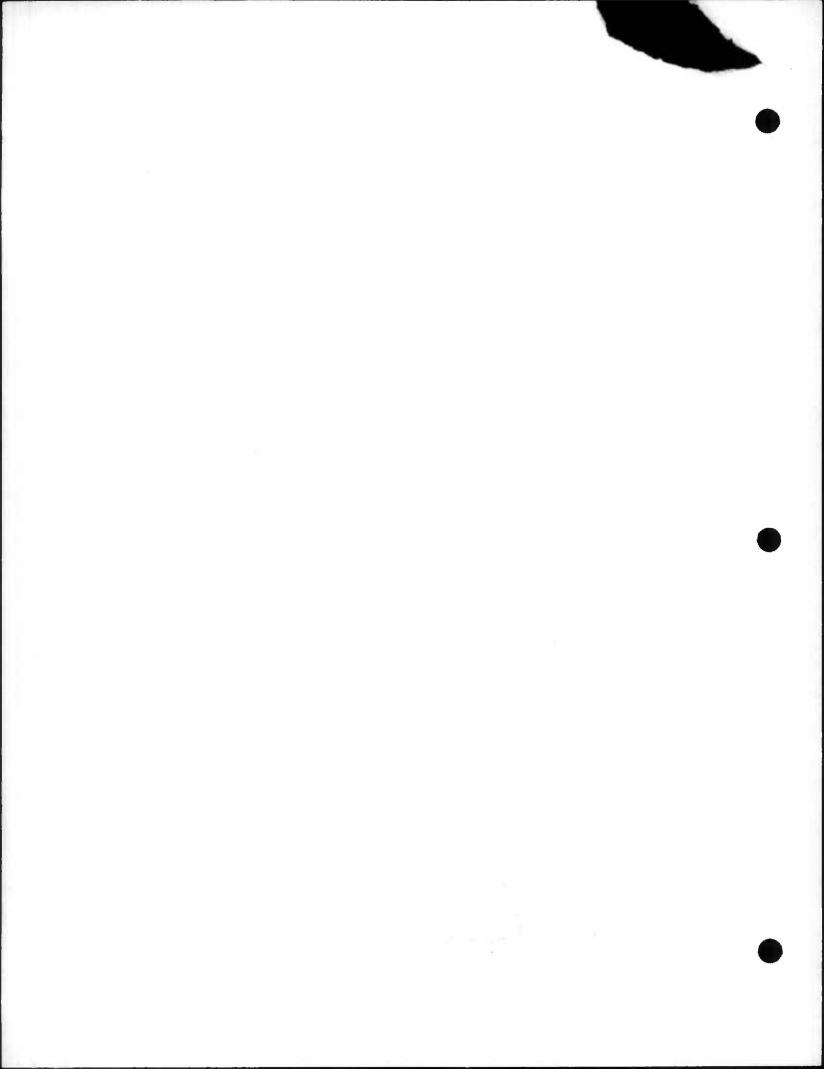


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within SS hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR 1 . STATE

	REGISTRAR		CI	ERTIF	ICATE O	F DEATH	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DE	ATH
	Gabriel Joseph P	olizio					MONTH 8	5	1	.995	3:00	А. м
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or	
	060-50-5910	1 X M 2 - F	53	YAS.	MONTHS DAY	HOURS MIN.	(Month, Di	l 7 19	42	Count	n) land	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF D		., 10		JNTY OF D		
E.	26 Belhaven Dr.				Baltin	nore Cou	ntv		Ва	ltim	timore	
5	RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNT	•			Y, TOWN OR LO						10d. INSIDE CI LIMITS?	TY
0		imore		Ba	ltimore	: County					1 TYES 2)	
×	10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZEN OF V			WHAT COUNTRY	7
FUNERAL	26 Belhaven Dr.				21236			Po	land			
5	11. MARITAL STATUS	12. WAS DECEDENT I	VER IN U.S.AR	MED	13. WAS E	ECENDENT OF HISPA apacify Cuben, Maxic	NIC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American In	dlen,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR				ES 2 NO Speci		n, etc.j		Speci		
		l									MITCE	;
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	/G	CEDENT'S Ive kind of v Do NOT us	USUAL OCCUPA work done during	TION most of working		of Bus				
اڄ	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 +)				1		ouy o Co				
×	17. FATHER'S NAME (First, Middle, Last)		36	:11-0	mployed					Ltu.		
8	Kazimierz Polizi	۵				18. MOTHER'S N.	ame (First, Midd nna Bac					
B	19e. INFORMANT'S NAME (Type/Print)							-				
임	Sharyn A. Duff					et end Number or Rural						
	20e. METHOD OF DISPOSITION		1	_			imore, Md. 21236 DATE 20c. LOCATION — City or Town, State					
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cval from State			OF DISPOSITION ther place)		DATE	20c. LOC				
	d Donation 5 Other (Specify) Crematory or other place) A Donation 5 Other (Specify) Metro Crematory Inc. 8/5/95 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home											
	Touala	· Vasdu	Inc		7403	l Belair	Rd. Bal	Ltimo	re.	Md.	21236	
	23. PART i. Enter the diseases, or shock, or heart fallure.	complications that c	aused the de	eth. Do r	ot enter the r	noda of dying, au	ch as cardiac	or reapir	ratory ar	reat,	Approxi	
						0 0						Between nd Death
	disease or condition resulting in death) Adeno carci Noma of the Lung DUE TO (OR AS A CONSEDUENCE OF):								5moi	who		
	DUE TO (OR AS A CONSEDUENCE OF):											
Z	Sequentially list conditions,											
Ĕ	If any, leading to immediate											
3	CAUSE (Disease or Injury											
Ē	that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST											
览	c,											
EDICAL CERTIFICATION	PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
2	None							PERFORI	4		COMPLETION OF	
							''	YES 2	Z, NO		OF DEATH?	A
Σ	DID TOBACCO USE CONT	PIBLITE TO CALL	SE OF DEAT	TH YE	S \square NO	UNCERTAI	N D				1 YES 2	NO
₹ I	25. WAS CASE REFERRED TO MEDICAL	TAIDOTE TO CAO.			H (Check only or		N L					
Sic	EXAMINER?	HOSPITAL:			OTHER:							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF IN.	JURY	28b. TIM		NJURY AT	28d. DESCRI		LJURY OC	CUBED		
	1 Natural 5 Pending	(Month, Day,	Year)	IMJ		VORK?				001125		
BÝ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF II	NJURY — At ho	me, term, s			281. LOCATIO	N (Street or	nd Numbe	r or Rural R	Route Number	
COMPLETED	4 Homicide determined	building, etc	(Specify)				City or To	wn, Stete)			,	
١٣	29a, CERTIFIER 1 CERTIFYING PHYS	CIAN: To the heat of	knowleiden úd-		4 -4 -4 4					_		
₹	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my										
임				aangano	ii, iii iiiy opiliidii			place, and				
H	29b. SIGNATURE AND TITLE OF CERTIFIE	1,1-	a. D.		^	29c. LICENSE NU	MBER	G	29d. DAT	E SIGNED	(Month, Day, Year)
ဂ္	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	reacy	e p	10	179	116		H	Ugus	+ 5,1	145
	MA L I I / I .	11 . 4	V			-1 -) , /.			. ~	,	
	31 DATE ELLED (Month One War)	odbridg		2 5	6000	ne St. 1	sal ti	mic		MD		
	Alake Control (malaya) Alake (malaya)	33. REGISTRAR'S	IGNATURE						-			



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

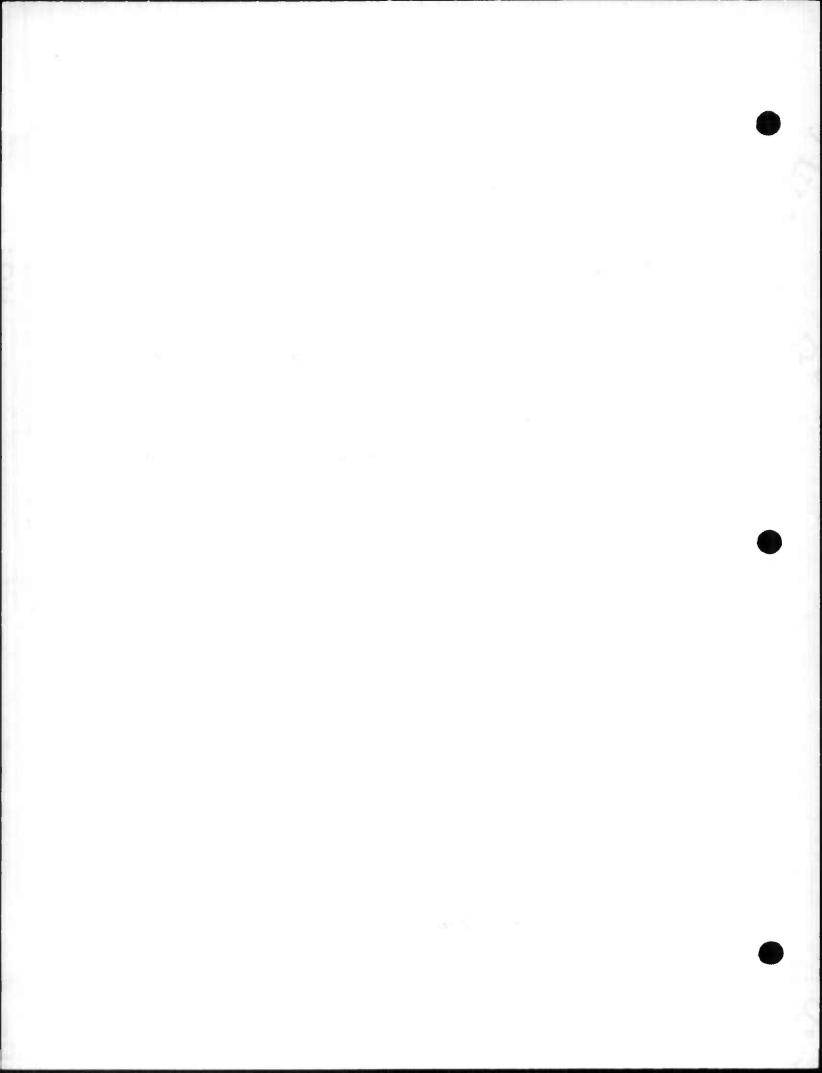
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within to how after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, gage 5 should be detached for use as the hurial-transfer narmir. Panes 1 2 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) VIR CTIN 4. SOCIAL SECURITY NUMBER	STEPHENS RUC A RUCKER 5. SEX 8. AGE (In vir. line) birthola	- STEPHENS	2. DATE OF DEATH MONTH AUGUST 10	VEAR 3. TIME OF DEATH					
	219-32-9564 De. FACILITY NAME (If not institution, give s.	1 □ M 2 DF 56 YRS	MONTHS DAYS HOURS MAIN	7. DATE OF BIRTH (Month, Day, Year) 5.0+5, 1938	8. BIRTHPLACE (State or Foreign Couptry) NTY OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ical Center	Baltimore		N/A					
	10e, STREET AND NUMBER	N/A	Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	3014 Herber	12. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE 2 2 2 6		L. S. A.					
B	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 YES 2 NO Specify: 1 YES 2 NO 1 YES 2 NO Specify: 1 YES 2 NO 1 YES 2 NO Specify: 1 YES 2 NO 1 YES 2 NO Specify: 1 YES 2 NO 1 YES 2 NO Specify: 1 YES 2 NO 1 YES 2 YES									
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kind ("S USUAL OCCUPATION of work done during most of working use retired.)	166. KINO OF BUSINESS/INDU	USTRY					
BE COMPL	William Utohens Mary Family new									
101	Palmer Steph	ens 300	ong Address (Street and Number or Alumbor)	Route Number, City or Town, State, Zip Rallmore Ma	d 21216					
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	rivel from State pernetery, cremetory of	S	8-N-95 Arbut	Aty or Town, State					
	Alrene -	A. Thompson	January Funeral 12 H300 Waba	Home-West						
	immediate cause (Final disease or condition resulting in death)	omplications that caused the deeth. Do List only one ceuse on each line. PNUENONIA DUE TO (OR AS A CONSEQUENCE	with SEP		Approximate Interval Between Onset and Death					
ATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting In deeth) LAST U. OUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other aignificant condition	s contributing to deeth but not resulting	g in the underlying ceuse given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
PHYSICIAN: MEDIC	NUN SIMALL	CELL CANCER	ob LUNG	1 🗆 YES 2 🖂 NO	OF GEATH? 1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAUSE OF DEATH	YES NO UNCERTAIN	N 🗆 📗						
SIC	EXAMINER? 1 ☐ YES 2 0 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA	OTHER:	8 C Other (Specify)						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		IME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCC	URED					
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, term building, stc. (Specify)	s, street, factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,					
COMPLETED		CIAN: To the best of my knowledge, death occurs: On the basis of examination and/or investigation.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER MD	NDHIR. D. PA	782 29c. LICENSE NUM	ABER 29d. DATE	SIGNEO (Month, Day, Year)					
	SVDHIR D 31. DATE FILER (Mapor). Box. Voc.)	O COMPLETED CAUSE OF OEATH (ITEM 27) (7) PATEL 2600 32 REGISTRAR'S SIGNATURE	diberty Rd	. BALTO . 1	nD. 2/215					
	31. DATE FILE AUG 10% 10995	32 REGISTRAR'S SIGNATURE								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2. 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE OF MARYLA REGISTRAR	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH					
	MILDRED A. K	EEI	>		Ayens 6	TH 1995	2:30 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	or read (iii year mor periody) ir o			7 DATE OF BIRTH	a. BIRT	HPLACE (State or Foreign			
	213-26-9175 1□M2⋈F 64	1 □ M 2 ☑ F 64 YRS. MON			(Month, Day, Year) 12-7-30	Man	vland			
	9a. FACILITY NAME (If not institution, give street and number)	1	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF				
DIRECTOR	Good Samaritan Hospital		Baltim	ore		n/a				
JE (10e. STATE 10b. COUNTY	10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
	Maryland Baltimore	Bal	timore			LIMITS?				
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE	10g. CITIZEN OF	WHAT COUNTRY?				
H	7705 Oak Ave.			21234		U.S.A.				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN I	J.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No.— 14. RAC	E — American Indian,			
ВУ Б	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DAT			cify Cuban, Mexicar 2 NO Specify	n, Puerto Rican, etc.)	Spec	ck, White, etc.			
			1			Whi				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wor	BUAL OCCUPATION done during most	N it of working	16b. KIND OF BUS	SINESS/INDUSTRY				
Ë	Elementary/Secondary (0-12) College (1-4 or 5+)									
MP	12 yrs	Executiv	e Secre	tary	Kitcher	1 Supplie	es			
00	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	ME (First, Middle, Malden	Surname)				
BE	George H. Anthony Sr.			Myrtle						
2	19a. INFORMANT'S NAME (Type/Print)	196. MAILING A	DDRESS (Street a	nd Number or Rural R	loute Number, City or Tow	n, State, Zip Code)				
	J. Gilbert Reed, Jr.	7705 O	ak Ave.	Baltimo	re, Md. 21	L234				
- 9	1 by Burial 2 ☐ Cremation 3 ☐ Removal from State camel	LACE AND DATE OF ery, crematory or othe		ne of	DATE 20c. LO	CATION — City or T	own, State			
	4 Donation 5 Other (Specify)	rkwood C	emetery		8-9 Par	kville,	Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-		D ADDRESS OF FAC						
	11-611		Ruck T	owson fu	neral Home Towson, Mo	Inc.				
	23. PART I. Enter the diseases, or complications that caused to	the deeth. Do not	enter the mod	le of dying, such	as cardiec or reepi	retory arrest.	Approximate			
	shock, or heart fallure. List only one cause on eec IMMEDIATE CAUSE (Fine)	h line.				2000	Interval Between Onset and Death			
	disease or condition C D C	18					ONF 1)AY			
z	CHYANKI CHICTOLIT HOLLING									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate Due to (or as a consequence of):									
3	cause Enter UNDERLYING FVERE CORD MARY ARTERY DISTANT THAN IN									
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A C	ONSEQUENCE OF):					YEARS			
E	resulting in death) LAST									
	PART II. Other significant conditions contributing to death but	and an addition to								
ZA	KHEUMATOID AT	ZTH-RZ 1	the underlying	ceuae given in I	Part I. 24s. WAS AN PERFOR		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ă	12110 001011 1115 1111	41) [-]	1 12		1 [] YES 2	X(NO	OF DEATH?			
Σ					_		1 TYES 2 NO			
Ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF			UNCERTAIN	128					
PHYSICIAN: MEDIC	EXAMINER? HOSPITAL:	. PLACE OF DEATH	(Check only one)							
ΙΥS	1 YES 2 NO 1 Inpatient 2 ER/Outpat	lent 3 DOA 4	☐ Nursing Home	5 - Realdence	6 Other (Specify)					
H	27. MANNER OF DEATH 1 A Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WOF	IK?	28d. DESCRIBE HOW II	NJURY OCCURED				
BY	2 Accident Investigation		M 1 7	ES 2 NO						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre	et, fectory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural i	Route Number,			
립	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowled									
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination a	ind/or investigation,	In my opinion, de	ath occured at the t	ime, date and place, an	d due to the cause(a) and manner as stated.			
	286. SIGNATURE AND STILE OF CENTS LES			29c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)			
3 BE	Suran,	MD		P-07	-618	DA ugu				
유	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	int)	-	5.5	. 1	200			
	KOFI OWNSH-BONSTE	=4, 0	(00)	Som	ARITAI	y Ho	7871774			
	31. DATE FILED (MOGIN. 1999) Jell 30 1500 FRANCE CON	UFF THE STREET								
	MUUI I 1999									



ш	afte
_	hours
	Ì
90	W
8	cuted
9	900
ô	2
BOX (rtificate
۲.	8
s, P.O	death
ă	app app
Ĭ,	hat
- RECORDS,	requires 1
_	SW.
A	1
OF VITAL	HYSICIAN:
JIVISION OF	OR ATTENDING P
5	S

	FilmG, 726, FOR 1-STATE REGISTRAR	item #8,19	AND / DEPAR	8/11/9 RTMENT OF I	HEALTH AND	per f.h. MENTAL HYGIEN REG. NO	NE) U U L
	1. DECEDENT'S NAME (First, Middle, Last)	ELIZABETH		CIA	115	200000000000000000000000000000000000000	- 14	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	1	951	1244
	219-70-0400	1 □ M 2 💢 🏋	36 YRS.	MONTHS DAYS	HOURS MIN.	FEB. 24, 1	959	BAL	TIMROE, MD
TOR	9a. FACILITY NAME (If not institution, give a GOOD S A M A FRESIDENCE OF DECEDENT		SP.		OR LOCATION OF D		9c. COUNT	y of dea n/a	тн
DIRECTOR	MARYLAND	n/a	10c. CIT	Y, TOWN OR LOCA	TION BALTIMORE			177	DIA. INSIDE CITY LIMITS? XAES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	of ZIP CODE		10g. CITIZE		AT COUNTRY?
		INHAUS ROAD			21212		UNIT	ΓED	STATES
	11. MARITAL STATUS Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 X NO TES	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) y:	s or No- 14	Black, V Specify:	- American Indian, White, atc. BL ACK
COMP LEI ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI	ON ost of working	16b. KIND OF BL	ISINESS/INDUS	STRY	3271010
	Elementary/Secondary (0-12)	College (1-4 or 5 +)			LABORER	MASS	TRANSI	T L	ADMINISTRAT
П	17. FATHER'S NAME (First, Middle, Last) CALVIN SLOWE			31.2100		ME (First, Middle, Malder	Sumame)	. 1 /	DITITION
0 8	190. INFORMANT'S NAME (Type/Print) Sat all 1001'C	arah Moore	19b. MAILING 719			AD, BALTIN			AND 21212
	28a. METHOD OF DISPOSITION 1 [X Burtel 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from State		OF DISPOSITION		DATE 20c. LC	DCATION — CIT	y or Town	
		ia Holla	nd	WM.		FH1101	E. NO	RTH	
Silve Silve	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. SEVER	AN	SMIA	ode of dying, auc	h aa cardlac or reap	iratory arrea	it,	Approximate Interval Between Onset and Death
	Sequentially list conditions,	DUE TO (OR AS A	XIA						1000
5	If any, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A PNEU)	MONIF						WEEKS
ENTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEGUENCE O	F):					
MEDICAL C	PART II. Other algorificent condition				g ceuse given in	Part I. 24e. WAS AN PERFO	RMED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE
	DID TOBACCO USE CONTI	DIBLITE TO CALISE OF	DEATH V	c El No E	T LINICEDTAIN				DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	UNCERTAI	NEI			
200	EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗆 Rasidenca	6 Cher (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, 1N.	JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUP	RED	
3	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Special	— At home, ferm,	street, lectory, offic	•	281. LOCATION (Street City or Town, State		Rural Rout	le Number,
COMPLET		CIAN: To the best of my knowle R: On the basis of examination							nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				oreh, Day, Year) + 9 1995
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (7/00	Print1			-	142	1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OCH RAVEN BO MEVARD

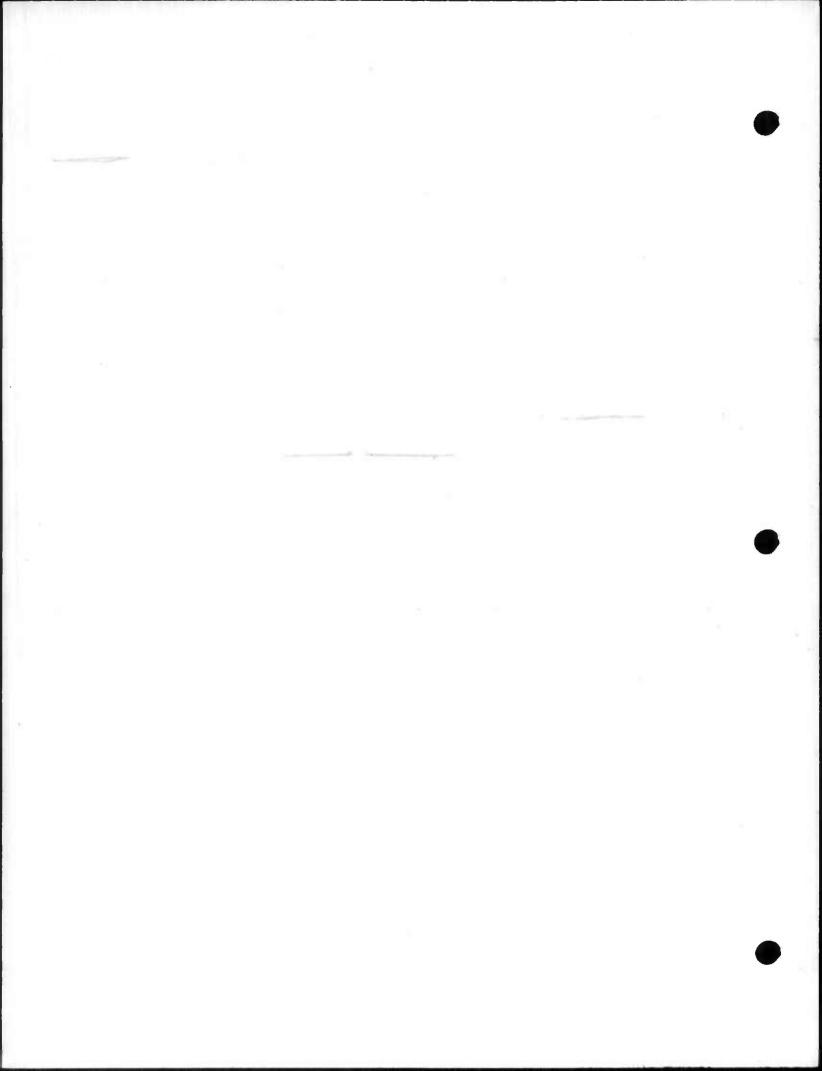
32, MEDISTRAPS SIGNATURE

Jahn Williams Handell

BALAMORE

31. DATE FILED (MONTH, Day, Year)
AUG 1 1995

MAKYLAN02123



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and heart of heart of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

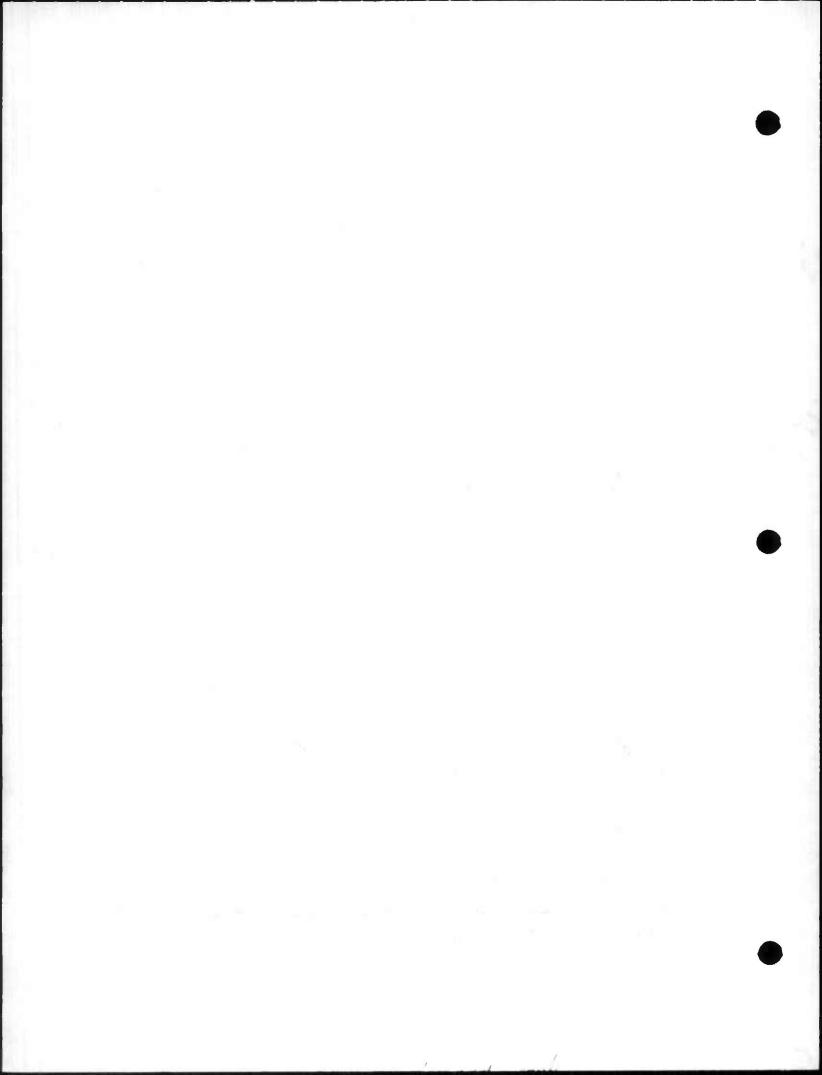
IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Myrtle Lee	Shifflett			İ	Aug. 11,	1995 YEA	3:30 A. M	
			(In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign	
	225 28 4938	□ M 2 🗓 F 88	YRS.	MONTHS DAYS	HOURS MIN.	May 15,	907 5	ountry)	
	9a. FACILITY NAME (If not institution, give stree		1710.					Va.	
· ~				96. CITY, TOWN O	R LOCATION OF DEA	TH	9c. COUNTY C	F DEATH	
DIRECTOR	7330 Woodbine Road			Woodbir	ne		Carrol	1	
Di li	10a. STATE 10b. COUNTY		100 CIT	V TOWN ON LOCAT	1011			10d. INSIDE CITY	
<u>E</u>		INC. CITY, TOWN ON ECCATION							
	10e. STREET AND NUMBER	-						1 YES 2 XNO	
Z				10f.	ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
9	7330 Woodbine Ro				21797		U.S	. A.	
FUNERAL		2. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS OEC	ENDENT OF HISPANIC	C ORIGIN? (Specify Yes	or No- 14. R	ACE - American Indian, llack, White, atc.	
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TYES	2XNO Specify:	, Puerto Hican, etc.)	s	pecify:	
							W	hite	
E	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION mpleted)	18a. DECEDENT'S	USUAL OCCUPATIO	IN st of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ	
Ш		College (1-4 or 5 +)	ille. Do NOT us	e retired.)	at or working				
NP.	8 -		Homema	ıker			Home		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	E (First, Middle, Maiden	Surname)		
BE (Wiley Shifflett				Roselie	Shifflet	t.		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		oute Number, City or Town		1	
욘	Betty J. Gibson					minster,			
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE (CATION — City o		
- 4	1X Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	of from State	etery, crematory or of	her place) Car				ville, Md.	
1	21. SIGNATURE OF FUNERAL SERVICE LICEN		estrawii		D ADDRESS OF FACI		LITOLLS	ville, Ma.	
	. 41	11		22. NAME AN		ight Fune:	nol Uom		
	Harry 711	Hoinlit		P. O. Bo	195 Sv	kesville,	Md 21	784	
	23. PART I. Enter the diseases, or con	nplications that caused	tha death. Do n	ot anter the mod	da of dying, auch	as cardiac or respi	ratory arrest.	Approximate	
	anock, or neart failure. Lia	t only one cause on a	ach ilna.				,	Interval Between	
	iMMEDIATE CAUSE (Final disease or condition	0	*					Onaat and Death	
	resulting in death)	Jack	CONSEQUENCE OF	dis	rse			~ 20 yes.	
		DUE TO (OH AS A	CONSEQUENCE OF	·):					
CERTIFICATION	Sequentially list conditions, 5	DUE TO (OD 10.							
F	if any, leading to immediata cause. Enter UNDERLYING	DOE TO (OH AS A	CONSEQUENCE OF):					
길	CAUSE (Disease or injury	DUE TO (00 10 1	CONSEQUENCE OF						
Ē	that initiated events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF	7:					
#	d								
	PART ii. Other algnificant conditions c	ontributing to death b	ut not reaulting i	n the underlying	cause given in Pr	art i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL				the analitying	oudst given in r	PERFOR		AVAILABLE PRIOR TO	
						1XYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	
ME						_ '		1 TES 2 NO	
Z	DID TOBACCO USE CONTRIB	BUTE TO CAUSE O	F DEATH YE	S NO	UNCERTAIN				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	26. PLACE OF DEAT						
S		☐ Inpatient 2 ☐ ER/Outp	atlant 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence 8	Other (Specify)			
至	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
	1 Natural 5 Pending	(MORRI, Day, rear)	INJ		ES 2 NO				
ВУ	2 Devlated	28s. PLACE OF INJURY	- At home, farm, a	treet, factory, office	- 2	281. LOCATION (Street as	nd Number or Rus	al Brute Number	
9	4 Homicide 8 Could not be detarmined	building, atc. (Spec	ffy)			City or Town, State)	TO THE THE THE	ar riodio rionizar,	
COMPLET	29a. CERTIFIER		_						
P	(Check only	N: To the best of my knowl							
ō	2 MEDICAL MAMINER: C	On the basis of examination	and/or investigation	n, in my opinion, de	ath occured at the tir	me, data and place, and	dua to the caus	e(s) and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1 11-			29c. LICENSE NUMB	ER I	29d, DATE SIGN	IED (Month, Day, Year)	
0	Crish	J. M	ela.		0-18	171	▶8-1		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)			0 (
	4	mo p.p.			chan A-	Frederick	Ma	2/202	
			-		N- DF.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
	31. DATE FILED (Month, Day, Year)	# 32. REGISTRAR'S SIGNA	ATUME						
	AUGI 1 1995	32. HEGISTRAR'S SIGN	A A A						

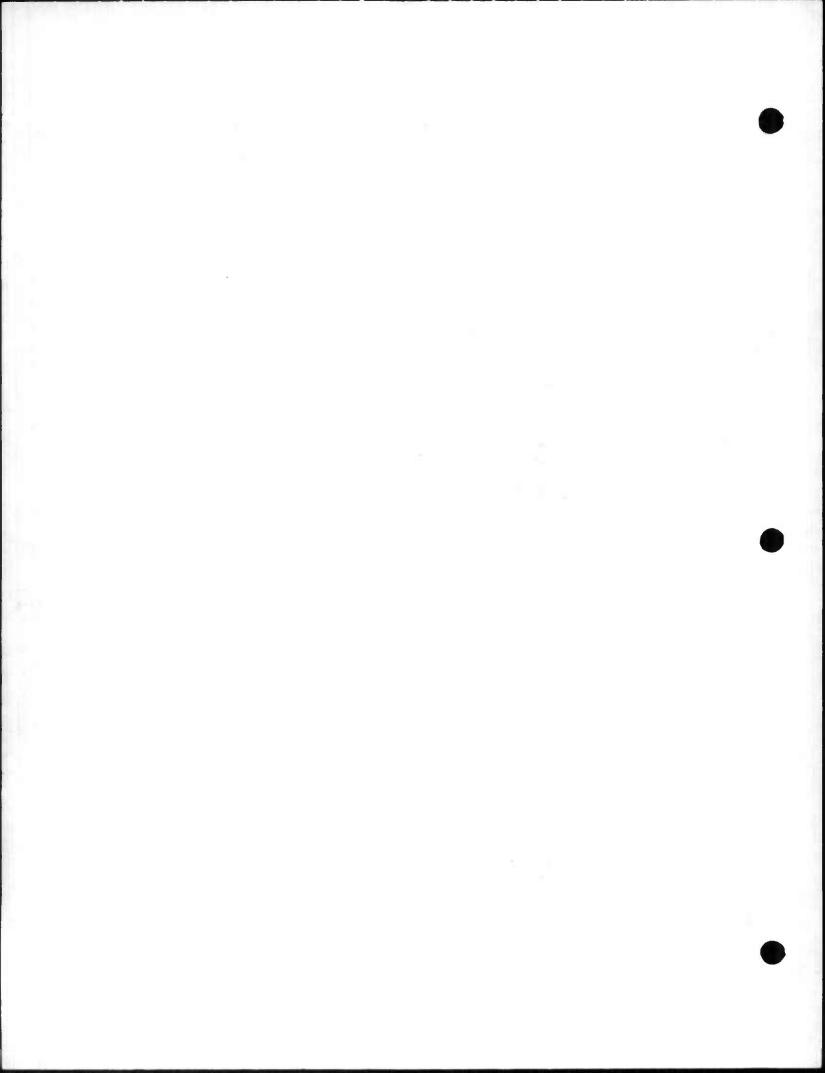


0	
S	
9	
Ó	
10	
===	
N	
-	
21215-002	
0	
=	
Z	
⋖	
_	ľ
>	
or	١
7	i
~	
MARYLAND	
ш	
α	
$\overline{\Box}$	
\simeq	
2	
BALTIMORE	-
Γ,	,
-	
Q	•
$\mathbf{\alpha}$	
	•

_	è
0	
9	
1	
∞	
9	
~	
2	
U	
BOX	
_	
0	
٧.	
₽.	
-	
S	
0	
~	
T.	
ECOF	
()	
\sim	
<u></u>	
-1	
1	
5	
4	
0	
_	
Z	
\circ	
=	
SIO	
=	
_	
$\overline{}$	
_	

HYSICIAN: The law requires that the death certificate be executed within-ex hours after death. Page is may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	with the State Dept. of Health and Mental Hygiene prior to burlal, cremoral.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
NG PHYSICIAN: The law requi	fler this certificate has been s	eath with the State Dept. of H	marked, or Hem 23 show
HE HUSPITAL OR ALTENDI	HE FUNERAL DIRECTOR; A	ed within 72 hours after do	DRTANT: If item 28 is marked, or item 2

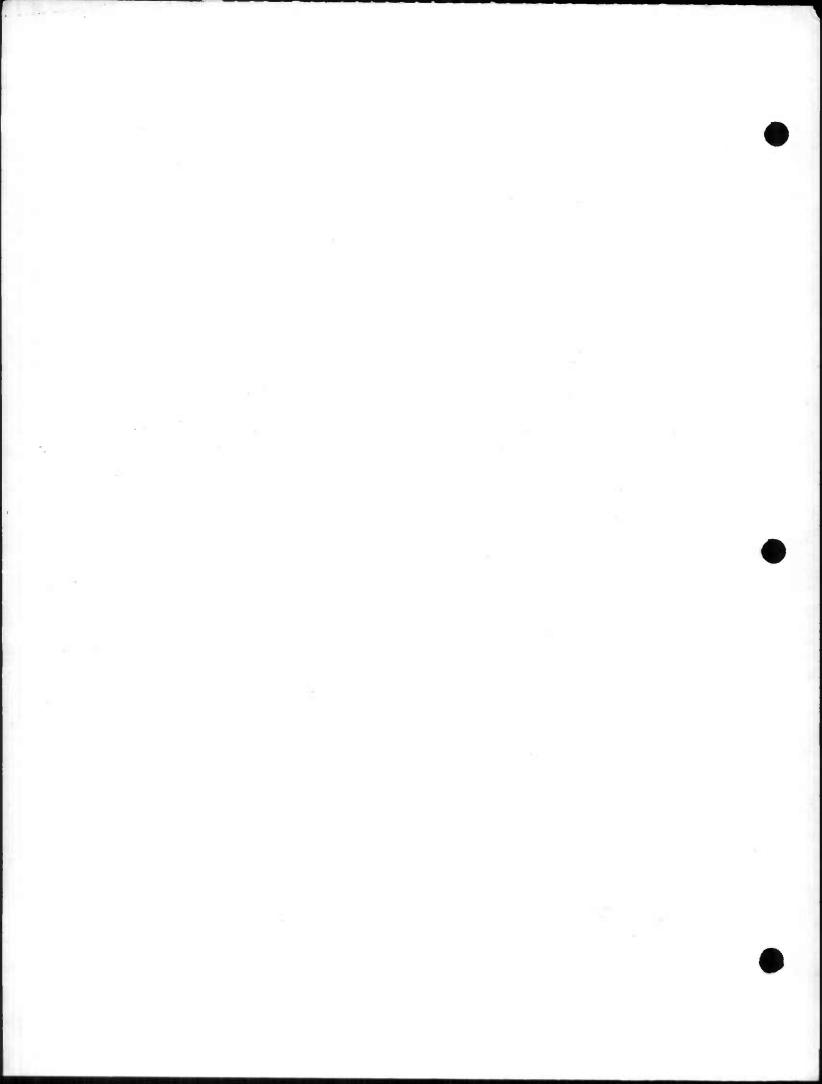
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP. CERT	ARTMENT OF HEALTH AND IFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
Ñ	1. DECEDENT'S NAME (First, Middle, Leet)	SWINT	ON	2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 248-78-1435	5. SEX 6. AGE (in yrs. last birthda	MONTHS DAYS HOURS MIN	7. DATE OF ARTH	Country)
OR	Sand town	out and number) Jursing Home	Balhmore	1	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	N / / N	CITY, TOWN OR LOCATION		10d. INSIDE CITY
	10a. STREET AND NUMBER	N R	101. ZIP CODE	10g. CITIZI	1 N YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
FUNERAL	11. MARITAL STATUS	12 MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic		4. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Speci	ny:	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/INDU	Basi Electric
COMF	17. FATHER'S NAME (First, Middle, Last)	Pau	18. MOTHER'S N	AME (First, Middle, Maiden Surname)	200
BE	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street and Number or Rural	~ Scott	() () () () () () () () () ()
2	Capers Swint	819	21st Street N.E.	Wash in sites	D C 20003
	20a, METHOD OF DISPOSITION 1	20b. PLACE AND DA cametery, cremetory	TE OF DISPOSITION (Name of	OATE 20c LOCATION - CH 8-14-90 PA 1 h	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF F		30,110
- 3	Home -	H. Thompson	1 4300 Wabo	ish Avenue	
	shock, or heart failure. L	emplications that caused the desth. D let only one cause on each line.	o not enter the mode of dying, au-	ch as cardiec or respiratory arre-	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	END STAGE	Human Immu	ne deficience v	12 VIC
2		OUE TO (OR AS A CONSEQUENCE	SVY	ndrme	172/10
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	BRAIN CAN	ndrme VCER 20	2 Manta
IFIC	CAUSE (Diseese or injury that initiated events	DUE TO OR AS A CONSCOUENCE	OF):	1001- X	
CER	resulting in death) LAST	Lung	Cancer		
SPI	PART II. Other significent conditions	contributing to deeth but not resulting		Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	- CACH	Viral Sim Ana	m	1 TYES 2 140	OF DEATH?
N.			YES NO UNCERTAI	N 🗆	
PHYSICIAN:		HOSPITAL:	EATH (Check only one) OTHER:		
HYS	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 DO/ 26a. OATE OF INJURY 28b.	TIME OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. 0E\$CRIBE HOW INJURY OCCU	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 YES 2 NO		
COMPLETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, terribuilding, atc. (Specify)	m, street, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
PLE		IAN: To the best of my knowledge, death occ			
CON		: On the basis of examination and/or investig	ation, in my opinion, death occured at the	time, data and pleca, and due to the	cause(a) and manner as stated.
BE	396. SUPPLY OF CERTIFIER	en Jun	29c. LICENSE NU	MBER 29d. DATE 5	SIGNED (Morth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHUSE OF GEATH (ITEM 27) (7)	100 Print) - 831	Poplar Grown	STRUT.
	AUG1 1 1995	32. REGISTRAR'S SIGNATURE		A Property of the second	



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIFIC	ATE O	FDEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Perrin N.	PERRIN NA	ATHANIEL	SMI	РН	2. DATE OF DEATH DA August 5	199	3. TIME OF DEATH 5 12:30 P M
	4. SOCIAL SECURITY NUMBER 218-86-2358	5. SEX 1 6. AGE (II		UNDER 1 YEAR	-	7. DATE OF BIRTH (Month, Day, Year) AOY, 13		RTHPLACE (State or Foreign unitry) Mary I AMO
Œ	96. FACILITY NAME (If not institution, give sto The Johns Hopki			Balti	or Location of De	N	9c. COUNTY O	F DEATH
5	RESIDENCE OF DECEDENT	ns nospital		Dalti	HOTE CIL	у	<u> </u>	17.
DIRECTOR	Mary Ano 106. COUNTY	NA	10c. CITY T	own on Lor	TMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3907 BIE	ims La		F WHAT COUNTRY?				
B	1 MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 NO Specify			ACE - American Indian, ilack, White, etc.
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during		16b. KIND OF BUS	BINESS/INDUSTR	Y
COMPLET	Elementary/Secondary (0-12), 2 H- 9 Fode	College (1-4 or 5+)	Coo	3		<i> </i>	JA	
	17. FATHER'S NAME (First, Middle, Lest)	ith.			MOTHER'S NA	ME (First, Middle, Melden	Sumame)	nes
) BE	19a. INFORMANTIS NAME (Type/Print)		19b. MAILING AL	DRESS (Stre	et and Number or Rural	Royte Number, City or Tow	n, State, Zip Code	
2	Carde la C.	Jones	13907	* to	Ehms	7	CATION - CITY O	wre, red
	1 Burlei 2 Cremation 3 Remo	oval from State gem	PLACE AND DATE OF I	plece)	or Com	819/950	Lons	ville, md
	21. SIGNATURE OF FUNERAL BERVICE LIC	Mars :		22. NAME	AND ADDRESS OF FA	524	o reis	STENSTEWN ROP
- 8	23. PART I. Enter the diseases or o			enter the	mode of dying, suc	th sa cardiac or reap	ratory arreat,	Approximata
	IMMEDIATE CAUSE (Final	List only one ceuse on e						Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	m -	ailure			& days
N	Sequentially list conditions,	5 Gram V DUE TO (OR AS A	Legative	Se	05/5			3 days
SATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSCOUENCE OF):	100	levkemi	ea.		17 mentles
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CER		1.						
	PART II. Other aignificant condition	a contributing to deeth b	ut not resulting in	the underly	ring cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC						1 YES 2	XNO	OF DEATH?
Σ	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	Пио	M UNCERTAI	N 🗆		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH		1			
SIC	EXAMINER?	HOSPITAL: 1 Kinpatient 2 ER/Outp		THER:	lome 5 🗆 Realdence	6 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	"26b. TIME (TY	INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCURE	0
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a PLACE OF INJURY	— At home, ferm, stre		YES 2 NO	28f. LOCATION (Street		ural Route Number,
ETEC	4 Homicide determined	building, etc. (Spec	:ny)			City or Town, State,		
COMPLETE	(Check only	CIAN: To the best of my know R: On the basis of examination						use(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		ONED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON WHI	- 4	ATH (ITEM 27) (Type, P	rint)	M1173		Agr	5, 1995
	Laura a. Hast				ins Hospi	tap		
	31. DATE FILED (Month, Dey, Year)	32 REGISTRAR'S SIGN	ATURE		P			
	AUG1 11995	States of hucker	-sierdally					



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68769

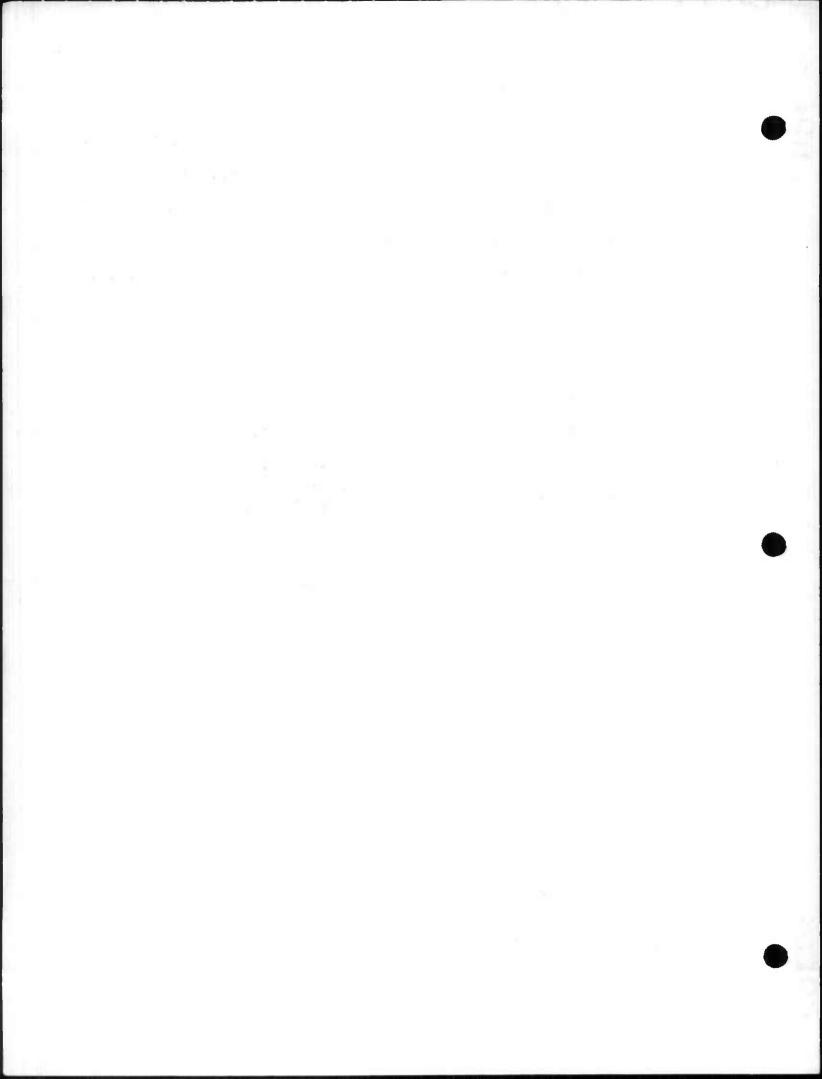
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Item7, Film726,8/11
FOR
1. STATE TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR	CE	RTIFICAT	E OF DEATH		REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE	OF DEATH		3. TIME OF DEATH
DAVID	LLOYD	SAI	INDERS	AU	H D	1995	9:15 P.M
4. SOCIAL SECURITY NUMBER 216-52-4974	5. SEX 6. AGE (In yrs. last		1 YEAR OF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE	OF BIRTH	8. Bit	RTHPLACE (State or Foreign untry)
9a. FACILITY NAME (If not institution, give stre	eet and number)	96, CIT	, TOWN OR LOCATION OF E	DEATH.	ا رکام م	9c. COUNTY OF	ENG (CLL)
4011 ARAGON ST			LTIMORE	ZAIN		N	14
10a. STATE 10b. COUNTY	1.4	10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY
Maryland 1.) A	Bal	101. ZIP CODE			1 40 01717711 0	LIMITS? 1 YES 2 NO F WHAT COUNTRY?
4011 APAGOR) AUCHUE		212	15		US	A-
t1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 YES IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puarto I		В	ACE — American Indian, lack, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade of		EDENT'S USUAL O	CCUPATION during most of working	16b.	. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use retired.)	IVEY	R	ROYA	c CAR	3 Compony
17. FATHER'S NAME (First, Middle, Last)	Bloom		18. MOTHER'S N	AME (First, A	Middle, Malden	1	
19a. INFORMANT'S NAME (Type-Print)	talmer oc	LUNDA	3 (+ IAI	345	701	1 1520 X	
Gladys Savi	DERS 4	DII Ar	S (Street and Number or Rural agon AU	Route Numb	Balt	n, State, Zip Code)	mary 1000
20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 1 Donation 5 Other (Specify)		ND DATE OF DISPO	SITION (Name of	8770	5/95 LO	CATION - City or	Town, State
21. SIONATURE OF FUNERAL SERVICE LICE	MSÉE	1) LPW	NAME AND ADDRESS OF F	ACT ITY	700	Da : 1	wh, mac
· Bray H	arris	1	JA-TMAN-	Llinn	5240	TE IS TO	MITOUR ROAD
23. PART I. Emer the disesses, or co	implications that caused the der	th. Do not enter	the mode of dying, su	ch ss csrd	diec or respi	ratory srrest.	Approximate
shock, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	CARDIAC ARRHYTHMI	A					Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO						
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU	UENCE OF):					
PART II. Other significent conditions	contributing to death but not re	sulting in the u	derlying cause given in	Part I.	24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS
DIABETES MELLITUS				_	1 LYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CHRONIC ALCOHOLISM	DUITE TO CAUSE OF DEAT	U VEC EL	10 C 101050711				1 Syes 2 NO
DID TOBACCO USE CONTRI		OF DEATH (Check		И□Т			
EXAMINER?	HOSPITAL:	OTHE	₹:		3 3 2 2		
27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3	28b. TIME OF	elng Home 5 (XRasidence 28c, INJURY AT			NJURY OCCURED	
1) Natural Confiding Investigation	(Month, Day, Year)	INJURY M	WORK?	200. 023	CRIBE NOW I	NJUNT OCCURED	
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, street, tac	ery, office	28t. LOCA City o	ATION (Street a or Town, State)	and Number or Run	si Route Number,
	AN: To the best of my knowledge, dear On the best of examination and/or in						e(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	0 0		29c. LICENSE NU				ED (Month, Day, Year)
Homas	in I Chante.	w	O.C.M.				6,1995
30. NAME AND ADDRESS OF PERSON WITO			treet, Bal	ltima	ore.	Marvla	nd 21201
31. DATE FILED (MONTH COM YOR) 1995	32. AEBISTRATUS SIGNATURA					1-0	

_6
0
9
Φ
9
~
~
O
m
_
<u>~</u>
\circ
0
S
Charles .
<u> </u>
0
Ö
_
Щ
œ
_
_
•
<u></u>
_
>
4
0
_
Z
\overline{a}
$\underline{\circ}$
70
97
>
=
_

		1 - FOR STATE REGISTRAR	STATE OF MARYL				EALTH ANDEATH		TAL HYGIEN REG. NO				
		1. DECEOENT'S NAME (First, Middle, Last)						2. DA	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH				
		Ida		nberg	1			Aus	gust 2	199	5	3:30p	M
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS	1 YEAR DAYS	IF UNDER 24 H	IIII. (Mc	TE OF BIRTH onth, Day, Ybar)	0.	Country)	ACE (State or Foreign	
should		9a. FACILITY NAME (If not institution, give s	X	82 YHS.	ab. CITY.	TOWN C	R LOCATION	Ser	pt.5.1	912 P	olar		
1. 2, 3 sh	DIRECTOR	Meridian Healt		ter			Spri		<u>.</u>	Mont			
	REC	10e. STATE 10b. COUNT			ITY, TOWN O	R LOCAT	ION				10-	d. INSIDE CITY	
permit. Pages			gomery	Ro	ockvi	i11€	2				11	YES 2 NO	
isi	ERAL	1801 East Jeff	erson Stre	et #63	39	101.	2085	52			S.A	T COUNTRY?	
215-0020 attending physician. se as the bunal-transit	FUNI	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES					ISPANIC ORIG	GIN? (Specify Yea	or No 14	RACE	American Indian,	
00 pg ag	ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA				2 NO S		to recent, www.j		Specify		
MARYLAND 21215-0020 retained by the hospital or attending physic 5 should be detached for use as the bunial notified at once.		15. DECEDENT'S EDU	CATION					1	leb. KIND OF BUS		hite	3	_
YLAND 212- by the hospital or att be detached for use at once.	ETED.	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of life. Do NOT	f work done d use retired.)	during mos	st of working			3111200	The state of the s		
ched ched	COMPL	12		Homemaker					Own Ho	ome			
by the hospital be detached to at once.	00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (Firs	I, Middle, Maiden	Sumame)			
By be by at	BE	Benjamin Fein							known				
MAR retained 5 should notified	5	19a. INFORMANT'S NAME (Type/Print) Martin Sarnes							umber, City or Tow				
		20a. METHOD OF DISPOSITION	1 201						pring				3
OR may ector, p		1 Donation 6 Other (Specify)		e. PLACE AND DATE getery, cremetory or Lng Dav	other placel			1	100000	CATION - City			
ALTIMORE, leath. Page 6 may be tuneral director, page xaminer must be		21. SIGNATURE OF FUNERAL SERVICE LIC		llig Dav	22. N	NAME AN	D ADDRESS C	OF FACILITY	/95 Fa			ch VA	_
- 9 - 0		Acuedku			Fa	11s	Chui	rch,	uneral VA 22	2046			
24 hours af filled in by ion, or remo		23. June 1. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on ea	ach line.								Approximata Interval Batwe Onset and De MAN	ath
P.O. BOX 687(h certificate be executed anding physician and con Hygiene prior to burial, or other traumatic er	CERTIFICATION	disease or condition resulting in death) a. CONSESTIVE HEART FAILURE MAN DUE TO (OR AS A CONSEQUENCE OF): ISCHEMIC CAR DIOMYOPATHY. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
the death y the atter of Mental		PART II. Other algnificant condition	e contribution to death h	not socialing	In the up	1-stylen	alua	I- Plant I	T				
RECORE requires that the been signed by to of Health and shows any in	V: MEDICAL		E community to down	ut not resulting	In the on	gerlymy	Couse give	n in Pari i.	24a. WAS AN PERFOR 1 TYES 2	MED?	AMA COI OF	RE AUTOPSY FINDING ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
AL has Deg	ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PL	ACE OF GEAT	N (Check only	one)				
F VITA SICIAN: The certificate h the State i to r item	/SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	entient 3 DOA	QTHER 4 Nursi		5 🗆 Reside	ince 6 🗆 Ot	ther (Specify)				
PHYSIC this cer with th	BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	1	28c. INJU	JRY AT	28d. O	ESCRIBE HOW II	NJURY OCCUR	EO		
ISIC TTEND TTOR: A after d	ETED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm,	street, facto	ory, office			OCATION (Street a ity or Town, State)	and Number or	Rural Route	Number,	
AL O AL O	COMPLE	one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of examination								ause(a) an	d manner as stated.	
TO THE HOSPIT TO THE FUNER De filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		2			29c. LICENSE	NUMBER 25	18	PAU	G-US	TO2, 199	15
10		30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ROCKU	e, Print)	- P	INET	# 3/6	, Rock	VILLE	EM	102,199 D 2089	2
IV		31. OATS FILED MOOTH, PO 95	32 REGISTRAR'S SIN	ATURE						-			_

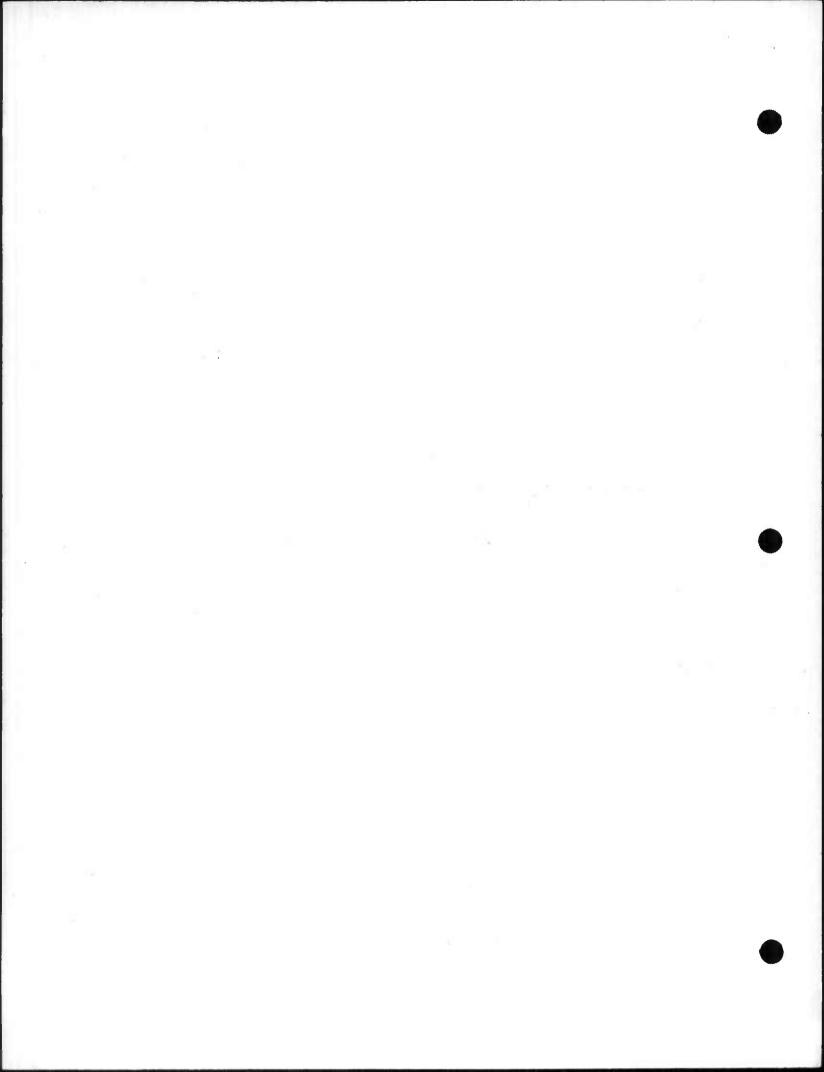


ALTIMORE, MARYLAND 21215-0020

STATE

ш	4
_	1
	Ì
9	
687	and a service of the deadh and about an accompany to
ŏ	4
W	Sand
0	the age
s,	dane
RD	of the
0	do an
RE	- more
IAL	his The last
>	SIAM.
0	DUVE
DIVISION OF VITAL RECORDS, P.O. BOX 68760	UNCEDITAL OD ATTEMPINE BUYCLEIAN
2	A GO
	MOCDITAL

REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1995 YEAR Arley SWANK August 3:30 ΔM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign April 4, 1 M 2 V F 217-50-1007 93 1902 Phoenix, Md. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give sireet and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland n/a Baltimore City 1 X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 634 Ponca Street 21224 U.S.A. funeral director, page 5 should be detached for use as the burial-transit retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 1 YES 2 XNO Specify: BY White 3 🔀 Widowed 4 🗌 Divorced 0 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe ᆸ /Secondary (0-12) College (1-4 or 5+) COMPL 8th. Housewife Homemaker once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hon Henry Eicholtz Eva Katherine Maikrantz BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Ruth Betz 13520 Bottom Rd. Hydes, Md. 21082 Page 6 may be must be 20e. METHOD OF DISPOSITION
1 X Burlel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE St. Johns Cemetery Aug. 8, 1995 Phoenix, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. F. Lassahn Funeral Home 6. ssa completely filled in by the rial, cremation, or removal. 11750 Belair Road Kingsville, Md. 21087 medical 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter tha mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between ö IMMEDIATE CAUSE (Final Onset and Daeth cremation, the disease or condition Pneumonia 5 days resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): and com bunial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate attending physician cause. Enter UNDERLYING other CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atter PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the Health and N AVAILABLE PRIOR TO COMPLETION DF CAUSE shows any 1 YES 2 THO DE DEATH? 1 YES 2 NO been . DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO IN UNCERTAIN PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State I tem HOSPITAL: OTHER: 1 TES 2 TNO 1 🕅 Inpatient 2 🗆 ER/Outpatient 3 🗆 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 XNatural M 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 99 3 Suicide 8 Could not be determined COMPLETED DIRECTOR: hours after 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho IMPORTANT: If its 2 __ MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Vinstill plane August 5, 1995 2 RD# 001775 30. NAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Nimish Gosrani MD 9000 Franklin Square Drive Baltimore, Maryland 2, REGISTRAR'S SIGNATURE



-
4
2
9
9
-
8
10
W
-
BOX
$\mathbf{\circ}$
m
0
$\mathbf{\mathcal{C}}$
٥.
_
10
ഗ
0
α
-
ECO
9
()
\sim
щ
m
1
_
d
-
=
>
44
\circ
ō
-
0
0
CO
20
September 1
_
0

		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
TAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The law physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should are begin, or health and Mental Hyglene prior to burlai, cremation, or removal. The statement of the st		1. DECEDENT'S NAME (First, Middle, Last) Roger K		SHACKELFORD, SR.			MONT	ust 7,	1995 Y	EAR	:28 am.
	TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217-07-8291	5. SEX 6. AGE	(In yrs. lest birthday) O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTHPLA	ACE (State or Foreign DRE COUNTY, M
		99. FACILITY NAME (If not institution, give FRANKLIN SQUARE HOSP: RESIDENCE OF DECEDENT			96. CITY, TOWN O	COUNTY	EATH		Balti		
		100. STATE 10b. COUNT MARYLAND BALTIN			, TOWN OR LOCAT					10-	d. INSIDE CITY LIMITS? X
		100. STREET AND NUMBER 602 OAKDEAN ROAD				1. ZIP CODE 21220			10g. CITIZEN	N OF WHA	T COUNTRY?
		11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			N? (Specify Yer Rican, etc.)	14. RACE — American Indien, Black, White, etc. Specify:			
		15. DECEDENT'S EDI (Specify only highest grad	e completed)	ork done during most of working			. KIND OF BU	BUSINESS/INDUSTRY			
		Elementary/Secondary (0-12)	College (1-4 or 5+) N/A	MECHANIC-N			М	ARTIN M	ARIETTA	CORP.	
		DAVID EUGENE SHACKELI	17. FATHER'S NAME (First, Middle, Last) DAVID EUGENE SHACKELFORD				18. MOTHER'S NAME (First, Middle, Melden Surname) SOPHIE FRITCHIE				
		190. INFORMANT'S NAME (Type/Print) ELEANOR M. SHACKELFOR		196. MAILINO 602 OAKI	ADDRESS (Stroot o DEAN ROAD	BALTIMORE,	MARY	LAND 21	m, State, Zip Co 220	de)	
		20a_METHOD OF DISPOSITION 1/LABuriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	MO	RELAND MEM	PARK	AUGUST 10		BALT	IMORE, M		
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236–4625									
	MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute throi DUE TO (OR AS A DUE TO (OR AS A	mbosis of a consequence of	left c						Approximate interval Between Onset and Death I hour
		PART II. Other algnificant condition					_	24a. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? XYES 2 NO
	PHYSICIAN:	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT	H (Check only one)	UNCERTAIN	N 🛛				
ICIAN: entifica the St	IYSI	1 TYES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpetient 2 IX ER/Outs 28e. DATE OF INJURY			e 5 🗆 Reeldence					
DIVISION OF TO THE HOSPITAL OR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this ce be field within 72 hours after death with 11 IMPORTANT: If I liem 28 is marked,	BY PI	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJU	IRY WO	PRC?	286. DE:	SCHIBE HOW I	INJURY OCCUR	ED	
	ETED 6	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st	reet, fectory, offic	•	28f. LOC City	CATION (Street or Town, State)	end Number or F	Rurel Route	Number,
	COMPLE		ICIAN: To the best of my know ER: On the basis of examination							euse(e) en	d manner ee stated.
	TO BE C	2007 BIGNATURE AND TO LETOF CERTIFIE	ard!	my		29c, LICENSE NUM D195	ABER 2	9			7, 1995
20	F	30. NAME AND ADDRESS OF PERSON W FRED GEBHARDT, M.D.	9000 FRANKLIN			ORE, MARYL	AND 2	1237			
		31 AUGI (17995") J.	22, REGISTRAR'S SIGN								

blh

ITEMS: 23 PART I, II, 27, PER MEO FILM G-730 12/7/95 t.t

95

ITEMS: 23 PART I, II, 27, 28a-f, PER MEO FILM G-727 9/7/95 t.t

FOR

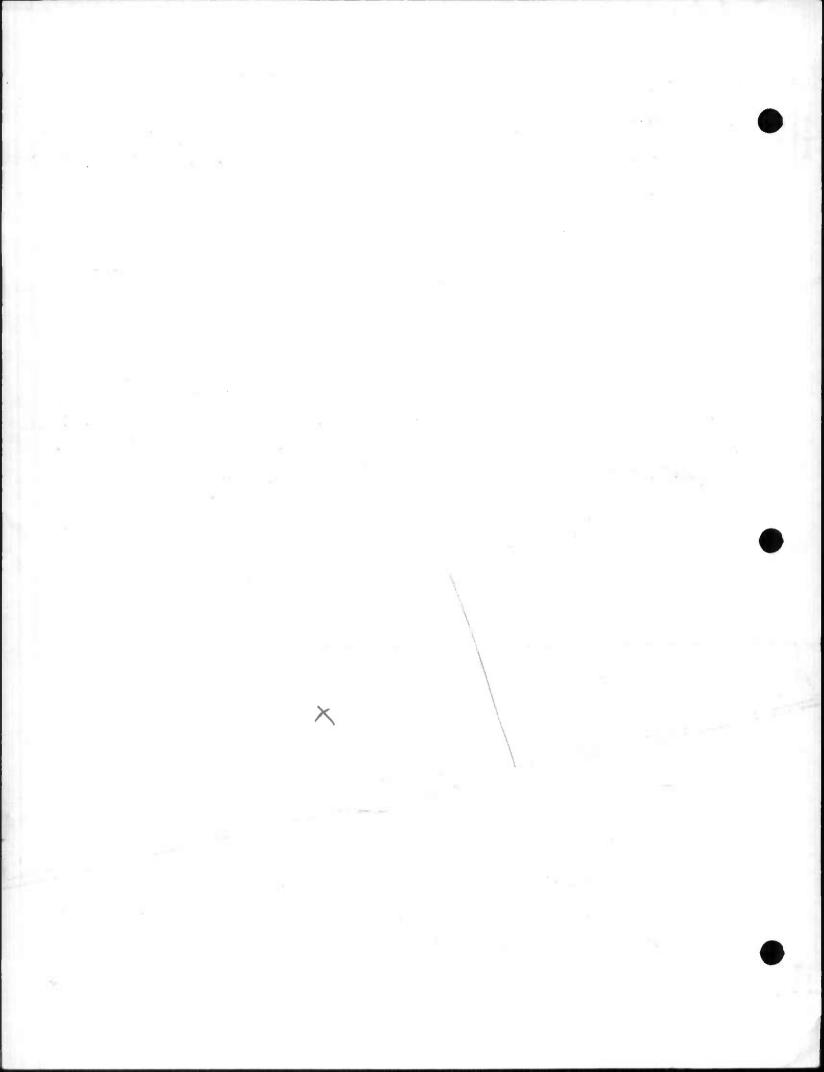
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24360

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH		
	Harry			Sola	r	July 15	1995	2010 M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	l Co	RTNPLACE (State or Foreign untry)		
	097-20-3838		71 YRS.			Aug. 25,	1923 P€	ennsylvania		
m	9e. FACILITY NAME (If not institution, give si	- 34 Sc 1 1 - 1134			N OR LOCATION OF DE	EATN	9c. COUNTY O	F DEATH		
DIRECTOR	Maryland General	ar Hospita	11	Bal	timore					
<u> </u>	10e. STATE 10b. COUNTY	i	10c, C/1	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
=	Maryland Mont	gomery	RO	ckvill	0			LIMITS?		
	10e. STREET AND NUMBER	-90027	110	CKVIII	10f. ZIP CODE		10g. CITIZEN O	OF WHAT COUNTRY?		
FUNERAL	6121 Montrose	Road			20852			S.A.		
15	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		ECENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	s or No- 14. R	ACE - American Indian.		
ВУБ	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO			specify Cuban, Mexica (ES 2 XNO Specify			Black, White, etc. Specify:		
ED E	15. DECEDENT'S EDUC	CATION	T.,					white		
ETE	(Specify only highest grade	completed)	16a. OECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	186. KIND OF BU	SINESS/INDUSTR	4		
=	Elementary/Secondary (0-12)	College (1-4 or 5+)	Disab			None				
COMPL	17. FATNER'S NAME (First, Middle, Last)		DISAD.	reu	18. MOTNER'S NA	NONE ME (First, Middle, Meiden				
В	Joseph Solar					er Gaskir				
00	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tow				
2	Iris Hyman							,Md. 20906		
	20e. METHOD OF DISPOSITION 1	20	b. PLACE AND DATE	OF DISPOSITION	(Name of rematory	OATE 20c. LO	CATION - City or	Town, State		
	4 Donation 5 Other (Specify)	Me	ecropo 1	weren C	rematory	77-20 Al	exandr	ia, Va.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			AND ADDRESS OF FA		**			
	Zua D	Wall Oice	2015		S-Pearson Funeral Homes Ls Church, Va. 22046					
	23. PART I. Enter the diseases, or o	omplications that ceuse	od the death. Do	prall	mode of dylan such	haa cardlac or reen	retory errest	Approximate		
	ahock, or heart fellure. I	List only one cause on e	each ilne.		,,,,,,,		matory arrest,	Interval Between Onset and Death		
	disease or condition	HYDEDIHERMI	PROBABLE SEPSIS							
	resulting in death)		A CONSEQUENCE O							
z		n.								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Entar UNDERLYING CAUSE (Disease or injury									
造	that initiated events resulting in death) LAST	DUE TO (OR AS	UE TO (OR AS A CONSEQUENCE OF):							
CER		l								
	PART II. Other algnificant conditions	a contributing to death I	but not resulting	in the underly	ring cause given in	Part I. 24s. WAS AN	AUTOPSY 2	24b. WERE AUTOPSY FINDINGS		
DICAL	-HEAT EXPOSURE,	HYPERTENSIVE CARDIOVASCULAR DISEAS			ASE	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC/						_ ' ' ' ' ' ' ' ' '		OF DEATH?		
- H	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH YE	S \square NO	UNCERTAIN	<u>-</u>		1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEAT			, 0				
Sic	1 XYES 2 NO	HOSPITAL: 1 Inpatient 2X ER/Out	patient 3 DOA	OTHER:	ome 5 - Residence	8 Other (Specify)				
РНҮ	27. MANNER OF DEATH	28e. DATE OF INJURY 28b. TIME OF 28c. II			NJURY AT 28d. OESCRIBE NOW INJURY OCCURED					
ВУ	1XX Natural 5 Pending 2XX Accident Investigation	(Month, Day, Year) -FOUND: 7/1		WORK? ☐ YES EX☐ N O	SUBJECT EX	EAT				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, ferm, street, fectory, offi- building, etc. (Specify)			fice	281. LOCATION (Street and Number or Rural Route Number,				
ETED	4 Homicide determined			AMOR NUR	SING HOME	City or Town, State)	1802 EUTAI	H PLACE		
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PNYS C	CIAN: To the best of my know	vledge, death occurre	ed at the time, d	sta and place, end due	to the cause(s) end mar	nner es atated.			
COMPL	one) 2X MEDICAL EXAMINET	R: On the basis of examination	on end/or investigation	n, in my opinior	, death occured at the	time, date end place, an	d due to the caus	e(s) end manner es stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			ED (Month, Day, Year)		
0 8	Theodoson	1. Kry ru	2		o.c.			y 16 1995		
¥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type,	Print)	0.0.	110110	UUL	y 10 1995		
	THEODORE M.	King	111 Pe	nn St	reet. Ba	ltimore	Marv1	and 21201		
	31. DATE FILED (Month, Day, Year)	32/REGISTRAR'S SIGN	VATURE			_ clinore,	IIGI Y I	21201		
	AUG1 1 1995 Au	he Devoter Ren	fell							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760



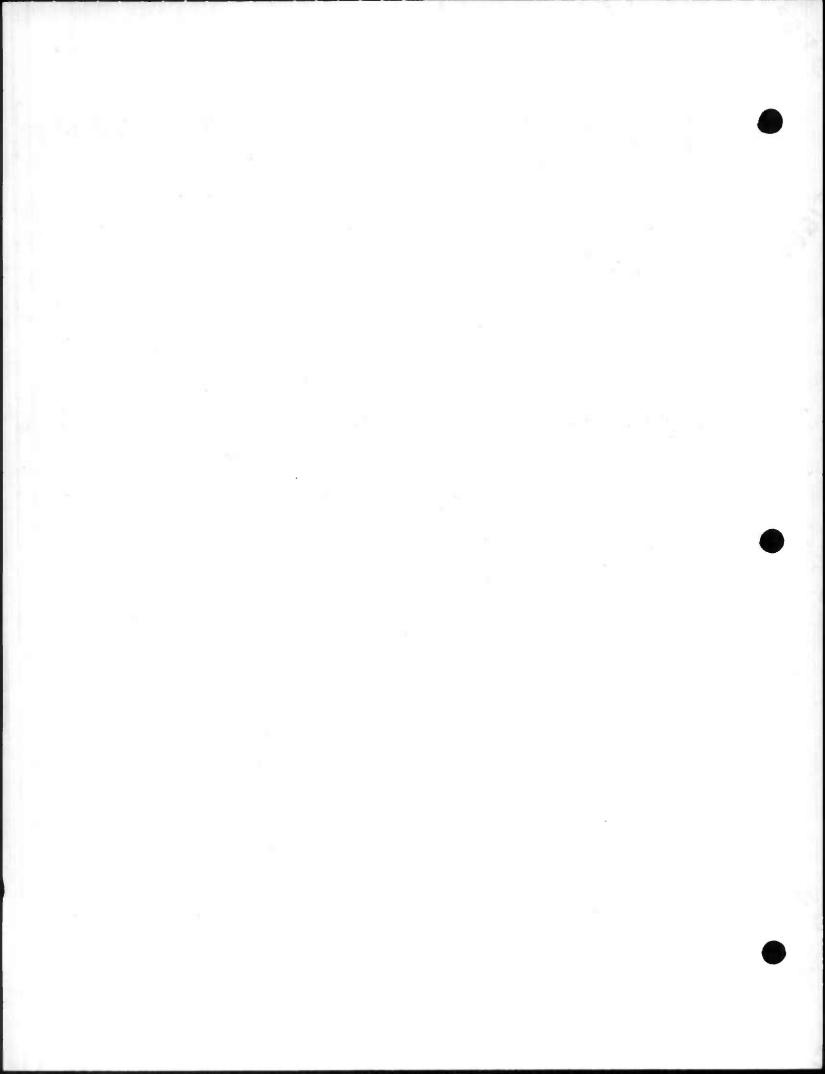
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, ages 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITA	TO THE FUNERAL	be filed within 72	IMPORTANT: II

Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF OEATN				
	Louise	linsley			8	a de	5 2:48 P.M.				
	4. SOCIAL SECURITY NUMBER 224-16-7021	5. SEX 6. AGE (Inters.	YRS. IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) LUG 30	904	MRTNPLACE (State or Foreign Jounty)				
TOR	9a. FACILITY NAME (If not institution, give st 2928 Spel RESIDENCE OF DECEMENT	man Roac	Bal	+ imare.	Maryland	Sc. COUNTY	C. COUNTY OF OEATH				
DIRECTOR	10e. STATE 106. COUNTY	NA	10c. CITY, TOWN OR LO	CATION	10d. INSIGE CITY						
FUNERAL	10e. STREET AND NUMBER	Iman Ro	ad.	101. ZIP CODE	5	10g. CITIZEN	0F WHAT COUNTRY?				
NO.	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.S.	ARMED 13. WAS I	ECENOENT OF NISPANIC	ORIGIN? (Specify Ye	or No — 14, 1	RACE — American Indian.				
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 16 IF YES, GIVE WAR OR DATES		epecify Cuban, Maxican, ES 2 NO Specify:	Puerto Rican, etc.)		Specify: RIGCK				
TED	15. DECEOENT'S EQUE (Specify only highest grade	completed)	DECEDENT'S USUAL OCCUP (Give kind of work done during	ATION most of working	16b. KIND OF BU	SINESS/INOUST	Pr				
COMPLETED	12 th grade	College (1-4 or 5+)	omesto		Ino	wn 1	tome				
	17. FATHER'S NAME (First, Middle, Last)	1-00		18, MOTHER'S NAME	(First, Middle, Malden	Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)	renny	40. 444 110 100 100	Mary	Kenr	14					
2	Evelua Tinde		196. MAILING ADDRESS (Stre	et and Number or Rural (Bot	- Dall		111 21220				
	200 METHOD OF DISPOSITION	20b. PLAC	EAND DATE OF DISPOSITION	INAMA OI		CATION — City	V Town State				
	1 Buriel 2 Cremation 3 Remo	oval from State cametery,	crematory of other place)	9	1	indalls					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William C. March F/H, West										
	> Gladus	Warren	Wil	Tiam C. N O Wabash	larch F/	H, We	st ., MD 21215				
	23. PART I. Enter the diseases, or o	omplications that ceused the	death. Do not enter the	node of dying, such	na cardiac or reap	iratory arrest,	Approximate				
	shock, or heart tellure. I	List only one cause on each li	ne.				Interval Between Onset and Death				
	resulting in death) . /NYO CANDIAC (NPANCTIONS										
	OUE TO (OR AS A CONSEQUENCE OF):										
ō	Sequentielly list conditions, fit any, leading to immediate b. Due To (OR AS A CONSEQUENCE OF):										
S	cause. Enter UNDERLYING	CHF	7			,0					
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	SEQUENCE OF):								
CERTIFICATION	resulting in death) LAST										
AL C	PART II. Other algoliticent conditions	contributing to deeth but no	t recuiting in the underly	Ing ceuse given in Pa	irt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
SC					PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEC					_		OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF DE	ATH YES NO	UNCERTAIN							
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL HOSPITAL:	ACE OF DEATH (Check only of OTHER:	10)							
YSI	1 - YES 2 - NO	1 Inpatient 2 ER/Outpatient		ome 5 Mesidence 6	Other (Specify)						
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	INJURY	NJURY AT 2 WORK? YES 2 NO	6d. DESCRIBE NOW I	NJURY OCCURE	0				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At I			8f. LOCATION (Street	and Number or Br	ural Bouda Number				
	4 Nomicide determined	building, etc. (Specify)	•		City or Town, State)		, and the state of				
COMPLETED	29a. CERTIFIER (Check only	ZAN: To the best of my knowledge,	death occurred at the time, d	ite and place, and due to	the cause(a) and mar	nner sa stated.					
Š	one) 2 MEDICAL EXAMINER	R: On the basis of examination and/o	or investigation, in my opinior	, death occured at the tim	ne, date and place, an	d due to the cau	se(e) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	111 11	4	29c. LICENSE NUMBI	R	29d. DATE SIG	NED (Month, Day, Year)				
10		Money	os .	D235	30	18.	-5-55				
	Ashok K. Chatterjee, M.D. 3927 Annapolis Road Baltimore, MD 21227										
	31. DATA PILLE Month DESCRIPTION	22/90 mounts franched	· · · · · · · · · · · · · · · · · · ·	No au	Dareilli	J C 9 11	C L L L L				
	0										



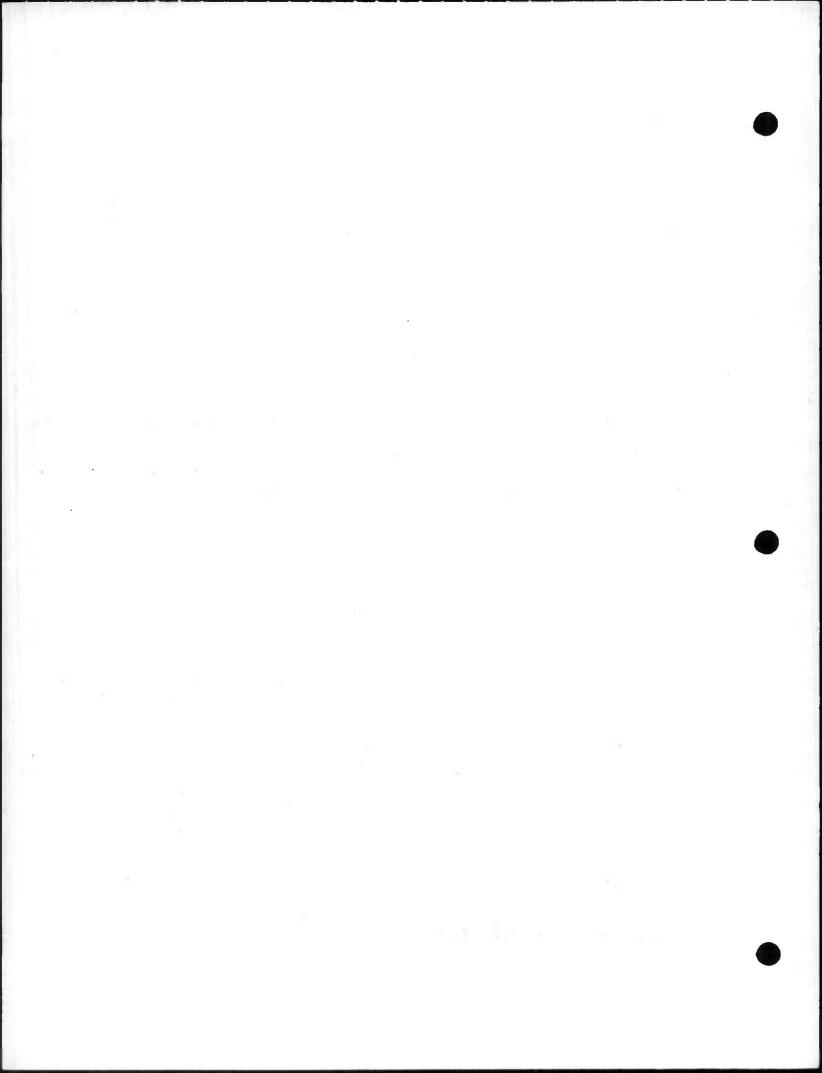
BALTIMORE, MARYLAND 21215-0020	Hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	te medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-ce hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nestilled at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR				CATE OF			REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		/ 3.	TIME OF OEAT	Н									
	Alta P		Wri	ght			MONTH	DA	' O'	EAD											
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la				X	&			9:30	AM									
			111 11111111111111111		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF (Month, D	BIRTH lay, Year)	6.	Country)	NCE (State or For	wign									
	216-01-8624	1 - M 2 XF	9	3 YRS.			July 2	2. 19	902	Mar	v1.and										
	9a. FACILITY NAME (If not institution, give s	truet and number)		1	b. CITY, TOWN	OR LOCATION OF D			9c. COUNTY												
1 %	Santown-Winchester Nursing Home Baltimore n/a																				
ΙK	RESIDENCE OF DECEDENT NUTSING HOME Baltimore n/a																				
M	10s. STATE 10s. COUNTY 10s. CITY, TOWN OR LOCATION									104	d. INSIDE CITY										
DIRECTOR	Marestland	- /-			D						LIMITS?										
	Maryland 100. STREET AND NUMBER	n/a			Baltimo		A ⁻				YES 2	NO									
\ ₹					101	1. ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?										
Ü	4105 Barrington F	load.				21207				USA											
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMEO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No- 14	RACE -	American India	n,									
	1 Never Married 2 Married	IF YES, GIVE W	YES 2 X	NO		ecify Cuban, Mexico		in, etc.)		Black, W	hita, etc.										
B	3 Widowed 4 Divorced				1	2 NO Speci	y.			Specify:	B1.ack										
	16. DECEDENT'S EDU		16a, Di	ECEDENT'S US	SUAL OCCUPATION	ON	165.10	ND OF BUE	INESS/INDUS	TDV	DLaCK	_									
I E	(Specify only highest grade		((Give kind of wor Do NOT use	rk done during mo	ost of working	100, 10	NO OF BOS	INESS/INDUS	INI											
1 7	Elementary/Secondary (0-12)	College (1-4 or 5+	•)																		
₹ 2	High School			Medica	1 Secre			Med													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Mide	die, Maiden S	Sumeme)												
BE	Clarence Powell					St	sie Fo	rman													
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Street a	and Number or Rural			State Zio Co	rdn)											
2	Susie Harding		1								3 212	07									
3	20a. METHOD OF DISPOSITION	,				n Road						07									
	1) Burial 2 Cremation 3 Rem	oval from State		AND DATE OF emetory or othe	DISPOSITION (Ne	ama of	Auge	20c. LOC	ATION — City	or Town,	State										
	4 Donatton 5 Other (Specify)		Mt Au	ourn C	emetery		1	B	altimo	re,	Maryla:	nd									
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	4.87		22. NAME A	ND ADDRESS OF FA	warm Nut	ter	Funera	J. Ho	mes, I	nc.									
	D 1/2 /2 + 8		11.		2501	Gwynns E	alls I	arkwa	ąγ												
	Fluid C	- Ph	un		Balti	Gwynns H more, Ma	ryland	2	1216												
	23. PART i. Enter the diseases, or o shock, or heart failure.	complications that	t ceused the de	esth. Do not	enter the mo	de of dying, suc	h as cardiad	or respir	alory arrest	١,	Approxima										
	IMMEDIATE CAUSE (Fine)	ciat only one can	de on each mi	σ.						ì	Interval Be Onset and										
	disesse or condition	D /		40			10	0			,										
	reaulting in death)	DUE TO	(DR AS A CONSE	OLIENCE OF	M	1/11	rine	1)01	-(11	3									
	resulting in death) a. Due to (DR AS A CONSEQUENCE OF):																				
ŏ	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):																				
F	if any, leading to immediate			STATE OF THE STATE						1											
	if sny, leading to immediate										141	1									
일	CAUSE (Disease or Injury	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):																			
FIC	CAUSE (Disease or Injury that initiated events	c 0) I	OR AS A CONSE	that initiated events DUE TO (OH AR A CONSEQUENCE OF):																	
ERTIFIC	CAUSE (Disease or Injury	e 0) 1 DUE TO	OR AS A CONSE	OVERUE OF J						Ü		5 1									
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d																			
	CAUSE (Disease or Injury that initiated events	d				g ceuse given in	Part i. 24	a. WAS AN A			RE AUTOPSY FIN										
	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d				g ceuse given in		PERFORI	AED?	AWA	ILABLE PRIOR T	0									
EDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d				g ceuse given in			AED?	AVA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition	s contributing to	death but not	resulting in	the underlying		1	PERFORI	AED?	AVA COI OF	ILABLE PRIOR T	O WSE									
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI	s contributing to	death but not	resulting in	the underlying		1	PERFORI	AED?	AVA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition	es contributing to	death but not	resulting in	NO [1	PERFORI	AED?	AVA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI	s contributing to	death but not USE OF DEA	TH YES	NO [(Check only one)] UNCERTAI	N 🗆	PERFORI	AED?	AVA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF DEA	ATH YES CE DF DEATH B DOA 4	THE UND COMMENT OF LANGE OF LA	UNCERTAI	N D	PERFORE YES 2*	AED?	AWA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	RIBUTE TO CA	USE OF DEA	ATH YES	Check only one) THEFT: We get the second of the second only one) The second only one one of the second only one one of the second on the secon	UNCERTAL 10 5 Residence URY AT 19 K?	N D	PERFORE YES 2*	AED?	AWA COI OF	ILABLE PRIOR T MPLETION DF CA DEATH?	O WSE									
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	RIBUTE TO CA HOSPITAL: 1 Inpatient 2 28e. DATE DF (Month, De	USE OF DEA 26. PLAI ER/Outpatient 3 INJURY 97. Year)	ATH YES CE DF DEATH B DOA 4 28b. TIME 6 INJUR	Check only one) THEFT: WO M 1 1 1	UNCERTAL 10 5 Reeldence URY AT RK? YES 2 ND	8 Other (S	PERFORI	JURY OCCUR	AWA COI OF 1	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. PLACE DI	USE OF DEA	ATH YES CE DF DEATH B DOA 4 28b. TIME 6 INJUR	Check only one) THEFT: WO M 1 1	UNCERTAL 10 5 Reeldence URY AT RK? YES 2 ND	8 Other (S	PERFORI	AED?	AWA COI OF 1	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28e. PLACE DI	USE OF DEA 26. PLAI ER/Outpatient 3 INJURY PI, Year)	ATH YES CE DF DEATH B DOA 4 28b. TIME 6 INJUR	Check only one) THEFT: WO M 1 1	UNCERTAL 10 5 Reeldence URY AT RK? YES 2 ND	8 Other (S	PERFORI YES 2* Pecify) IBE HOW IN	JURY OCCUR	AWA COI OF 1	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28a. DATE DF (Month, Da	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY 19/, Year) F INJURY — At Inc. (Specify)	ATH YES CE DF DEATH B DOA 4 28b. TIME (INJUR	THE COMMENT OF THE CO	UNCERTAL DE 5 Geldence URRY AT RRK? YES 2 ND	6 Other (S) 28d. OESCR 28f. LOCATIC City or 3	PERFORM YES 2* Decity) Decity) ON (Street ar own, State)	JURY OCCUR	AWA COI OF 1	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
ETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 28a. DATE Pr (Month, De	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY 19/, Year) F INJURY — At he atc. (Specify) my knowledge, de	ATH YES CE DF DEATH B DOA 4 28b. TIME (INJURE)	Check only one) THEFT: WWY M 1 WO net, factory, office	UNCERTAL DE 5 Residence URRY AT RK? YES 2 ND e and place, and due	6 Other (S) 28d. OESCR 28f. LOCATIC City or T	PERFORM YES 2* Decily) IBE HOW IN ON (Street ar	JURY OCCUR	AWA COI OF 1 [ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	RIBUTE TO CA HOSPITAL: I Inpetient 2 2aa. DATE DF (Month, De liding, Inc.) 2ab. PLACE DI building, Inc. CIAN: To the best of experience of experi	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY 19/, Year) F INJURY — At he atc. (Specify) my knowledge, de	ATH YES CE DF DEATH B DOA 4 28b. TIME (INJURE)	Check only one) THEFT: WWY M 1 WO net, factory, office	UNCERTAL DE 5 Residence URRY AT RK? YES 2 ND e and place, and due	6 Other (S) 28d. OESCR 28f. LOCATIC City or T	PERFORM YES 2* Decily) IBE HOW IN ON (Street ar	JURY OCCUR of Number or interest as stated, due to the circum.	AMA CON OPI 1 1 ED Rural Route	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No.	O WSE									
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	RIBUTE TO CA HOSPITAL: I Inpetient 2 2aa. DATE DF (Month, De liding, Inc.) 2ab. PLACE DI building, Inc. CIAN: To the best of experience of experi	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY 19/, Year) F INJURY — At he atc. (Specify) my knowledge, de	ATH YES CE DF DEATH B DOA 4 28b. TIME (INJURE)	Check only one) THEFT: WWY M 1 WO net, factory, office	UNCERTAL DE 5 Residence URRY AT RK? YES 2 ND e and place, and due	8 Other (St. 28d. DESCR. 28f. LOCATIC City or 3	PERFORM YES 2* Decily) IBE HOW IN ON (Street ar	JURY OCCUR of Number or interest as stated, due to the circum.	AMA CON OPI 1 1 ED Rural Route	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No	O WSE									
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	RIBUTE TO CA HOSPITAL: I Inpetient 2 2aa. DATE DF (Month, De liding, Inc.) 2ab. PLACE DI building, Inc. CIAN: To the best of experience of experi	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY 19/, Year) F INJURY — At he atc. (Specify) my knowledge, de	ATH YES CE DF DEATH B DOA 4 28b. TIME (INJURE)	Check only one) THEFT: WWY M 1 WO net, factory, office	UNCERTAIL De 5 Residence URY AT RK? YES 2 ND e and place, and due eighth occurred at the	8 Other (St. 28d. DESCR. 28f. LOCATIC City or 3	PERFORM YES 2* Decily) IBE HOW IN ON (Street ar	JURY OCCUR of Number or interest as stated, due to the circum.	AMA CON OPI 1 1 ED Rural Route	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No.	O WSE									
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	RIBUTE TO CA HOSPITAL: I Inpetient 2 2aa. DATE DF (Month, De liding, or line best of extended to the basis of ex	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY — At he etc. (Specify) my knowledge, de- amination and/or	TH YES CE DF DEATH	(Check only one) THEF: Was Maring Hom PF 28c. INJ Y M 1 1 1	UNCERTAIL De 5 Residence URY AT RK? YES 2 ND e and place, and due eighth occurred at the	8 Other (St. 28d. DESCR. 28f. LOCATIC City or 3	PERFORM YES 2* Decily) IBE HOW IN ON (Street ar	JURY OCCUR of Number or interest as stated, due to the circum.	AMA COI OF 1 1 ED	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No.	O WSE									
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 2aa. DATE DF (Month, De Duilding, I) 2aa. PLACE DI Duilding, III	USE OF DEA 26. PLAN ER/Outpatient 3 INJURY — At he etc. (Specify) my knowledge, de- amination and/or	TH YES CE DF DEATH B DOA 4 28b. TIME 6 INJUR Bath occurred Investigation,	Check only one) THEFT: WO M 1 NO Check only one) THEFT: WO A THEFT: WO In my opinion, details In my opinion, details	UNCERTAIL TO 5 Residence TURY AT TYES 2 ND TO THE CONTROL OF THE CONTROL	6 Other (S) 28d. OESCR 28f. LOCATIC City or 3	PERFORI YES 2* Decity) DN (Street arown, State) a) and manual diplace, and	JURY OCCUR OF AN ANTHOR OF A Number or A	AMA CODI OF 1 First Acute Rural Acute GNED (Moil	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No.	O WSE									
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condition DID TOBACCO USE CONTI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	RIBUTE TO CA HOSPITAL: 1 Inpetient 2 2aa. DATE DF (Month, De Duilding, I) 2aa. PLACE DI Duilding, III	USE OF DEA 26. PLAI ER/Outpatient 3 INJURY by, Year) FINJURY — At he arc. (Specify) my knowledge, de amination and/or	TH YES CE DF DEATH B DOA 4 28b. TIME 6 INJUR Bath occurred Investigation,	Check only one) THEFT: WO M 1 NO Check only one) THEFT: WO A THEFT: WO In my opinion, details In my opinion, details	UNCERTAIL De 5 Residence URY AT RK? YES 2 ND e and place, and due eighth occurred at the	6 Other (S) 28d. OESCR 28f. LOCATIC City or 3	PERFORI YES 2* Decity) DN (Street arown, State) a) and manual diplace, and	JURY OCCUR of Number or interest as stated, due to the circum.	AMA CODI OF 1 First Acute Rural Acute GNED (Moil	ILABLE PRIOR T MPLETION DF CA DEATH? YES 2 No.	O WSE									

5

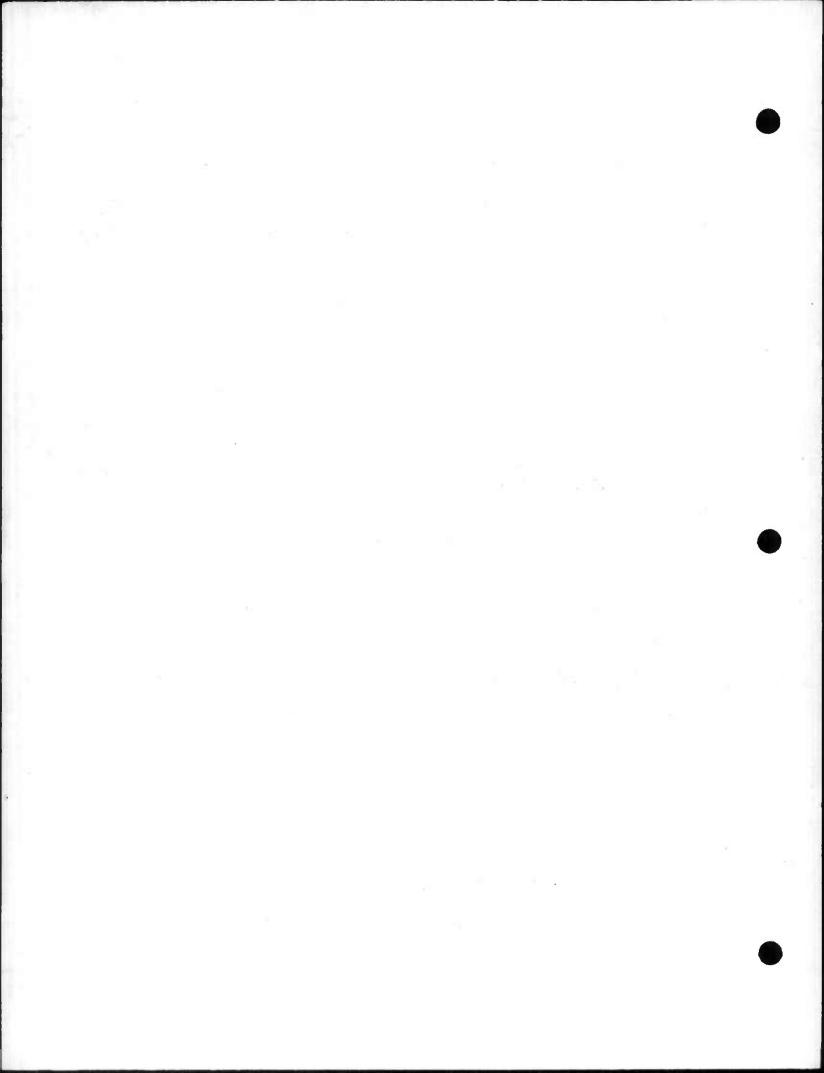


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	TO DE COMPLETED DY DUVOICIAN, MIDDION CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death, Page 6 may be retained by the hospital or attending physician.

DECOMPT NAMED 1. SECOND STAND PRODUCT OF THE STAND		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / CE	DEPAR	TMENT	OF H	EALTH AND	MEN	TAL HYG			
Clara Belle Lancascor Wasson August 5, 1995 Million Street 1990 Mi		1. DECEDENT'S NAME (First, Middle, Last)								ATE OF OEAT	Н		3. TIME OF DEATN
A SOLL SECURITY MARKER & SERV		Clara Belle	Lancasto	er	Wat	tson							0.15 DM
The same of the state of the st		4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest		IF UNDER t			. 7. D.	ATE OF BIRTH	1	e. BIRTI	HPLACE (State or Foreign
THE THE COUNTY SHARE (FOR Information, give states and number) 10. COUNTY OF SHARE (FOR Information County County) 10. COUNTY OF SHARE (FOR Information County) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY OF SHARE (FOR INFORMATION COUNTY) 10. SHARE COUNTY (FOR INFORMATION COUNTY) 10. S			Λ	90	YRS.	MONTHS	DAYS	HOURE MIN.					**.
STREET AND HAMMERS SOUTH TO ADMINISTRATION OF MINISTRATION OF	_	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY C											
STREET AND HAMMERS SOUTH TO ADMINISTRATION OF MINISTRATION OF	TOF	01d Court Nursin	g Center			Rar	nda.	l.1stown				Balt:	imore
STREET AND HAMMERS SOUTH TO ADMINISTRATION OF MINISTRATION OF	H.	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR	LOCAT	ION			10d. INSIDE CITY			
STREET AND NOMBERS SOLITION STREET AND NOMBERS SOLITION SOliTion Solition S		Maryland B			Rar	nda.	l.1.stown						
Black Section 1 Tes 2 (The Section S	AL	10e. STREET AND NUMBER					_				WHAT COUNTRY?		
Black Section 1 Tes 2 (The Section S	ji l		ciad					21133				US	SA
Black Section 1 Tes 2 (The Section S	5		12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARM	MED	13. W	S DEC	ENDENT OF HISP	PANIC OF	NGIN? (Specify	y Yee or No-	14. RACI	E — American Indian,
RECEDENTS SECRETION (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION) (SOURCE PROSESSION SECRETION SECRETION) (SOURCE PROSESSION SECRETI	≥		IF YES, GIVE WAR OR	DATES		10	YES	2 NO Spe	city:	nto riceni, etc.	-,		ity:
USON LANCASTER 19. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. SURVEY CONTROL 2 Control of Disposition Control of Disp		15. DECEDENT'S EDI	CATION	18a DEC	EDENTIO	Herrar occ	UDATIO	A1					Black Black
USON LANCASTER 19. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. SURVEY CONTROL 2 Control of Disposition Control of Disp		(Specify only highest grade	completed)	(Gh	e kind of a	vork done du				166, KIND OF	BUSINESS/IN	DUSTRY	
USON LANCASTER 19. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. SURVEY CONTROL 2 Control of Disposition Control of Disp	2		College (1-4 or 5+)			,	Mese	ahni ai a		т	Dani z en L	. 17	
USON LANCASTER 19. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. MALING ADDRESS (Sirved and Number of Paural Paules Numbers. City or Pour. Sienz, Zp Code) 20. METHOD OF DISPOSITION 13. SURVEY CONTROL 2 Control of Disposition Control of Disp	8				DOME	SUIC	160					e ran	nl.les_
The maling address (Street and Mumber or New Rate Norther, Copy or Rain, Stein, 2p Cook)		John Lancaster							11.00		,		
WILL EST HOUSE 20. METODO OF DISPOSITION 20. METODO OF				19b.	MAILING	ADDRESS (Street a				Town, State, Z.	ip Code)	
28b. METHOD OF DISPOSITION 28b. METHOD OF DISPOSITION 28b. METHOD AT COMPANY 28b. METHOD	F	Warren Hobbs		42	02 0	reenw	vay	Ba:	1.tim	ore, N	larylaı	nd 2	21218-1134
21. BORNATURE OF PURBAL SERVICE LICENSES. 22. MARE AND ADDRESS OF FACILITY. HOmes, Inc. 25. DOLE TO (OR AS A CONSEQUENCE OF): 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat. Intervil Between Annual Cause, Control							ION (Na			DATE 20c	LOCATION -	- City or To	own. State
2501 Gwynns Falls Parkway 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Parkway) IMMEDIATE CAUSE (Final Parkway) IMMEDIATE CAUSE (Final Parkway) Intervil Between Onset and Death of the cause of the		Arbutus Memorial Park								re C	county, MD		
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/		22. NA	ME AN	D ADORESS OF	FACILITY	Nutter	Fune	cal F	Homes, Inc.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches or part fielders. List only one cause on each lina. Approximate and Death Independence or condition as a constitution of the part o		germ	farker			Ba 1	tin	mynns i	arvl	s Park and 2	21216		
MMSDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSCOUENCE OF):		23. PART i. Enter the diseases, or	complications that cause	ed the dea	th. Do r	ot enter th	ne mod	de of dylng, si	uch aa	cardiac or re	espiretory a	rest,	
DUE TO (OR AS A CONSEQUÊNCE OF): Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRIONAS PERFORMED? 1 VES 2 NO VERTAIN 1 VES 2 NO			Clar only one cause on	each lina.	0	0 0							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTIVING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the unde			/ Calm								1 1/4		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. OLD CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. DATE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. THEN YORK? 1 YES 2 NO 29. PLACE OF INJURY AT WORK? 1 YES 2 NO 29. PLACE OF INJURY — At home, farm, street, factory, office 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) THE WORK? 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. LICENSE NUMBER 29. LI	į	NORTH CARESTON	DUE TO (OR AS	A CONSEO	UENCE O	F):							1291
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. OLD CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. DATE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. THEN YORK? 1 YES 2 NO 29. PLACE OF INJURY AT WORK? 1 YES 2 NO 29. PLACE OF INJURY — At home, farm, street, factory, office 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) THE WORK? 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. LICENSE NUMBER 29. LI	NO.												
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. OLD CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. DATE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. THEN YORK? 1 YES 2 NO 29. PLACE OF INJURY AT WORK? 1 YES 2 NO 29. PLACE OF INJURY — At home, farm, street, factory, office 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) THE WORK? 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. LICENSE NUMBER 29. LI	Ā	If any, leading to immediate											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. OLD CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. DATE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. THEN YORK? 1 YES 2 NO 29. PLACE OF INJURY AT WORK? 1 YES 2 NO 29. PLACE OF INJURY — At home, farm, street, factory, office 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) THE WORK? 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. LICENSE NUMBER 29. LI	윤	CAUSE (Disease or Injury 5											
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. OLD CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 27. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. DATE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. PLACE OF DEATH YES NO UNCERTAIN 29. THEN YORK? 1 YES 2 NO 29. PLACE OF INJURY AT WORK? 1 YES 2 NO 29. PLACE OF INJURY — At home, farm, street, factory, office 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER (Check only or Rown, State) 29. CERTIFIER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) THE WORK? 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. LICENSE NUMBER 29. DATE SIGNED (Month, Day, Veer) 29. LICENSE NUMBER 29. LI													İ
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 YES 2 NO THER: 1 Natural 5 Pending Investigation 2 Accidem Investigation 3 Sulcida 6 Could not be determined determined be determined be determined be determined be determined be determined be determined be determined be determined to the cause(e) and manner as stated. 29b. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and placa, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(TEM 27) (Type, Print) THERE: 1 YES 2 NO 20 NO The Signed of Signature and Number or Rural Route Number, City or Town, State)													
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF THE PROPERTY OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 28. PLACE OF INJURY At MORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE SIGNED (Month, Dey, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. UCENSE NUMBER 29c. UCEN	¥	PART II. Other algoriticant condition	/ /	11			erlying	cause given i	in Part i			24b	
DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF THE PROPERTY OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. DATE OF INJURY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 28. PLACE OF INJURY At MORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY At home, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT HOME, farm, street, factory, office 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. DATE SIGNED (Month, Dey, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. UCENSE NUMBER 29c. UCEN	ĕ	- WE LYN	- Trype	My	111	1				1 🗆 YE	8 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetlant 3 DOA 27. MANNER OF DEATH 1 Natural 3 Suicida 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 3 Suicida 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica 28e. PLACE OF INJURY — At home, farm, street, factory, offica 28e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH/INTEM 27) (Type, Print) THE NAME OF THE STATE OF THE SIGNED (Month, Day, Year) 29c. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	E I		1'							1	-		1 - YES 2 - NO
Solicida Solicida	N.		RIBUTE TO CAUSE					UNCERTA	IN [1			
Solicida Solicida	2	EXAMINER?					ly one)						
Solicida Solicida	¥ I					X	-		7				
28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Sulcide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		<u> </u>				URY	WOI	RK?	28d.	DESCRIBE NO	OW INJURY OC	CURED	
4 Homicide determined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4 Homicide determined building, etc. (Specify) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)	- 41	a California	28e. PLACE OF INJUR	RY — At hom	a farm			ES Z NO	201	OCATION /Pr-	and and Monte	0	2
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (MORTIN, Day, Year) 8/11/9/8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) BIENVENIDO R. MATUS 21 (RANBRODK Rd (USK EVS VILLE Md. 21030)											Number,		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (MORTIN, Day, Year) 8/11/9/8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) BIENVENIDO R. MATUS 21 (RANBRODK Rd (USK EVS VILLE Md. 21030)	9	290. CERTIFIER 1 CERTIFYING BUYE	CIAN: To the best of an in-	wlada: 4	h	4 -4 -4 -1				o-English	la marco		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (MORTIN, Day, Year) 8/11/9/8 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) BIENVENIDO R. MATUS 21 (RANBRODK Rd (USK EVS VILLE Md. 21030)	8												
P37Matin ML. aff. Physician D14618 > 8/11/96 30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUSE OF DEATH/ITEM 27 (17/10). PHIN) BIENVENIDO R. MATUS 21 (RANBROBIC Rd CUBICEYS VILLE Md. 21030)							T			vere end place			
BIENVENIDO R. MATOS 21 CRANBROOK Rd COOKEYS VILLE M. 21030		Parmata Ma	11 Citt 1	The	3.0	1.0		ZHC. LICENSE N	UMBER	(/	29d. DA	E SIGNED	(Month, Day, Year)
BIENVENIDO R. MATUS 21 CRANBROOK Rd CONKEYS VILLE M. D. 21030	2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	EATH/ITEM	27) (Type.	Print)		UIY	101	8		8/	11/40
and the state of t		BIENVENING R	MATUS				12 /	of Con	KEV	SVIII	(F M	d. 7	1630
ALIC 1 1995		31. DATE FILED (Month, Day Mad) 32 DEGISTRAR'S NATURE											



	١	
		ľ
		į
	_	
0		
9		
1		
n		
$\tilde{\sim}$		
_		
×		
\cup		
m		
О.		
о_		
-		
10		
97		
2		
$\overline{}$		
U		
(1		
\sim		
ш		
α		
_		
_		
ď		
_		
11		
0		
_		
Z		
$\overline{}$		
•		
-		
J)		
>		
=		
DIVISION OF VITAL RECORDS, P.O. BOX 6876(

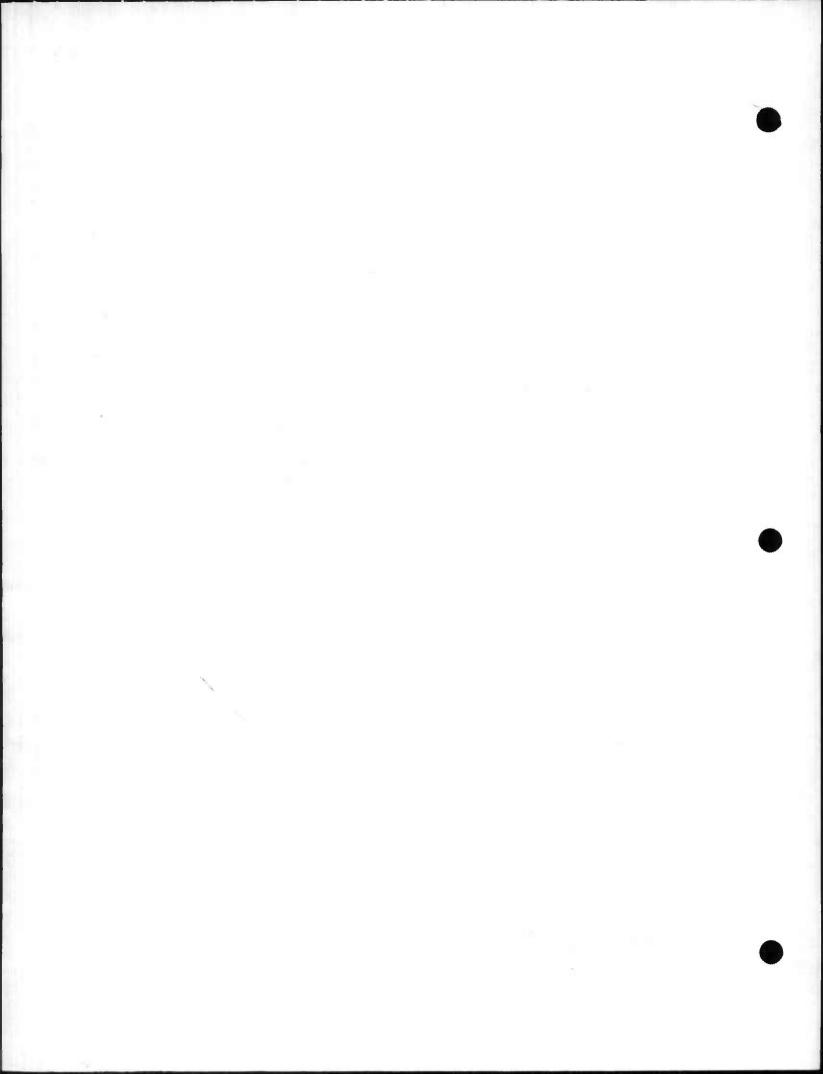
A

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEMENT'S NAME (First, Middle, Last)	Waith JR)		2. DATE OF OEATH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 214-20-5243	5. SEX 6. AGE (In yrs. le.	st birthday) IF UNI YRS. MONTH	DER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)	927 1	BIRTHPLACE (State or Foreign Country) [ARVLA-ND]				
TOR	8a. FACILITY NAME (If not institution, give str UNIVERSITY RESIDENCE OF DECEMENT	HOSPITAL		TY, TOWN OR LOCATION OF E		9c. COUNTY	OF OEATH				
DIRECTOR	10a. STATE 10b. COUNTY MARILAND	NIA	10c. CITY, TOWI	BALTIMO	10d. INSIDE (J.MITS? 1 DR F: 1 D YES 2						
FUNERAL	100; STRENT AND NUMBER 9// LEADENH!		101. ZIP CODE 2/	230	10g. CITIZEN	OF WHAT COUNTRY?					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT'EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	/es or No 14.	RACE — American Indian, Black, White, etc. Specify:					
COMPLETED	15. DECEDENT'S EQUE (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL Give kind of work dor b. Do NOT use retired	e during most of working	16b. KINO OF E	BUSINESS/INDUST	TRY				
OMP	12.7 H G RADE. 17. FATHER'S NAME (First, Middle, Last)		LABO	REP	FURI AME (First, Middle, Maid	MURE	COMPANY				
BE	ARTHUR 198. INFORMANT'S NAME (Type/Print)	WAITH S	R	NE L	LIE	BA	RIGGS				
임		VAITH 9	ILEA.	DEN HALL	ST. APT. +2	Wh, State, Zip Co.	7. MD 3/230				
	20b. PLACE AND DATE OF DISPOSITION Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 2 Cremation 3 Removal from State Disputed 3 Removal from State Dispu										
	22. NAME AND ADDRESS OF FACILITY TO SEPH H, BROWN JR, FUNERAL HOME 1913 W, BALTO ST, BALTA, MD, 212 23										
	23. PAHT). Effect the discesse, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Onset										
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
- 11	C d.										
MEDICAL	PART II. Other significant conditions	contributing to deeth but not a	resulting in the	underlying couse given in	D.C. C.	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
Z.	DID TOBACCO USE CONTR				N 🗷						
PHYSICIAN:		26. PLAC HOSPITAL: Impatient 2 ER/Outpatient 3	OT HI	R:							
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	28c, INJURY AT WORK?	26d, OESCRIBE HOW	INJURY OCCUR	ED				
BY	Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO							
ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fa	ctory, office	281. LOCATION (Stree City or Town, Stat	t and Number or R 9)	tural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, de					use(s) and manner as stated.				
B	29b. SIGNATURE AND TITLE OF CERTIFIER	1/al	m	O. AU4176	MBER +35AT28/8	29d. DATE SIG	SINED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	WR 225.G	roen	ST. RALTER	rone, M	n. Z	1201				
	31. DATE FILED (Month, Day, Year) AUG1 1 1995	32. REGISTRAR'S SIGNATURE	4								



FOR STATE REGISTRAR

T.TIT.A

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) HOURS DAYS 219-22-0010 1 M 2 X F JAN. 15, 66 YRS. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 1126 W.BALTIMORE STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION MARYLAND N/A BALTIMORE CITY permit. 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE completely filled in by the funeral director, page 5 should be detached for use as the burial-transit 1126 W. BALTIMORE STREET 21223 Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11 MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 9th GRADE LABORER HEEL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, notified at ROBERT HILL DOREEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ROBERT 1011 W. FAYETTE STREET, BALTIMORE, MD. 21223 HILL pe 20e. METHOD OF DISPOSITION
1 | XBuriel 2 | Cremetion 3 | Removel from State DATE 20b. PLACE AND DATE OF DISPOSITION (Name of must 4 Donation 5 Other (Specify) GARRISON FOREST CEMETERY 8-11-95 examiner 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY hours after death. JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST., BALTIMORE, medical 28. PART I. Eater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shor k, or heart failure. Liat only one cause on each line. 6 MMEDIATE CAUSE (Final the disease or condition Atherosclerotic Cardiovascular Disease other traumatic event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760 DUE TO (OR AS A CONSEQUENCE OF) and com o burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 any Injury, PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

Heat Expusure Dianetes mellity MEDICAL signed by the Seizure isorder has been : Dept. of 1 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO W UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) The the State OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) HOSPITAL: HOSPITAL DR ATTENDING PHYSICIAN: 1 X YES 2 - NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 26a. DATE OF INJURY
FOUNDAMENT (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF with t 28c. INJURY AT WORK? marked, 1 Natural PM 1 YES 2 NO heat ex After the BY 1530 2 Accident 28e. PLACE OF INJURY — At home, farm, sfreet, factory, office building, atc. (Specify) 10 3 Suicide 6 Could not be COMPLETED DIRECTOR: Nours after of 4 Homicide 28 Home 29a, CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M 2 XMEDICAL EXAMINEF: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE hute my C.M.E 2 30. NAME AND ADDRESS OF PERSON WINC COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HUTE MD ENNIS 111 Penn Street, Baltimore, Maryland 21201

DELORES

CERTIFICATE OF DEATH

WHEATFALL

95 24365 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATN 3. TIME OF DEATH AUGUST 3:58 6. BIRTHPLACE (State or Foreign 1929 MARYLAND. 9c. COUNTY OF DEATN N/A 10d. INSIDE CITY 1 XYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA. 14. RACE — American Indian, Black, White, etc. Specify BLACK 16b. KIND OF BUSINESS/INDUSTRY FACTORY CRINER 20c. LOCATION - City or Town, State OWINGS MILLS. MD.21223 interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 1 YES 2 NO

COMPLETION DF CAUSE DF DEATH?

1 YES 2 NO

28d. DESCRIBE NOW INJURY OCCURED

05 were

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1/26 W. Baltimore St R. K. Baltiman Rel

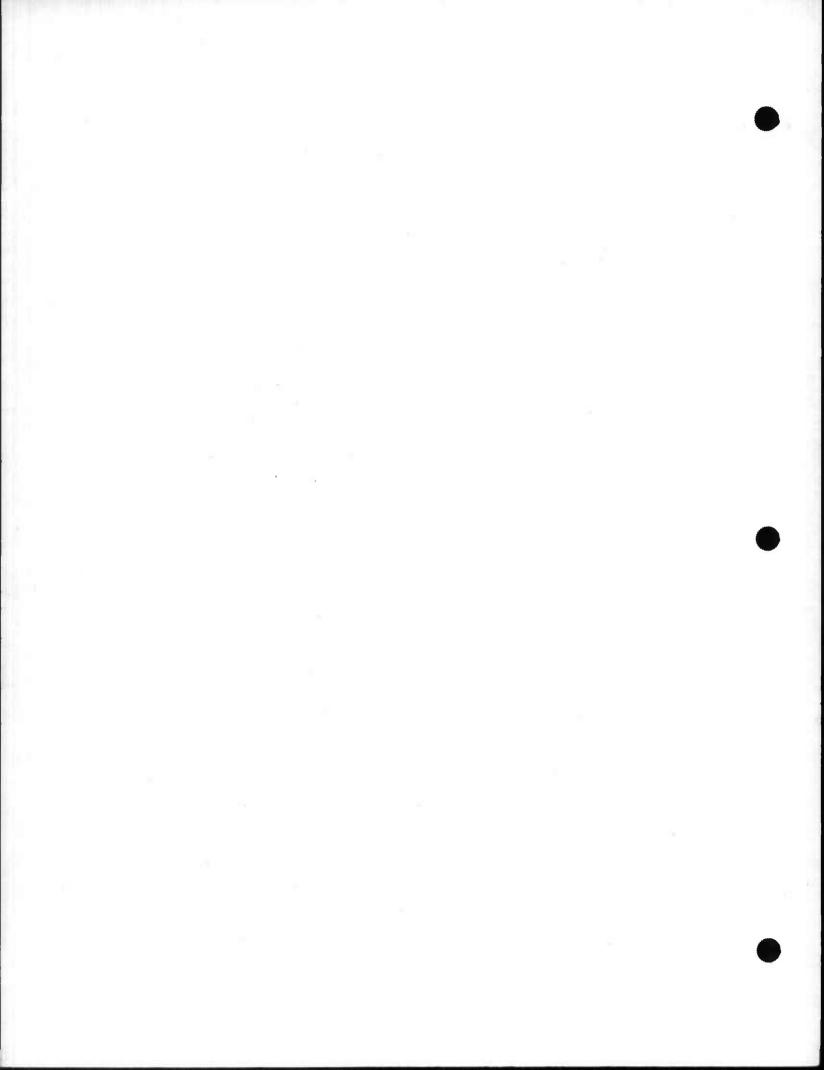
29d. DATE SIGNED (Month. Day, Year)

AUGUST 5.1995

32. REGISTRAR'S SIGNATURE duden P

31. DATE FILED (Month, Day, Year) AUG1 11995

DHMN-16 Rev 1/89



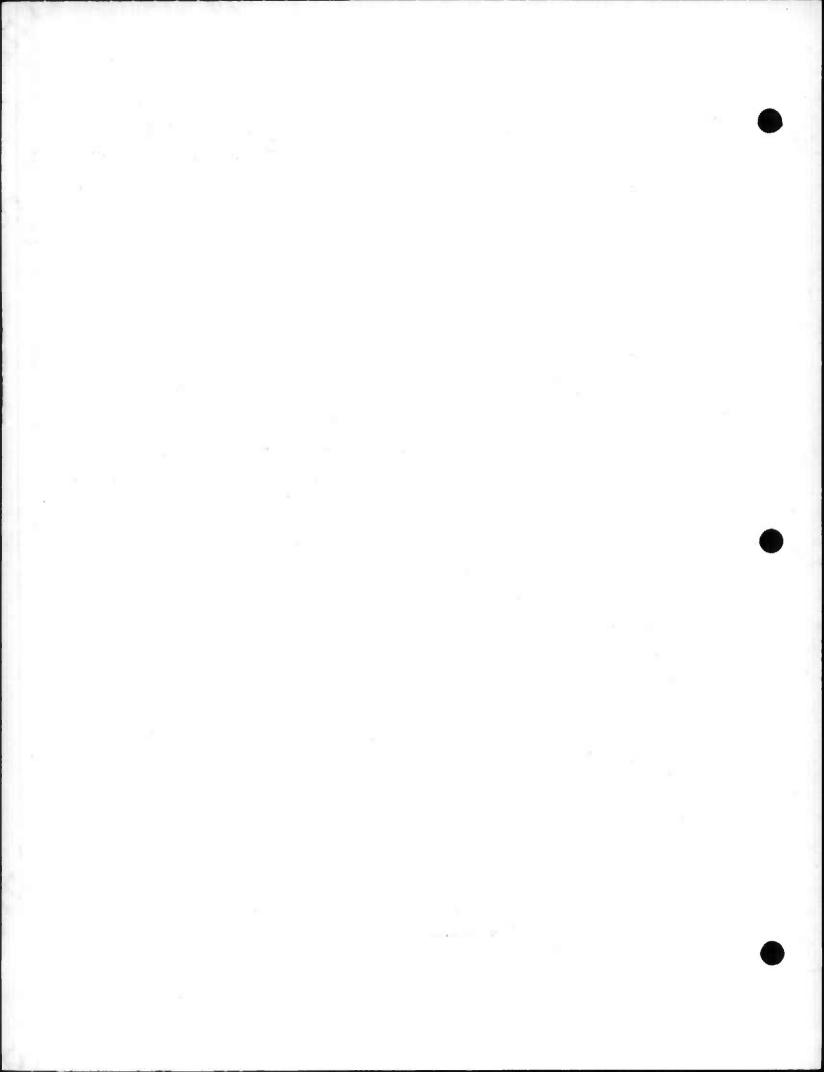
w	
Bar.	
10	
68760	
~	
(0	
~	
~	
BOX	
\sim	
-	
ന	
\sim	
-	
_	
P.0.	
_	
-	
(n)	
40	
RECORDS	
_	
-	
_	
$\overline{}$	
.	
_	
()	
\sim	
ш	
<u> </u>	
-	
_	
-4	
4	
_	
3	
-	
12	
-	
\sim	
_	
-	
_	
7	
Cine .	
-	
_	
0.5	
U 3	
_	
-	
-	
-	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	des 1.2.3 should		
HOSPITAL DR ATTRONNG PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this c	filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT If Ham 28 is marked or Ham 23 shows any Inliney or other traumatic away the madical avanting much ha marked or Ham 23 shows any Inliney or other traumatic away to make the madical avantage of the property of the pr
의표	O THE	e filed	MPOL

									95	5 8	14366
1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI CERTIF	RTMENT (F H OF	EALTH AND DEATH	MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF DEATH	NY.	YEAR	3. TIME OF DEATH
		npigle						August 8	, 19		12:15pm
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birth					1	EAR AYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)		8. BIRTH	PLACE (State or Foreign
220-03-32	279	1 □ M 2 🔀 F	7	8 YRS.	MONTHS O	11.0	HOUNS MIN.	May 29,	1917	No:	rthCarolin
9s. FACILITY NAME (If not it	nstitution, give s	reet and number)			9b. CITY, TO	WN O	R LOCATION OF D	EATH	9c. COL	NTY OF D	EATH
1 Brett		5				Es	ssex		E	Balt	imore
RESIDENCE OF DEC	10b COUNTY										
Md.		altimor	е	10c. Cl	TY, TOWN OR L	OCAT	-				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
1 Brett	Court	Apt.2	17				2122	1		USA	1 1 4 1
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	2 NO It yes, specify Cuban, Mexican, Puerto Rican, etc.)					or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16	Give kind of	Work done duri	PATIO	IN at working	16b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (f		College (1-4 or 5	•)	life. Do NOT L	ise retired.)	ng moo	at or working				
5th				Cross	sing G	l ua	ard	BAltimore County			
17. FATHER'S NAME (First, M	liddle, Last)			2,410			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)		
John Mi	zzle						Mai	rie Hayde	n		
19a. INFORMANT'S NAME (iype/Print)			19b. MAILIN	G ADDRESS (S	reet er	nd Number or Rural	Route Number, City or Town	n, State, Zi	Code)	
Rose Don	nelly			728	9 Gou	gh	Stree	t Baltimo	re	Md,	21224
20a. METHOD OF DISPOSIT 1 X Burlal 2 Crematic 4 Donation 5 Other	n 3 🗆 Rem	oval trom State	cemeter	cremetory or i	of Disposition other place)			OATE 20c. LO		city or To	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		11			D ADDRESS OF FA				7
1 DK 7	0 1 1	11/1		////	Co	nn	elly F	uneral Ho	me	of E	ssex
/ / /.	<u> </u>	40	me	XXII	30	0	Mace A	ve Balti	mor	e Mo	21221
23. PART I. Enter the d shock, or h	seases, or carriers.	complications that List only ona cau	caused the se on aach	ine.	not entar the	mod	de of dying, suc	h as cardiac or reapi	ratory ar	rest,	Approximate Interval Between

DIRECTOR	1 Brett						Essex	Baltimore				
<u>입</u>	10s. STATE	10b. COUNTY			10c. CITY, TO	WN OP I	OCATION			Lan	4 MAIDE OUT	
	Md.	Ва	ltimore		100.011, 10		sex				d. INSIDE CITY LIMITS? YES 27 NO	
AL	100. STREET AND NUMBER	-21 6					10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL		Court	Apt.217				2122	1	USA			
	11. MARITAL STATUS 1 Never Married 2 1	Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 10 N	MED IO	It yo	s, specify Cuban, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE — Black, W	American Indian, hits, etc.	
ВУ	3 Widowed 4 Divor		IF YES, GIVE WAR OR	DATES		1 ☐ YES 27 NO Specify: Specify:						
COMPLETED	15. DECE (Specify only	(G	EDENT'S USUAL OCCUPATION a kind of work done during most of working b NOT use retired; 16b. KIND OF BUSINESS/INDUSTRY Do NOT use retired;									
AP.	Elementary/Secondary (0- 5 + h	12)	College (1-4 or 5 +)		rossi	,	uard	BA1	timo	re Co	ounty	
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme)											
BE	John Mizzle 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
2	Rose Doni			198				Route Number City or Tow t Baltimo			1224	
	20a. METHOD OF DISPOSITIO	ON	20	b. PLACE	AND DATE OF DE					City or Town,		
	1 X Burlel 2 Cremation 4 Donation 5 Other	Specify)	val from State	metery cre	matory or other	decel	fJesus 8	1		imore		
	21. SIGNATURE OF FUNERAL	SERVICE LICH	ENSEE	1	1	22. NAN	E AND ADDRESS OF FA	CILITY				
	► K. 1	err	4 (000	ul	11	20	Mage A	uneral Ho	m = 10	6M		
	23. PART I. Enter the dis	seases, or co	omplications that cause in the entry one cause on	ed tha da	ath. Do not	ntar tha	mode of dying, suc	h as cardiac or reap	ratory an	rest,	Approximate	
ŀ	IMMEDIATE CAUSE (Final										Interval Between Onset and Death	
	resulting in death) a. Carmac 17723.											
_	DUE TO (OR AS A CONSEQUENCE OF):											
5	Sequentially list conditions											
S	cause. Inter UNDERLYING CAUSE (Disease or injury)											
CERTIFICATION	that initiated events resulting in death) LAST											
	PACT II Other significant conditions constitute to the basis of the same significant conditions are same significant conditions.											
PHYSICIAN: MEDICAL	PERFORMED? CON								RE AUTOPSY FINDINGS IRABLE PRIOR TO MPLETION OF CAUSE			
								1 _ YES 2	MINO		DEATH?	
Z	DID TOBACCO US	E CONTR	IBUTE TO CAUSE (OF DEA	TH YES	□ NO	☐ UNCERTAI	v 🗆		''] 125 2 NO	
SA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			E OF DEATH (C	hack only						
SI	1 TYES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out	tpatient 3	DOA 4	HER: Nursing	Home 5 Residence	6 Other (Specify)				
PH	27. MANNER OF DEATH	endina	28s. OATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OC	CURED		
B	2 Accident In	westigation	28s. PLACE OF INJUR	Y — At hor	me form street		YES 2 NO	201 I OCATION (O		- 5 - 15 - 1		
COMPLETED		could not be etermined	building, etc. (Spi	ecify)	,,	, 1001019,	ome	281, LOCATION (Street a City or Town, State)	ind Namber	or Hurai Houte	Number,	
PLE			IAN: To the best of my know									
S I			On the beele of examination	on and/or k	nvestigation, in	my opinio	n, death occured at the	time, date end place, an	d due to th	e cause(s) an	d manner as stated.	
띪	29b. SIGNATURE AND TITLE (OF CERTIFIER	PASala	rat	MM	m	29c, LICENSE NUI	949	29d. DAT	SIGNED (Mo	nth, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WHO			V		1 9 - 0			101		
	P.A. BALTAT				RD. S	UITE	202 BALTI	MORE, M.D.	212	23十		
	AUG 1 1 19	95 Ja	A 32 FGIS HAR'S	NA PRE				-				
											DHMH-16 Rev 1/89	



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

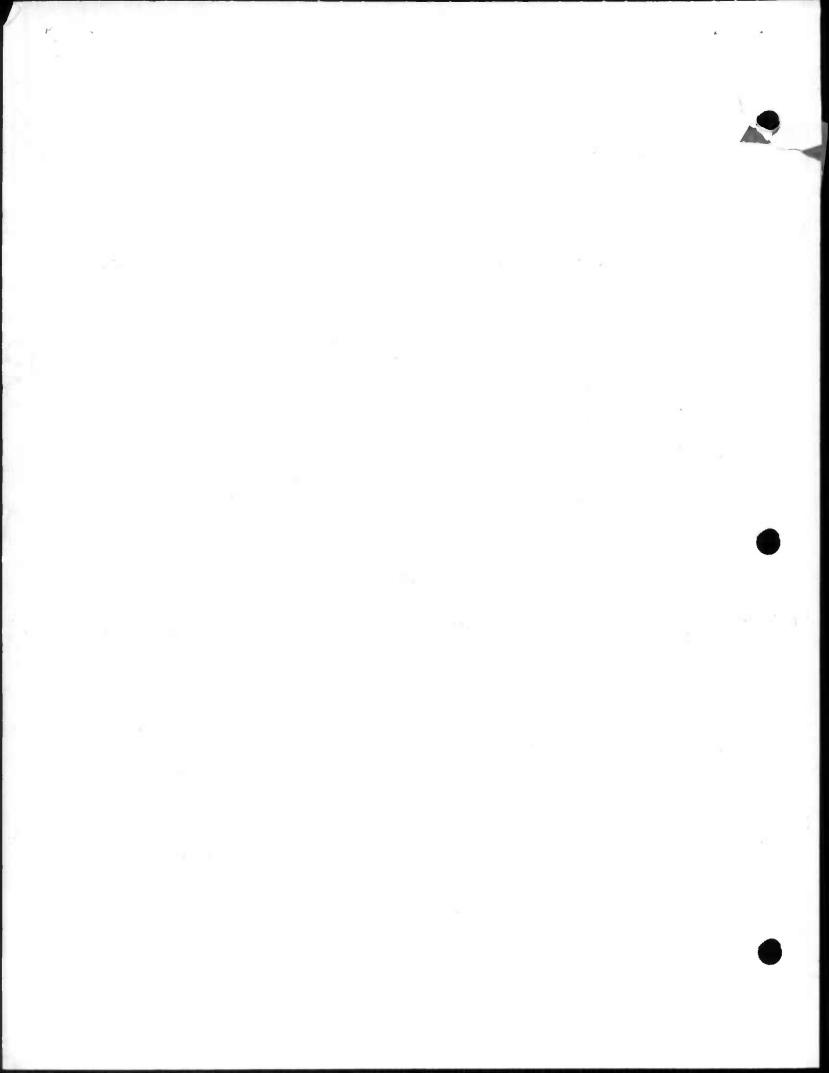
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		STATE OF I	MARYLAND C		TMENT				MENT	AL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First, M	iddle, Last)								2. DAT	E OF DEATN			3. TIME OF DEATN
Anthony	A	Anusz	ewsk	ì	SE	,			AU	424 9	l.	Q S	10:36 Hum
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTN oth, Day, Year)	_	8. BIRTHP Country)	LACE (State or Foreign
219 18 186		1 🔀 M 2 🗌 F	70	YRS.	MONTHS	DAYS	HOURS	MIPI.	May	4, 192	25		/land
9e. FACILITY NAME (If not instit		et and number)					R LOCATI	ON OF D	EATH		9c. COU	NTY OF DE	ATN
Mercy Hos					Ba1	timo	re				N/A	A	
	Db. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					1	10d. INSIDE CITY
Maryland	N/A.			Ba	altimo	ore							LIMITS7
100. STREET AND NUMBER						10f.	ZIP COD	Ε			10g. CIT	IZEN OF WI	IAT COUNTRY?
3620 St. V	ictor	Street					212	225			Ţ	J.S.A.	
11. MARITAL STATUS 1 Never Merried 2 X Me		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A		13. W	VAS DECI	ENDENT C	OF HISPA	NIC ORIG	IN? (Specify Yee Rican, etc.)	or No-	14. RACE - Black.	- American Indian, White, etc.
3 Widowed 4 Divorce		World W					2 X NO			, , , , , , , , , , , , , , , , , , , ,		Specify	
	ENT'S EDUCA	TION		ECEDENT'S	USUAL OC	CUPATIO	N		16	b. KIND OF BUS	INESS (IN	DIJETOV	White
(Specify only hi		College (1-4 or 5		Give kind of B. Do NOT u	work done di se retired.)	uring mos	t of working	ng					
5th			' l -	perat	or					Chemic	al F	lant	
17. FATHER'S NAME (First, Middle							18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumeme)		
		thony A		_					celia	(000.	know		
19e. INFORMANT'S NAME (Type										mber, City or Town			21225
Dorothy L.		ewsk1	T		St. V			ree					ryland
1 X Burlet 2 Cremation 4 Donetion 6 Other (Sc	3 🗆 Remov	al from State	20b. PLACE cometery, cr	AND DATE	of disposition place) S Cent	TION (Nar	ne of		1			City or Town	
21. SIGNATURE OF FUNERAL S		NSEE	HOTY	Cros			D ADDRE	SE OF EA	8/	14 Bal	timo	re, M	aryland
) —) ~		0		7 Ge	orge	J.	Gon	ce F	uneral	Home	P.A.	
Hanna	1/1	Joan	nou	shi	40	01 F	Ritch	nie :	Hwy.	Balti	more	. Md.	21225
23. PART I. Enter the dise shock, or heer	ases, or co	Molfcations that only one cau	t caused the d se on each lin	aeth. Do i e.	not antar t	tha mod	da of dyl	ing, suc	h aa ca	rdlac or raspin	ratory ar	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition		A A .	A	1 .									Onset and Death
resulting in death)	a.	Athe	OR AS A CONSE	1ton	(D	ise	ure						
	_	DUE 10	(OH AS A CONSE	OUENCE O	F):								
Sequantially list condition if any, leading to immedia		DUE TO	(OR AS A CONSE	OUENCE O	F):								
cause. Enter UNDERLYING CAUSE (Disease or Injury													
that initiated events	1	DUE TO	OR AS A CONSE	OUENCE O	F):								
resulting in death) LAST	d.												
PART II. Other algolficant	conditions	contributing to	daath but not	rasulting	In the und	fariying	ceuse c	alvan In	Part I.	24a. WAS AN	AUTOPSY	24h W	VERE AUTOPSY FINDINGS
										PERFOR	MED?	1.4	MAILABLE PRIOR TO COMPLETION DF CAUSE
									_	1 TYES 2	NO NO		F DEATN?
DID TOBACCO USE	CONTRI	BUTE TO CA	USE OF DEA	ATH YE	S \square N	ЮП	UNC	ERTAII	NΠ			1 '	☐ YES 2 13 NO
25. WAS CASE REFERRED TO M EXAMINER?	EDICAL				TH (Check or								
1 TES 2 NO		HOSPITAL:	ER/Outpatient	□ DOA	OTHER:		5 🗆 Re	sidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	505A	28e. DATE OF (Month, Da	INJURY ny, Year)	26b, TIM	E OF 2	28c. INJU WOF			28d. DE	SCRIBE NOW IN	JURY OC	CURED	
1 Natural 5 Per 2 Accident Invi	nding atigation				M	1 🗌 Y		NO					
	uld not be	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	ome, ferm,	streel, fector	ry, office			28f. LO	CATION (Street el	nd Number	or Rural Rou	ite Number,
		AN: To the best of											
2 MEDICAL	EXAMINER:	On the beele of ex	amination and/or	investigatio	n, in my op	inion, de	ath occur	ed at the	time, dat	e end place, end	due to th	ne ceuse(e) a	ind menner ee stated.
29b. SIGNATURE AND TITLE OF	CERTIFIER						29c. LICE	NSE NUI	HBER		29d. DAT	E SIGNED (A	fonth, Day, Year)
Michael	Y' CL	~~~~	s les	boler	+		D.	20.	29	3	► A	rqut	191995
30. NAME AND ADDRESS OF PE								D				1 0-	
Dr. Michael 31. DATE FILED (Month, Day, Year			301 St	. Pa	ui Pl	.ace		Bal	timo	ore, Ma	ryla	na 21	202
AUG1 4 1995	Julia d	welson	whalf										



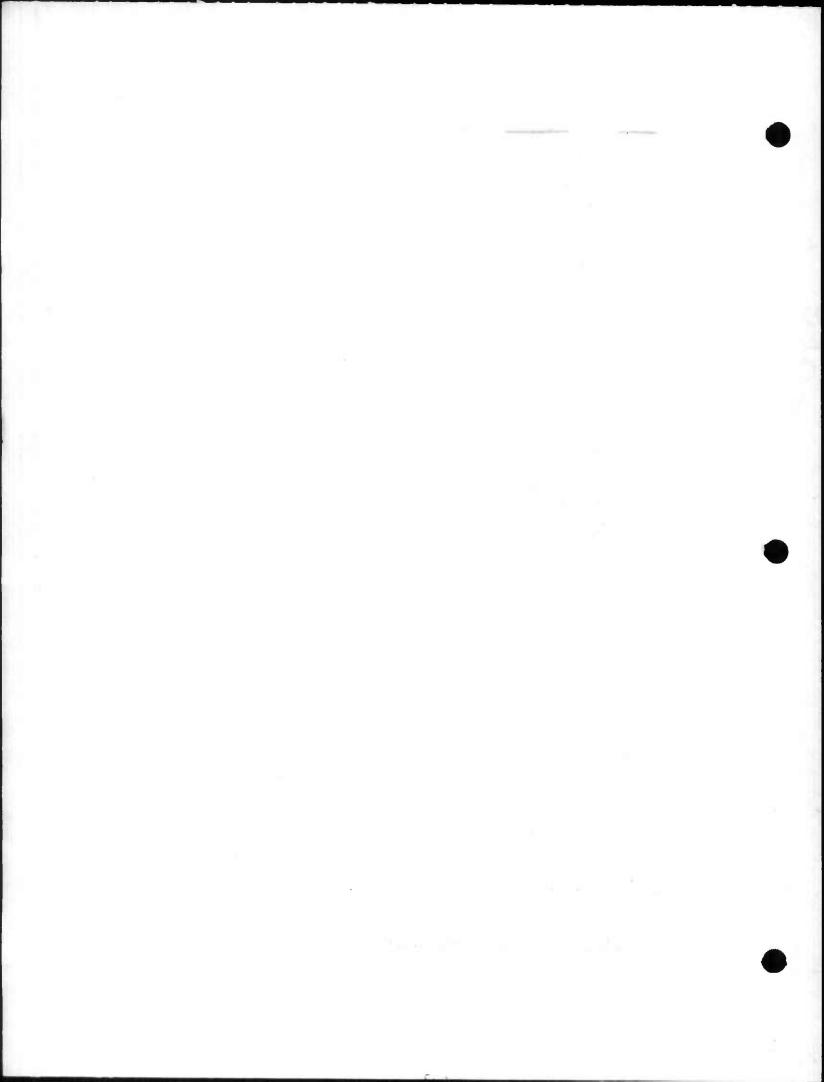
Fil

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlal, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		OTATE O	T BAADS	/E 8 3 1 PS /	DEDAD	TRACALT O	PERSON	CHARLE	8.4
mG,	726,	item	#1,	8/14	1/95	, CYW,	per	f.h	0

1 - STATE REGISTRAR		STATE OF I	MANTL					DEAT		MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First, A		-NEGE	ΜλΙ	JDH I	λτι	ITCE	7				OF DEATH	ž, 1	g ď ^{EAR}	3. TIME OF DEATH 9:54P
MODI-		5. SEX		(In yrs. lest		IL OUDER		IF UNDER	24 HRS	_	OF BIRTH	Z, I	A. BIRTH	IPLACE (State or Foreign
N/A		1 🗆 M 2 💢 F	60			MONTHS	DAYS	HOURS	MIN,	JAN		1935	Countr	TIAWU
9a. FACILITY NAME (If not insti	OHNS	HOPKINS	HOSP	ITAL		9b. CITY	BAL	TIMO	ON OF DE	ITY		9c. COL	N/A	EATH
RESIDENCE OF DECE	DENT				10c. CITY	70401	001001	71011						10d, INSIDE CITY
	N/					KUWA		IIION						LIMITS?
KUWAIT	14/	A				1000		of, ZIP COD	E			10a. CI1	IZEN OF V	WHAT COUNTRY?
P.O BOX 341	L95								252				KUWA	
11. MARITAL STATUS 1 Never Merried 2 N 3 Wildowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE	I YES	2 XN0			If yes, s	CENDENT Coperation Cop	n, Mexica	n, Puerto	f? (Specify Yes Ricen, atc.)	or No—	Black	E — American Indian, k, White, etc. hy: WHITE
15. DECEI (Specify only)	DENT'S EDU			16e. DEC	EDENT'S	USUAL C	CCUPATI	ION lost of workli	na	16b	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-1 8TH	1	College (1-4 or 5 N/A	+)	Me.	R EM	e retired.)					N/A	A		
17. FATHER'S NAME (First, Mid JASSIM		NISF						16. MOT		ME (First, I	Middle, Meiden	Sumame)		
190. INFORMANT'S NAME (Typ. BASIMA	AWAD			19b.	MAILING	ADDRES HOI	s (Street PKIN	end Number	r or Rural	ATIO	NAL AF	n, Statu, Z. FAIR	S, BA	ALTO, MD
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 4 Donation 5 Other (3 🗆 Ram	cvel from State	201	ALL ST	ND DATES	CAT	CEM	lame of IETERY	Y	8169	20c. LO	CATION -	City or To	wn, State WAIT
21. SIGNATURE OF FUNERAL		CENTRAL	No.	al	+			HO ADDRE			OO WAB	ASH A	AVE	
shock, or immediate CAUSE (Findlesse or condition resulting in death) Sequentisity list condition if any, leading to immediate cause. Enter UNDERLY IN CAUSE (Disease or injurt that initiated events	ons, late	b. Pur.	O (OR AS	A CONSEO	ACIA UENCE OF UENCE OF	9 <i>=701</i>	ŝ.							Interval Between Onset and Death Z houses Z Houses
PART II. Other significan DIABETES DID TOBACCO US	t condition	eleavs				in the u			given In		24s. WAS AN PERFOI	RMED?	7 248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 700
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL			28. PLACI	OF DEAT)						
1 YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE 4 □ Nu		me 5 🗆 R	eeldence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH 1 Netural 5 P	ending	26s. DATE C (Month,	F INJURY Day, Year)		28b. TIM INJ	E OF URY M	W	JURY AT ORK? YES 2 [_ NO	28d. DE	SCRIBE HOW	INJURY O	CCURED	
3 Suicide 6 0	could not be etermined	26e. PLACE building	OF INJUR		ne, ferm, :	street, fac	ctory, off	Ice			CATION (Street or Town, State		er or Rural	Route Number,
(Check only		EIR: On the beet of												e) end manner ee stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	F			7 /	-		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNES	O (Month, Day, Yeer)
DAND F. Ko	45- M	91 2	Zun	1/1	In	22	cus		Pos	611		14	KACT	12 1995
30. NAME AND ADDRESS OF MILE TO THE STATE OF THE STATE O	PERSON WI	HI) COMPLETED CA	200	EATH (ITEM	600 600	Print)	NETH	hb	LE.	Sin	ET L	BAT	MOR	- 12, 1995 - MO ZIZ87



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

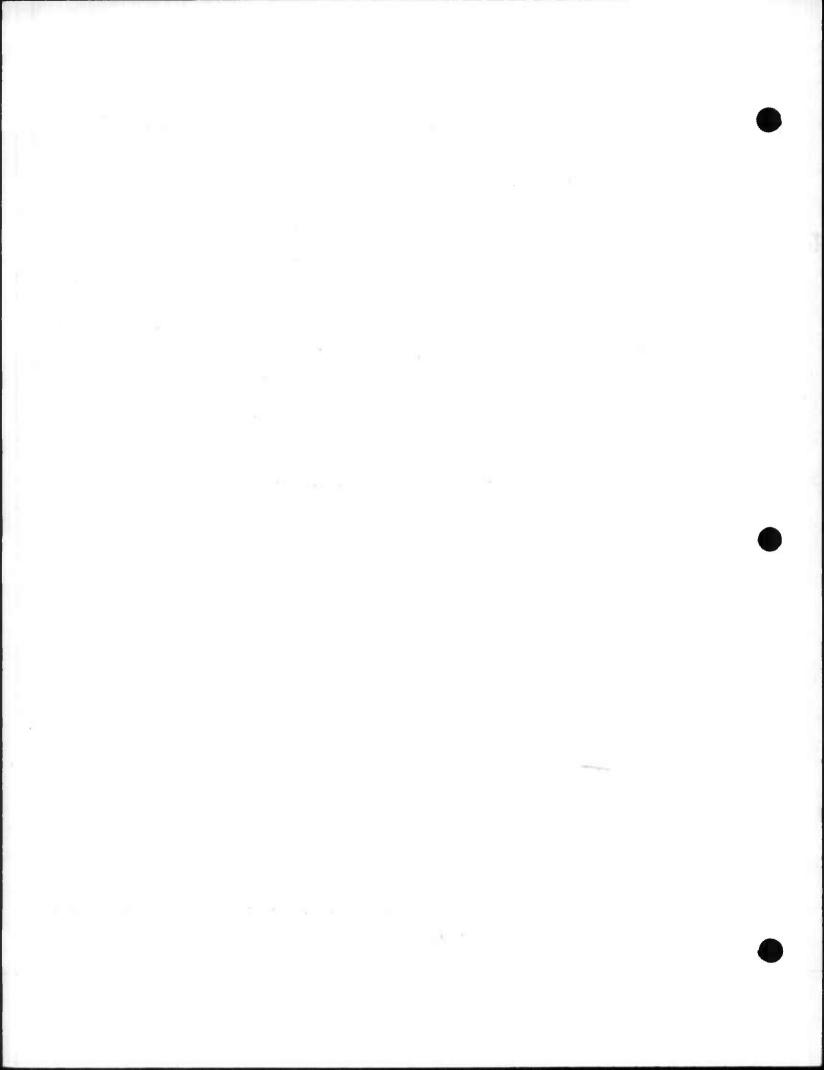
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TIFMS. 22	PART T 27	DED MEU	ETLW (726 9/1	8/05 + +			90) (4369
FOR FILMS: 23 FilmG, 729	STATE OF W	1,10b,20	DEDAD	1/13/95	HEALTH AND	r f.l	h.	-		
1 - STATE REGISTRAR	SIMIL OF IT			ICATE OF		MENIA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)	KING DAV	/ID BULI	OCK							3. TIME OF DEATH
-DAVID -AL	LEN	BULL				AU	Gust "	7, 1	995	0038 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les			PLACE (State or Foreign					
265-80-3743	1 以	41	953	FLOT	RIDA					
9e. FACILITY NAME (If not institution, give a	Control of the Contro			9b. CITY, TOWN	OR LOCATION OF	DEATN		9c. COU	NTY OF DE	ATN
FREDERICK MEMO	RIAL HOS	SPITAL		FREDE	RICK			FR	EDER	RICK
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y DAUDUT	AT.	10c. CIT	Y, TOWN OR LOC	ATION				T	10d. INSIDE CITY
PENNSYL VANIA .										
10e, STREET AND NUMBER				1	of, ZIP CODE			10g. CIT		HAT COUNTRY?
1524 NORTH	5 TH STE	REET			17102				TED	STATES
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.,AR	MED	13. WAS DE	CENDENT OF NISP	ANIC ORIGI	N? (Specify Yes	or No-	14. RACE	- American indian,
1 Never Merried 2 X Merried	IF YES, GIVE W	YES 2 (X)	yo oy		pecify Cuben, Mexic S 2/12/NO Spec		Rican, etc.)		Black, Specify	White, etc.
3 Widowed 4 Divorced					Λ 7 Χ				фост	DLACK
15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPAT vork done during n e retired.)	ION lost of working	16	b. KIND OF BUS	SINESS/INE	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)		ED - L			vario	uic t	nadeo	. 7
12 th		UI	JADL	LD - L	_				i aues)
WILLIE HILL					18. MOTHER'S N		Middle, Maiden	Surname)		
19e. INFORMANT'S NAME (Type/Print)		101	MAILING	ADDRESS (Street	end Number or Rura			- Casa 7/-	0-4-1	
	LOCK		1524	NORTH	5 TH	ST.,	HARRIS	BURG	.PA	17102
20a METNOD OF DISPOSITION 1/ Suriel 2 Cremetion 3 Rem		20b. PLACE	ANDDATEC	F DISPOSITION (#		OAT			TEEL!	
1/☑/Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State			HOWARD-		8-14	- STE	LL TÖ	WN -	4-PENNSYLVAN
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	1		ND ADDRESS OF F				,	
A Walland	10 3/1	llan	.U	WM.	C. MARCH	FH.	-1101	E. N	ORTH	AVENUE
23 PADT i Enter the diseases or	asso	van	<u>~</u>							
23. PART i. Enter the diseases, or shock, or heert failure.	List only one caus	se on each ilne	eth. Do n	ot enter the m	ode of dying, su	ich aa car	diec or reapi	ratory an	reat,	Approximata Interval Batween
iMMEDIATE CAUSE (Finel disease or condition	0.000									Onset and Death
resulting in death)	n. CARDIAC	DR AS A CONSE	THENCE OF	7.						
		CARDIAL F		•						
Sequentially list conditions, if any, leading to immediate	10.	OR AS A CONSEC							-	
cause. Enter UNDERLYING	AORTIC	AND MITE	AL VAL	VE REPLAC	EMENT					
that initieted eventa		DR AS A CONSEC								
resulting In death) LAST	d. DEGENER	ATIVE CAR	DIAC V	ALVULAR I	DISEASE					
PART II. Other significent condition	s contributing to	deeth but not n	esulting i	n the underlyis	o cause given la	n Part i	24a. WAS AN	AUTOBEV	245.1	WERE AUTOPSY FINOINGS
	_						PERFOR	MED?	1	MAILABLE PRIOR TO
							1 TES 2	□ NO	(OF DEATH?
DID TOBACCO USE CONT	RIBLITE TO CAL	ISE OF DEA	TH YE	SUNOI	UNCERTA	IN \Box			1	I YES 2 ND
25. WAS CASE REFERRED TO MEDICAL	THE TO CAL			H (Check only one						
EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpetlent 3	DOA	OTHER:	ne 5 🗆 Residence	0 17 0%	Pacifich			
27. MANNER DF DEATH	28e. OATE OF	NJURY	28b. TIME	E OF 28c. IN	JURY AT	1	SCRIBE HOW II	JURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, rever)	INJU		ORK? YES 2 NO					
3 Suicide 8 Could not be	26s. PLACE OF	INJURY — At hor	me, farm, s	treet, factory, offi	ca	28f. LOC	CATION (Street e	nd Number	or Aural Ro	ute Number,
4 Homicide determined		(//				City	or Town, Stete)			
29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of r	ny knowladge, de	eth occurre	d at the time, dat	e end place, end du	e to the ca	use(s) end man	ner es stat	ed.	
one) 2 X MEDICAL EXAMINE										end manner ee stated.
29b. SIGNATURE AND TITLE OF GERTUFIE		//	-		29c. LICENSE NU		1			Month, Day, Year)
	4/	WL			O.C.M	. E				Г 8,1995
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E DF DEATH (ITEN	1 27) (Type	Print)				:		

111 Penn Street, Baltimore, Maryland 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withings from a flex death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within F2 burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

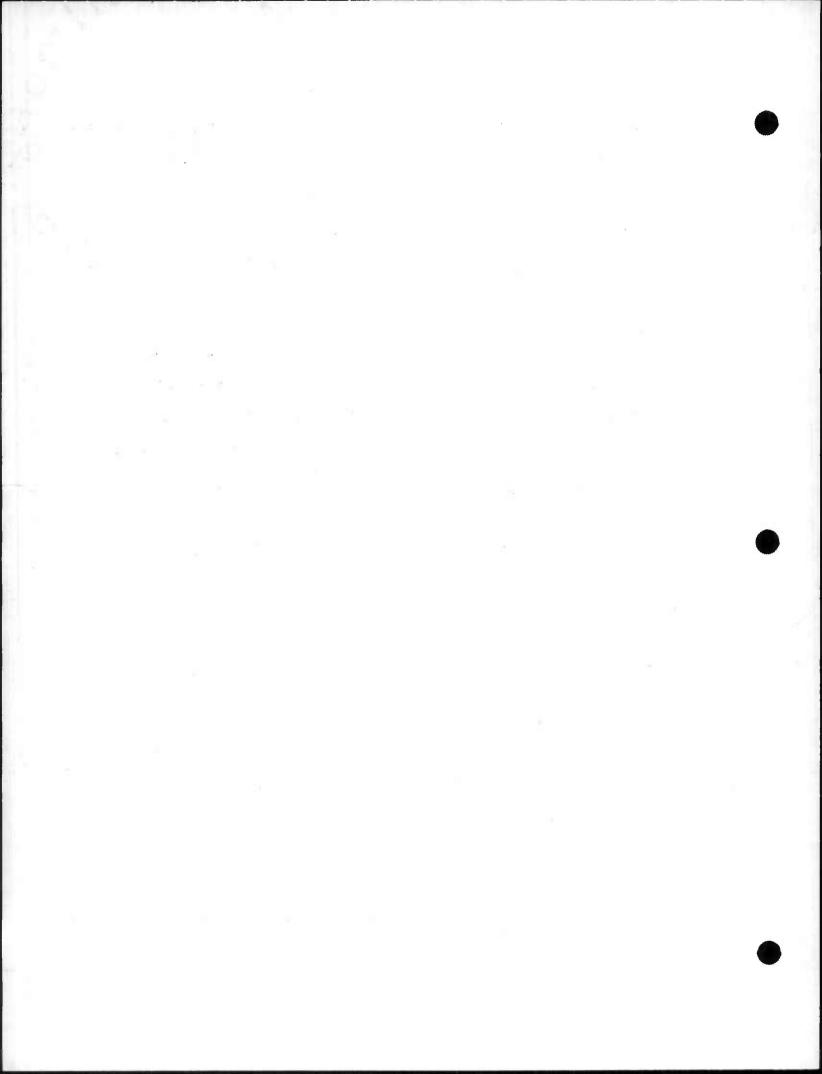
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO

_	REGISTRAR		CERTIF	CATE OF	DEATH	REG.	NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		DDEWEL			2. DATE OF DEAT MONTH AUGUST	DAY 2	VEAR	*55 PM			
	RANDALL 4. SOCIAL SECURITY NUMBER	D . 5. SEX 6. AGE	BREWER	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLA	:55 PM			
	215-78-1439	1 XM 2 F	35 YRS.	MONTHS DAYS	HOURS MIN.	FEB. 15,		MARYI				
	9a. FACILITY NAME (If not institution, give at				OR LOCATION OF D	EATH		INTY OF DEAT				
DIRECTOR	300 BLK.W.PATAI	SCO AVE		BALT	O, CITY		BA	LTIMOF	RE CITY			
) H	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10-	d. INSIDE CITY			
	MARYLAND HOWA	RD		MARR	IOTTSVIL	LE		1 (YES 2 XNO			
PAL	104. STREET AND NUMBER			1	H. ZIP CODE	101	10g. CIT	IZEN OF WHA				
FUNERAL	7201 RIDGE ROAD	12. WAS DECEDENT EVER		L04		U.S.A						
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, s		NIC ORIGIN? (Specify an, Puerto Ricen, etc. fy:		Black, W Specify:	American Indian, hita, atc.			
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	rock done during n	ION ost of working	16b. KIND OF	BUSINESS/IN	DUSTRY				
COMPLETED	Elementary/Secondary (0-12) 10TH GRADE	College (1-4 or 5+)	CARPE	e retired.)		CON	STRUCT	TON				
M P	17. FATHER'S NAME (First, Middle, Last)		CARTE	NIEK	40 1407117010 111	AME (First, Middle, Ma		ION				
114	HARLIN BREWER					ALIE SCHU						
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or						
	HARLIN BREWER		720	1 RIDGE	ROAD - N	MARRIOTTS	VILLE,	MD 2	21104			
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Rem: 4 Donation 5 Other (Specify)		b.PLACE AND DATE OF THE CONTROL OF T	CEMETER	Y	8/14	SYKESV	City or Town,	State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACRIE L. Sharror 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVENUE—BALTIMORE, MD 21229											
	23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of duing, such as cardiac or respiratory expect.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
	PART II. Other algolificent conditions	s contributing to deeth	but not resulting in	n the underlyin	g cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS			
EDIC						PER	FORMED?	COI OF	MABLE PRIOR TO MPLETION OF CAUSE DEATH?			
Ξ.	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	OF DEATH YE	S D NO S	UNCERTAI	ND		1 1	YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEAT	H (Check only one								
PHYSICIAN:	1 X YES 2 □ NO	HOSPITAL: 1 ☐ inpetient 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Raeldenca	8X Other (Specify)	IN WO	OODS				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) UKLUCA	IN UM		JURY AT ORK? YES 2 NO	28d. DESCRIBE HO		MULL S	WITH HEI			
<u>a</u>	3 Suicide 8 Could not be determined determined determined											
COMPLET		CIAN: To the best of my known.	wledge, death occurre			to the cause(a) and	manner as sta	ted.	,			
	296 SIGNATURE AND EITLE OF CENTIFIER	. 1			29c. LICENSE NUI			E SIGNED (Mo				
TO BE	Molynte he	Yhill			0.C.N	1.E.		AUGUS'				
F	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type,									
	"AUG1 4"1995" Ju	के विद्या महरका श्राह	AT ME									



-	
0	
BALTIMORE, MARYLAND 21215-0020	
7	
IO.	•
=	
Ò	
-	
2	
64	
0	•
=	
4	
⋖	
_i	1
=	
-	-
Œ	
⋖	٠
5	ľ
- 61	
ш	
~	
=	
U	٤
5	ı
=	
-	
7	
4	7
•	1
	4

Pages 1, 2, 3 should

Dermit.

Insit

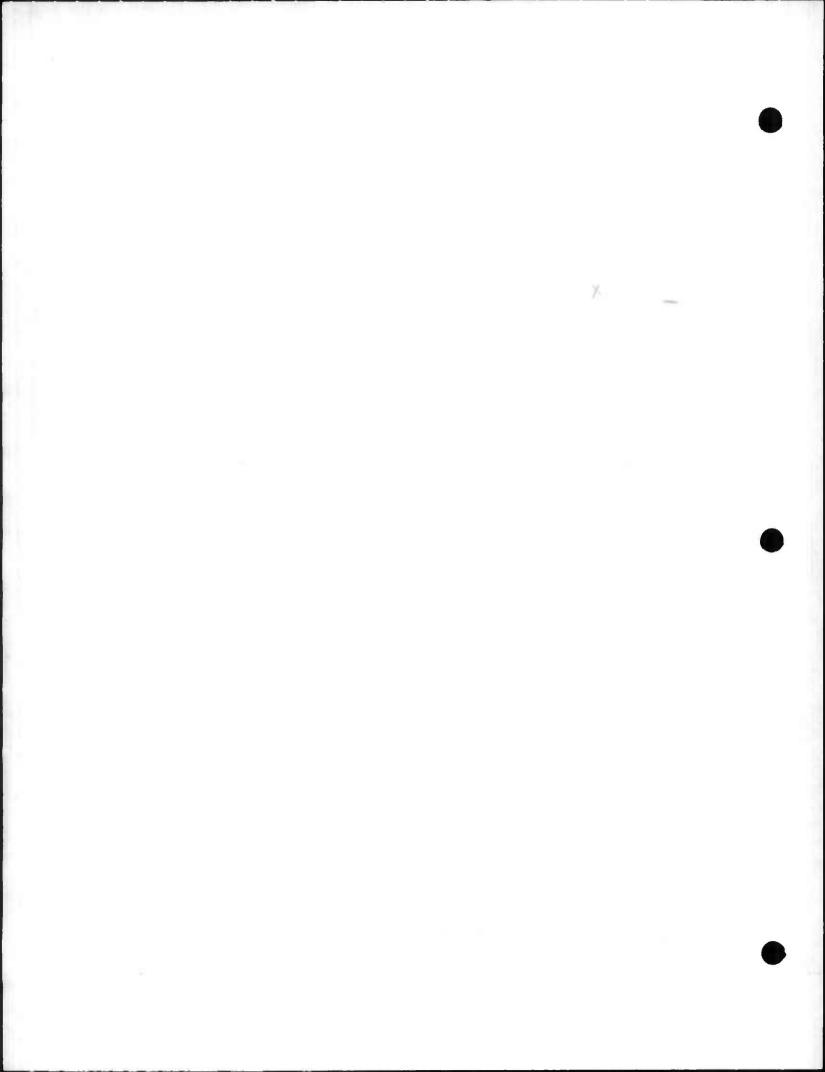
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-tr be filled within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burlal, cremation, or removal.	IMPURIANI: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	--

DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Geraldine LOWISEarlin 1995 August 7. DATE OF BIRTH 9:47 AM 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign JUNE 11,1962 HOURS DAYS 218-62-9680 1 M 2 X F 33 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Joseph Richey Hospice Baltimore N/A RESIDENCE OF DECEDENT 10e STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Maryland **Baltimore** 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7229 Bridgewood Drive 21224 USA 11 MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 N NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married SpecHy: White BY 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementa 10 stary/Secondary (0-12) College (1-4 or 5 +) Cab Driver Taxi Service 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname. Harold Buddy Lofton Mary Louise Martin BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Frances L. Lam 7229 Bridgewood Dr. Baltimore, MD 21224 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Metro Crematory, Inc. 08/12/95 Baltimore, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAWN F. McDonald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one ceuse on each line. interval Betwe IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) TOXOPLASMOSIS YRS 7MQ DUE TO (OR AS A CONSEQUENCE OF): AIDS 24Emrs CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL CRYPTOCOCCAL MENINGITIS 1 TES 2 1-110 OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA HOSPICE 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 26d. DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the fime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: Op.th mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 1294 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, P.

OHMH-16 Rev 1/89



FOR

FilmG, 726, item #1, 8/14/95,cyw, per f.h.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CE	RTIF	ICATE C	F DEATH		REG. NO			
		1. DECEDENT'S NAME (First	t, Middle, Last)	ROY WILBU					2. DAT	E OF OEATH		3	TIME OF DEATH
			1 at	TAT MITTEN	K CF	HID	ER		MON	TH D	AY 10	YEAR	
		4. SOCIAL SECURITY NUM	BER	5. SEX 6. AGE	(In yrs. last	hirthday	IF UNDER 1 YE	AR IF UNDER 24 HRS.	14		0 19		23:13 "
		-217 48 170	25	1 (X M 2 🗆 F 62		YRS.	MONTHS DA			E OF BIRTH		Country)	ICE (State or Foreign
9					•	THS.				e 3, 19	933 S	outh	Carolina
should	_~	Ba. FACILITY NAME (If not in						VN OR LOCATION OF E	DEATH		9c. COUNT	Y OF DEAT	Н
2,	ECTOR	St. Agnes		al			Ba	ltimore			N/A		
-	5	RESIDENCE OF DEC											
Pages	DIRE		10b. COUNT			10c, CI1	Y, TOWN OR LO					104	d. INSIDE CITY LIMITS?
if.		Maryland	N/A	7				Baltimore				1 [XYES 2 NO
permit.	4	10e. STREET AND NUMBER						101. ZIP CODE					COUNTRY?
nsit	FUNERAL	3005 Marde	1 Aver	nue				2123	0			USA	
020 physician. burial-transit	5	11. MARITAL STATUS		12. WAS DECEDENT EVER I			13. WAS	DECENDENT OF HISPA	ANIC ORIG	IN? (Specify Ye	or No- 1	4. RACE -	American Indian,
Phy buri		1 Never Married 2		FORCES? 1 YES		0	If yes	, specify Cuban, Maxic	an, Puerto			Black, W	hite, etc.
5-0020 nding physic as the burial	B	3 Widowed 4 Dive	orced				1	YES 2 NO Speci	ary.			Specify: Whi	te
1215-0020 r attending physician. use as the burial-trar	a		EDENT'S EDU		16a. DE	CEOENT'S	USUAL OCCUP	PATION	16	b. KIND OF BU	SINESS/INDU:		
2 2 2	13	Elementary/Secondary (0		College (1-4 or 5+)	life.	Do NOT u	work done during se retired.)	most of working					
	립	4			Med	hani	ic		D	iesel 1	Engine	S	
AN detach	COMPL	17. FATHER'S NAME (First, M	fiddle, Last)					16. MOTHER'S N					
YLA by the of the deti		Larov	(NMN)	Caulder						th God			
MARYLAND etained by the hospit should be detached officed at once.	BE	19a. INFORMANT'S NAME (Oddiaci	101	MAILING	ADDRESS /See	eet and Number or Rural					
- W =	2							Avenue					
- 40 ep		Shirley M.											
TORI e 6 may ector, p		1X Buriel 2 Crematic	on 3 🗆 Rem	cval from State	netery, cres	ND DATE	OF DISPOSITION	(Name of	OO /1	TE 20c. LO	CATION — CH		
		4 ☐ Donation 5 ☐ Other		Nea	adowr	:1dge		ial Park				idge,	, MD
ALTIM death. Page thneral direct.		21. SIGNATURE OF FUNERA	L SERVICE LI	Dawn F.	McDo	mald	22 NAM	Nabb Fune	ACILITY	Home	P.A.		
AL fund) () () () ()	mtm	Che from las				Frederic				MI O	21228
B, after Iby the removal		23 PART I Enter the d	Manage or	complications that cause	d the de	oth Do							
5 5 6		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between											
		IMMEDIATE CAUSE (Final											Onset and Death
tely anti		disease or condition reaulting in death) BI. Anch's c encyhale fatty DUE TO (OR AS A CONSCOUENCE OF):											
3760 nted within 24 completely fill, rial, cremation,				DUE TO (OR AS	A CONSEC	UENCE O	F):						
	z			. COPD									
- 4 B C E	CERTIFICATION	Sequentially list conditi if any, leading to imme-		DISE TO JOB AS A CONSEQUENCE OF									
BOX ficate be en physician a ne prior to	S	cause. Enter UNDERLY	ING	c.									
.O. B. certificate ding physi hygiene pri	<u> </u>	that initiated events	lly	OUE TO (OR AS	CONSEC	UENCE O	F):						
P.O. eath certificate data Hygien y, or other	토	resulting in death) LAS	T T	d									
DS, P.O. I e death certific the attending ph Mental Hygiene Ijury, or other													
5 - 5	DICAL	PART II. Other algolfice	ent condition	ne contributing to death b	out not re	euiting	In the underl	ying cause given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
that the and any	S									PERFOR		COI	RLABLE PRIOR TO MPLETION OF CAUSE
AL RECC law requires nas been signe Dept. of Healti 23 shows a	MED									1 169 2	E NO		DEATH?
REC require been sig t. of He shows		DID TORACCO LI	SE CONT	RIBUTE TO CAUSE O	E DEAT	ILI VI	S D NO	□ UNICEDTAL	N. It			1 1	YES 2 NO
law law Dept	A	25. WAS CASE REFERRED TO							IN UZ				
DIVISION OF VITAL RECO DR ATTENDING PHYSICIAN: The law requires th DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health item 28 is marked, or Item 23 shows an	SICIAN:	EXAMINER?	- MEDICAL	HOSPITAL:			OTHER:						
CIAN ICIAN the S	ΥS	1 YES 2 NO		1 Propertient 2 ER/Outp	patient 3		4 - Nursing I	ioma 5 🗆 Residenca	_				
TSION OF TTENDING PHYSI TTOR: After this cr after death with 1 28 is marked,	PHY	40	Pending	(Month, Day, Year)	- 1	26b. TIM	E OF 28c.	INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCU	RED	
ON DING P After the death of the standard of t	₩ I		investigation				M 1 [YES 2 NO					
O NO NO NO NO NO NO NO NO NO NO NO NO NO	- 16		Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At hon	ne, ferm, s	street, factory, o	ffice		CATION (Street e	and Number or	Rural Route	Number,
DIVISION DR ATTENDING DIRECTOR: After hours after death item 28 is ma		4 Homicide	determined]	or rown, orang			
E BE BE	COMPLETED	290, CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of my know	rledge des	th occum	ad at the time of	lete and place, and do			alla este di p		
TO THE HOSPITAL TO THE FUNERAL De filed within 72 if	\$			FI: On the besis of exemination									
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	8					ga.i.o	m, m my opinio	n, desin occured at the	e lame, gar	e and piace, an	d dua lo ina i	:suse(s) and	manner as stated.
H H B B	H	29b. SIGNATURE, AND TITLE	OF CERTIFIER	3,				29c. LICENSE NU		101	29d. DATE S	IGNEO (Mor	nth, Day, Year)
₽ ₽ ₽ X	2	/ Unn		Mul	1 M	·D	•		1	896	Aug	wit, 1	0,1995
-)	- 1	30. NAME AND ADORESS OF	PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM	27) (Type,	Print)						
\times		MUNIF R.	AHA	L, 900 C	ator	1 Au	re, Ba	itimore	./	MD 2	1229		
\circ	- 1	31. DATE FILED (Month, Day,	Ybar)	32. REMSTRAR'S SIGN	ATURE					1) 2	100		
		AUG:	1 4 199	5 Jalia al Luc	leart	well							
┏													
													OHMH-16 Rev 1/89
(1)													
X													
0/													

BALTIMORE, MARYLAND 21215-0020

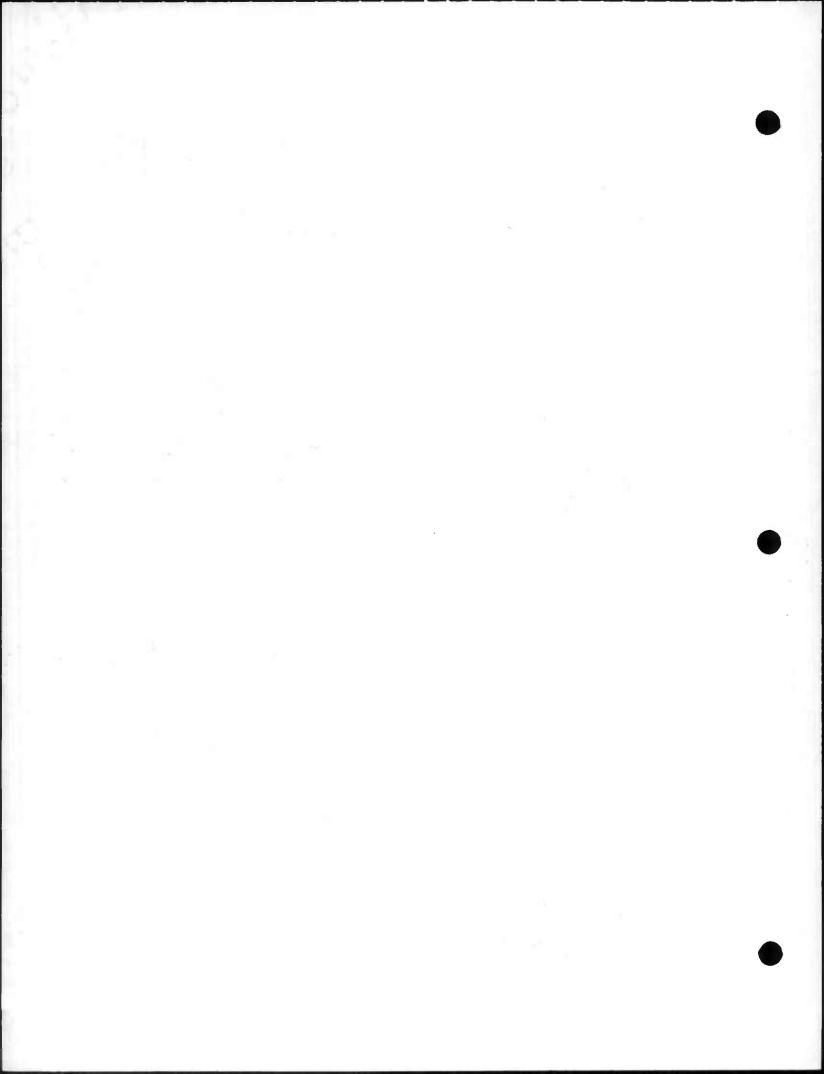
DIVISION OF VITAL RECORDS, P.O. BOX 68760

-	
0	
OI	
0.4	
=	
0	
_	
LC3	
*	
01	
64	
-	
4 -	
\sim	
4 4	
-	
$\overline{}$	
-	
•	
-	
_	
DRE, MARYLAND 21215-0020	
_	
C	
-	
-	11
100	
-	
- 65	
9 0 4	
CV	
-	
-	
\mathbf{c}	- 4
-	
>	
$\overline{}$	- 1
_	
	- 1
-	
BALTIMORE	
-	
ш	
	2
-	
	۰
-	,
-	. 3
0	- 6
4.00	
3	
Ph.	3
09289 X	
00	
	п
co .	
-	
24	
30	
-	

DIVISION OF VITAL RECORDS, P.O. BO

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed witthin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	ours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remonal,	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After thi	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marke

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Napoleone		Coco			2. DATE O	DAY	YEAR 1995	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-30-6910	5. SEX 6. AGE (in yrs. 1) M 2 \square F 86		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,		Countr	PLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give sh 447 Chalfonte RESIDENCE OF DECEDENT	Drive	1		atonsvil		9c. COUNTY OF DEATH Baltimore				
DIRECTOR	10a. STATE 10b. COUNTY	altimore	10c. CITY,	TOWN OR LOCAT	tonsvill	e			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 447 Chalfonte	Drive		101	2122	8	10g. C		S.A.		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPAI acity Cuban, Maxica 2 XNO Specif	an, Puerto Ri	(Specify Yes or No—can, etc.)	14. RACE Black Speci	- American Indian, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 2+ Machinist 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 7-Up Company										
BE COM	17. FATHER'S NAME (First, Middle, Last) Salvatore Coco	21	Macri	IIISC	18. MOTHER'S NA Matild		ddle, Maiden Surname				
TO B	19e. INFORMANT'S NAME (Type/Print) Angela Coco (Spouse)	19b. MAILING AI 447 (chalfon	nd Number or Rurel e Drive	Route Number Cat	or City or Yown, State, onsville,	Mary]	and 21228		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramol 4 Donation 6 Other (Specify)	val trom Stata cemetery, o	EANDDATE OF crematory or othe Bine Pa	DISPOSITION (Na r piece) At ark Maus	ugust 12 soLeum	,1995	20c. LOCATION - Woodlaw				
	21. SIGNATURE OF FUNERAL SERVICE LICE	With fe f		Leroy		sell (C Witzke		al Homes e, Maryland		
	23. PART I. Enter the disease, or conshock, or heart failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that diused the clief only one cause on each ill	lar	enter the mo	ds of dying, suc	ch as cardio	sc or respiratory s	errest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
AL	PART II. Other significant conditions	contributing to deeth but not	resulting in	the underlying	ceuse given in		24a. WAS AN AUTOPS! PERFORMED? 1 - YES 2 NO	7 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR				UNCERTAIL	N 🗆			1 PES 2 NO		
YSICI	1 TYES 2 NO	28. PL/ HOSPITAL: 1 Inpatient 2 ER/Outpatient	10	(Check only one) THER: Nursing Hom	5 Residence	6 🗆 Other ((Specify)				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	JRY AT RK? ES 2 NO	28d. DESC	RIBE HOW INJURY O	CCURED			
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At I building, atc. (Specify)	nome, farm, stre	et, factory, office			TON (Street and Numb Town, State)	er or Rural R	oute Number,		
COMPLETED		IAN: To the best of my knowledge, on the basis of examination and/o							and manner as stated.		
B	29b. SIGNATURE AND TITLE OF STATE R	MyM			29c. LICENSE NUN				(Month, Dey, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO HENDELL H.	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pr	- 516	N. Rol	lina	Road -	Beo	to MAZIZI		
	31. DATE FILED (Morith, Day, Year) AUG 1 4 1995 AUG 1 4 1995										



BALTIMORE, MARYLAND 21215-0020

1
00
687
-
20
0
0
m
- 0
0
٠.
0
_
4.0
0)
0
0
0
$^{\circ}$
111
0.00
E
_
4
=
-
P.E.
L.
OF
OF
NOF
N OF
ON OF
ION OF
SION OF
ISION OF
VISION OF

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR			FULL	CATE	JI DEA	111		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE (OF DEATH DA	Y	YEAR	3. TIME OF DEATH
	MARY		CLINE						ST 12	199		12:50 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE C	OF BIRTH			PLACE (State or Foreign
	239-44-8860	1 🗆 M 2 🖵 F	70	YRS.	MONTHS DA	YS HOURS	MIN.		, Day, Ybar)	005		
	9a. FACILITY NAME (If not Institution, give s	truet and number)	70		9b. CITY. TO	WN OR LOCAT	ION OF DE	LJULY	-24, -1	925 Dec. COUN	GERI	MANY
oc l			400									
2	302 BLUE WATER O	T. UNIT	102		GLEN	BURNII	<u> </u>			ANN	E AR	UNDEL
2	10a. STATE 10b. COUNTY	1		10c. CiTY	Y, TOWN OR L	OCATION						10d. INSIDE CITY
DIRECTOR								LIMITS?				
	MARYLAND ANN 10e, STREET AND NUMBER	LE ARUNDE	GL	GI.EN BURNIE					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL									log. CHIZEN OF WHAT COONTRY?			
91	302 BLUE WATER C		21060 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					U. S. A.				
5	11. MARITAL STATUS	T EVER IN U.S. A			DECENDENT s, specify Cub				e or No— 14. RACE — American Indian, Black, White, atc.			
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE W	YES 2 A		1 🗆 YES 2 🔐 NO Specify:						Specif	y:
										- 1		WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of v	USUAL OCCU vork done durin		ing	16b.	KIND OF BUS	ISINESS/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+	-) #	le. Do NOT us	e retired.)							
<u>=</u>	12	11	H	OMEMA	KER				OWN H	HOME		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, M	fiddle, Maiden	Surname)		
	HANS	GAST	r			N	IARIE	T.E			WAT	LDINGER
BE	19a. INFORMANT'S NAME (Type/Print)		-	96. MAILING	ADORESS (St				er, City or Town	n, State, Zip		
임	HELMUT PETER	CLIN	TE.	1162	DIVED	DAV DO	NA D	ד א דאדא א	DOT TO	MADS	7T 3 NT	21401
	20a, METHOD OF DISPOSITION	- Calada			OF DISPOSITION					CATION -		
4	1 Buriel 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	oval from State	cemetery, c	rematory or o	ther plece)			3/199	95			RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIN		HILL	TOP S	ERVICE 22 NAB	CORPO			1 1	OWBOI	N PIPAE	KIDAND
		1	/	1.					HOME	PΔ		
	Michael	11 -	111.						. GLE		RNIE.	, MD 21061
	23. PART i. Enter the diseases, or	complications that	t sayed the c	leath. Do r	not enter the	mode of d	ying, suc	h as card	liac or respi	ratory arr	est,	Approximate
	ahock, or heart tellure. i.ist only one ceuse of each line. interval Batween Onset and Death											
	disease or condition											
	resulting in death) Due to (or as a consequence of):											
	DUE TO (ON AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):											
Ē	If any, leeding to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury	G	(OR AS A CONS	EQUENCE OF	D.							-
	that initieted events regulting in death) LAST	552 10	(On AS A CONS	EUDENCE U	, ,.							İ
H		d										
	PART ii. Other algnificent condition	ns contributing to	death but not	resulting	in the unde	rlying ceuse	given in	Part i.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL									PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE
								-	1 YES 2	₽ NO		OF DEATH?
Σ	-											1 TYES 2 NO
ä	DID TOBACCO USE CONT	RIBUTE TO CA					CERTAI	иП				
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PL/	ACE OF DEA	TH (Check only OTHER:	one)	_					
Si	1 TES 2 NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA		Home 5	Residence	8 🗆 Other	r (Specify)			
PHYSICIAN:	27. MANNED OF DEATH	28a. DATE OF (Month, D	INJURY One Mone)	28b. TIM	IE OF 28	c. INJURY AT WORK?		28d. DES	CRIBE HOW I	NJURY OC	CUREO	
ВУ	1 Natural 5 Pending	,				YES 2	□ NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE O	F INJURY At I	home, term,	street, tectory.	offica		28f. LOC	ATION (Street	and Number	r or Rural F	Route Number,
E	4 Homicide determined	bunding,	atc. (Specify)					City	or Town, State)			
COMPLET	29a. CERTIFIER											
API	(Check only	CIAN: To the best of										
Ö	2 MEDICAL EXAMIN	ER: On the basis of a	xamination and/o	or investigation	on, in my opin	ion, death occ	ured at the	e time, data	and place, ar	ed due to th	he cause(s	i) and manner as stated.
E	29 SINIATURE AND TITLE OF CERTIFIE	19				29c. LI	CENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
00	(forattion N	man.	MI	D,			23	811		▶ .	8.1	4.91
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAU	SE OF OEATH (IT	TEM 27) (Type	, Print)		- /			. /	70	MD
	Jonathy For	nan mo	1 14	06B	5.1	crain	57	E 30	4 6	la	Bur.	nie 21061
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE		- / (_		1	-4		1 2100/
	AUG1 1 1995 d	7. 2 3										
	HULL 4 1995 1/4	lia dilevery	Medil									

÷ 1

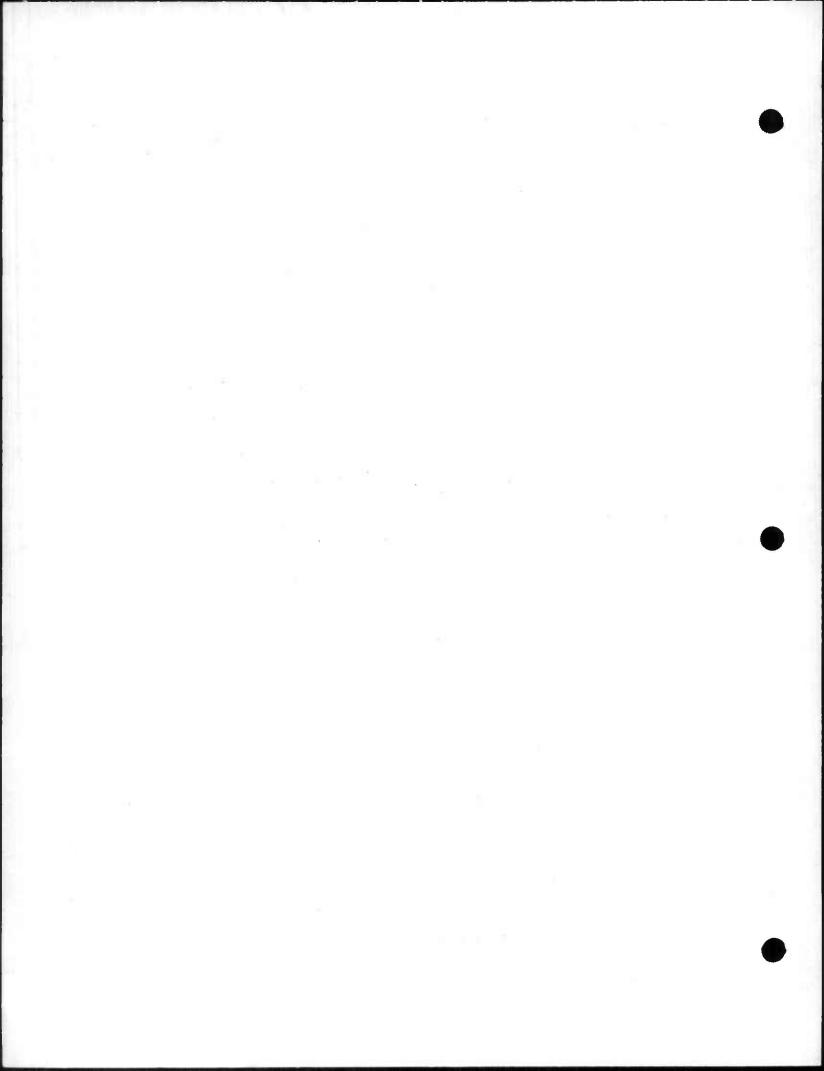
	- 1	1. DECEDENT'S NAME (First,	1000000	The	RSE	1.0					2. DAT	E OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	- 1	LILLIF			_	_					Aus	TUS		995	12:20A M
	-1	4. SOCIAL SECURITY NUMB 217-20-40		5. SEX	6. AGE (II			IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.		E OF BIR		s. BIRTH Count	IPLACE (State or Foreign
3	-				0	0	YRS.					rch	4,190		ennessee
2, 3 should	.	Harbor Lig			II.o.w.	_				OR LOCATION OF				DUNTY OF D	EATH
6,	DIRECTOR	RESIDENCE OF DEC		ursing	пощ	<u>e</u>			Ba.	ltimore			1	I/A	
E .	Ħ I	10e. STATE	10b. COUNTY					r, TOWN O							10d. INSIDE CITY LIMITS?
	. 10	Maryland		N/A			Ва	lti	mor	re					1 X YES 2 NO
8 1	\$ I	100. STREET AND NUMBER 1213 Light Street 101. ZIP CODE 109. CITIZEN OF W													
dan.	FUNERAL	1213 Light Street 21230 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN?									States				
020 physician burial-tra		1 Never Married 2	Married	FORCES? 1	YES	2X XN	O	1 1	yes, s	CENDENT OF HISP pecify Cuban, Mexi	can, Puerto	IN? (Spec	cify Yea or No Nc.)	Biaci	- American Indien, k, White, etc.
O get	ā	3 Wildowed 4 Divor	rced	IF TES, GIVE W	en on ba	169		- '	I L YES	S 2 💢 NO Spe	olly:			Whi	•
affer ube a			EDENT'S EDUC highest grade			(Gh	EDENT'S	rork done o	CCUPATI	ION ost of working	16	b. KIND	OF BUSINESS/I		
2 a a a	COMPLET	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	+)	lite.	Do NOT us	e retired.)	-						
AND he hospit detached once.	<u> </u>	17. FATHER'S NAME (First, Mi	ddle t sett			13	abor	er					laundr		
A state of S		William V		v Jeffe	re					18. MOTHER'S P)	
C 2 2 2 2	H .	19e. INFORMANT'S NAME (Ty		y ocite	1.5	19b	MAILING	ADDRESS	(Street	E11e				Zin Code)	
	2	Mary Silo	cox			2									and21227
R page page at the page page page page page page page pag	ï	20e. METHOD OF DISPOSITION 12 Cremetton	ON D Boom		20b.	PLACE A	ND DATE O	FDISPOS			DA		Oc. LOCATION		
ALTIMOR death, Page 6 ma funeral director, p	J.	4 Donation 5 DOther	(Specify)		Ba 1	Ltir	netory or oth	Na Na	tio	nal Ce	m. */	11	Balti	more	.Maryland
ALTIN death. Pay tuneral di txaminer	-1	21, SIGNATURE OF FUNERAL	SERVICE LIC	ENSEB		1	0	22.1	NAME A	ND ADDRESS OF	ACILITY				
and the second second	_	1	75	1		-	K.			se Fun					
o by m	7	2719 Hammonds Ferry Road 21227 23 MAIT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.													
A Bar of	1	IMMEDIATE CAUSE (Fine			ise on ea	cri nne.	-	\							interval Between Onset and Death
and the second	- 1	disease or condition resulting in death)	,		RDIF	-	1		MT	HMIA					FEW MIN
6876(ecuted w not compl burier, or burier, or	. 1				(OR AS A		UENCE OF):	_						YEARS
Maritim	5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									/EAG				
BOX ate be e hysician i prior to rr fraum	5	cause. Enter UNDERLYIP CAUSE (Disease or Injur	NG D	H	YPE	RTI	ZNS	ON							YEARS
O. artific		that initiated events resulting in death) LAST		DUE TO	(dR AS A	CONSEC	UENCE OF):	. 4 .						Vene.
, P.O. BOX 68 been certificate be execut attending physician and cuttal hygiene prior to busing, or other traumatic CEDITICICATION	5	and an arrang arrang		<u> </u>	1LZ	HEIT	NER-	ر ک	115	ASE					YEARS
07 - 4 - 5 - 15 1	- 98	PART II. Other significer	nt conditions	s contributing to	deeth bu	t not re	sulting li	n the un	derlyin	g ceuse given I	n Part I.		AS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS
ECORDS quires that the r signed by the r Health and M tows any full MEDICAL	3	CV	A									1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
NEC en sig of Hea	i I														1 YES 2 NO
AL F	į	DID TOBACCO US	-	RIBUTE TO CA					_		IN 🗆				
产 作 祖 祖 題 日		EXAMINERT	MEDICAL	HOSPITAL:			OF DEAT		, ,						
OF VI	É	1 YES 25 NO 27. MANNER OF DEATH		1 Inpatient 2 I		tient 3	28b. TIME			ne 5 🗆 Residence			(y) HOW INJURY O	COURED	
正 日 7 世 1			Pending nvestigation	(Month, Da	ay, Year)	ľ	INJU	JRY M	WC	YES 2 NO	100.00	JONIBL	now insoni o	CCUNED	
C1 = < +		3 0 0:4-14-	Could not be	28e. PLACE Of	F INJURY -	At hom	ie, ferm, st	treet, facto	ory, offic	:0	28f. LO	CATION (Street and Numb	er or Rural R	oute Number,
DIVISION OR ATTENDING DIRECTOR: After Hum 28 is mail throw 28 is mail		4 Homicide d	etermined		ato. (opecii	,,					City	or Town,	, Stete)		
DIV OUL OR J TO hours		(Check only	FYING PHYSIC	CIAN: To the best of	my knowle	dge, des	th occurre	d at the tir	me, date	end place, end du	e to the ca	ouse(e) e	nd menner as st	lated.	
															end menner ee stated.
TO THE HOSPI TO THE FUNEF TO THE WITHIN		196. SIGNATURE AND TITLE			0.0					29c. LICENSE N			29d. D/	TE SIGNED	(Month, Day, Year)
5 5 8 M	ı IL	<u> </u>		skhou	A particular library					D32	700		>	HUGL	IST, 10, 199
>		A. Khokha							mor	e, Mar	ylan	id 2	21201		
_ `		AUG1 4 19	95 4	32. REGISTRA	R'S SIGNA	TURE									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

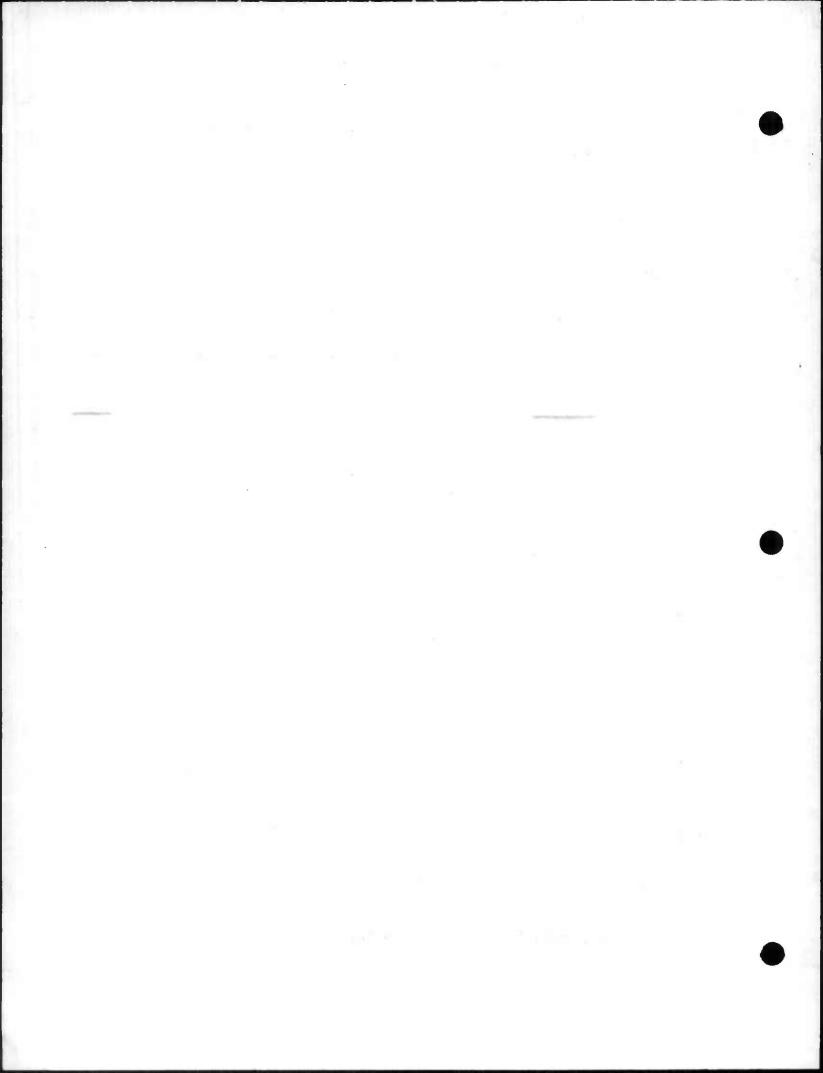
1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89

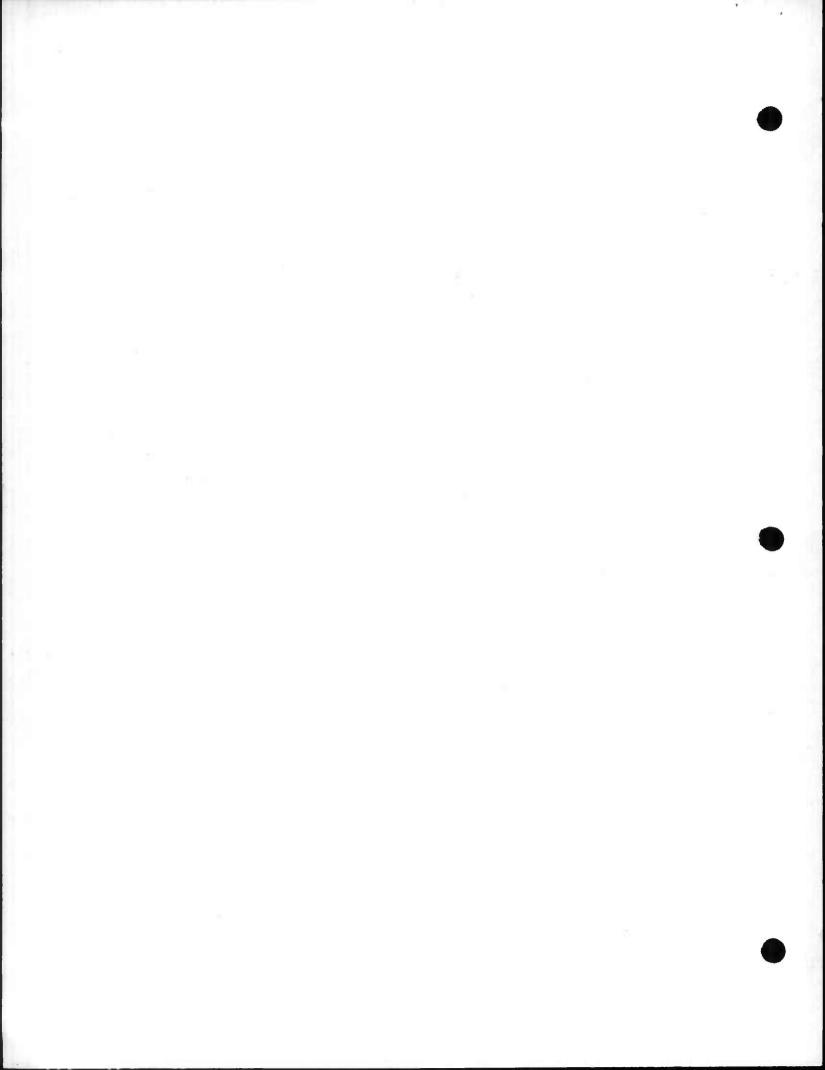


		FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last) JOHN	MACK		DOOSE		August 1	YEAR 10, 1995	3. TIME OF DEATH 2:30 p M	
should		4. SOCIAL SECURITY NUMBER 218-03-8394 9s. FACILITY NAME (If not institution, give s	1 🔀 M 2 🗆 F	78 YAS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	JUL. 29, 19	17 CH	ARLOTTE, VA	
1, 2, 3	CTOR	4042 Elmora Avent	cie		Balti		EAIH	DEATH		
permit. Pages	DIRE	MARYLAND 106. STREET AND NUMBER	n/a	10c. CITY	BALTIM	10RE		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
ian. -transit	FUNERAL	4042 ELMORA	AVENUE		ZIP CODE 212		UNITED STATES			
215-0020 attending physician se as the burial-tra	B≺	1 Never Married 2 Married 3 Xidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	II yes, sp		tiC ORIGIN? (Specify Yes n, Puarlo Rican, etc.) /:	14. RACE — American Indian, Black, White, atc. Specify: BLACK			
or atte	PLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+) Vears	ISUAL OCCUPATION OF MORE MATOR	ON est of working	166. KIND OF BUS	TONS			
YLAND Spital by the hospital be detached to at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) DANIEL DOOSE	years	ARDITI	ATOK	18. MOTHER'S NA	ME (First, Middle, Maiden		RELATIONS	
ay be retained page 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) DICK LENLON	EK LELONEK	19b. MAILING / 4026	ADDRESS (Street a	and Number or Aurel I	Houte Number, City or Tow	n. State, Zip Code) IORE, MD	21206 21213	
e 6 m rector,		20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify) 21. SIGNATURE OF PURERAL SERVICE LIE	oval from State	PLACE AND DATE OF OTHER PROPERTY OF THE PROPER	MORIAL	PARK	8-14 AR	RBUTUS, I	Town, State MAR YL AND	
death death e fune u.		· Olyassa	COM		March 1101	E. North	Home East Avenue/Ba	ltimore	MD 21202	
ithir 24 hours after etely filled in by th emation, or remova nt, the medical		23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Myo (A	ech line.				ratory arrest,	Approximate Interval Between Onset and Death	
BOX 68/60 ate be executed w ysician and comp prior to burial, cr	ICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Myo (and) al 'myarch'an 10 Oue to (or as a consequence or): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Cause) CAUSE (Disease or Injury Cause) A CONSEQUENCE OF): C. CAUSE (Disease or Injury Cause) A CONSEQUENCE OF): C. CAUSE (Disease or Injury Cause) A CONSEQUENCE OF): C. CAUSE (Disease or Injury Cause)								
the death certificate the attending physical Mental Hygiene principle, or other the	CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR ÁS A	may	ace	- 30 yu				
that the led by the th and M any Inju	EDICAL	PART II. Other aignificant condition	s contributing to death b	ut not reaulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?	
AL H law rec has beer Dept. of 23 sh	Σ	DID TOBACCO USE CONTI		F DEATH YES		UNCERTAIN	N D		1 TES 2 NO	
F 8 8 5	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	e 5 Residence	6 Other (Specify)			
S S S S S S S S S S S S S S S S S S S	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 1	PK? YES 2 NO	28d. DESCRIBE HOW II			
DIVIDION OR ATTENDING DIRECTOR: After hours after death item 28 is ma	ETED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	::fy)			281. LOCATION (Street a City or Town, State)		f Route Number,	
THE HOSPITAL C THE FUNERAL D filed within 72 ho PORTANT: If IN	COMPLET	(Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of my knowledge. R: On the besis of examination						o(a) and manner as stated.	
TO THE TO THE IN THE INPORT	3 BE	296. SIGNATURE AND TITLE OF CERTIFIER	My	MD		D 3 9	102	29d. DATE SIGNE	(Month, Day, Year)	
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	232	3 0	leans	57.	2/224	
		31. DAYE FILEO (Month, Day, Year)	1 4 1995 AR'S SIGN	A Church	Robell					



_	
	١
	Ą
စ္တ	1
7	7
89	1
×	i
0	4
\mathbf{m}	4
o.	3
٧,	
ш.	1
S	4
	4
<u> </u>	1
$\ddot{0}$	
ш	-
\sim	
V OF VITAL RECORDS, P.O. BOX 68760	1
⋖	1
Ξ	- 2
>	4:0
-	3
_	č
\leq	0
\equiv	OH.
50	i
DIVISION	4
	Č
	TA
	CONTAIN OF ATTENDIAN DIVIDINAL THE PARTY OF

		1 - FOR STATE REGISTRAR	STATE OF MARYLAI		TMENT OF I		MENTAL	HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE MONTH	OF DEATH	V VE	3. TIME OF DEATH		
		ARTHUR	DUNMORE				Augu	August 10, 1995 10:5				
pin		4. SOCIAL SECURITY NUMBER 242-16-1076 9a. FACILITY NAME (If not institution, give	S. SEX 1 M 2 F 77 YRS, MONTHS DAYS HOURS MIN					DEC. 4,1917 S. Carolina				
1, 2, 3 should	TOR	1503 Homestead S			Baltim	OP LOCATION OF D	9c. COUNTY OF DEATH N/A					
permit. Pages	DIRECTO	Maryland N	v I/A		y, town on Loca ltimore	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	RAL	10s. STREET AND NUMBER			10	H. ZIP CODE				OF WHAT COUNTRY?		
cian. Ftrans	FUNER	1503 Homestead S		12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISP				2 (0) IA - M -	Α.			
215-0020 attending physician. se as the burial-transit	B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	pecify Cuban, Mexic 3 2 XNO Spec	en, Puerto R	r (specify Yea licen, atc.)		RACE — American Indian, Black, Whita, etc. Specify: Black		
r attend	ED	15. DECEDENT'S EDI (Specify only highest grad		(Give kind of v	USUAL OCCUPATI		16b.	KIND OF BUS	RY			
0 -	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	iii. Do NOT us	oretired.)			onstri	action			
The hospital detached to once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		140	01 01	16. MOTHER'S N						
के देव	ш	ROBERT DUNMOR	Ε			LULA		SMITI				
MA retain 5 sho	TO B	199. INFORMANT'S NAME (Type/Print) Nancy Williams						Number, City or Town, State, Zip Code) nore, Maryland 21218				
e 6 may rector, pa		20e. METHOD OF DISPOSITION XXBuriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		DAR HI	ther ofeen	POSITION (Name of CEMETERY 8-16 ANNE ARUNDEL CO., MD						
ALTIN death. Pag tuneral di f. examiner	į	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE			ND ADDRESS OF F		East				
		Beman	9 Johnson		1101	E. North	h Ave	/Balt	imore,	MD 21202		
OX 68/60 s be executed within a hours after iclan and completely filled in by the flor to burial, cremation, or removal traumatic event, the medical	NOI	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate		Malh 4	drition	\	ch as card	ac or respi	retory arreat,	Approximate Interval Between Oneet and Deet!		
th certificate ending phys I Hygiene p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO							2 year		
requires that I een signed by of Health and shows any i	: MEDICAL	PART II. Other algnificant condition		contributing to deeth but not reaulting in the underlying cause given in					AUTOPSY MED? Y NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
has has	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			H (Check only one)	UNCERTAI	ИЦ					
SICIAN: The certificate the State to the State to or Item	Sic	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatk	ent 3 🗆 DOA	OTHER: 4 Nursing Horn	ne 5 Residence	6 Other	(Specify)				
Se this PHY C	ВУ РН	27, MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	URY WO	URY AT DRK? YES 2 NO	28d. DE\$6	CRIBE HOW IN	JURY OCCURE	0		
DR ATTENDING DIRECTOR: After hours after death item 28 is ma		3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (City or Town						TION (Street a	nd Number or R	ural Route Number,		
로 정 전 도	COMPLET		ICIAN: To the best of my knowledge: R: On the basis of examination as							use(a) and manner as stated.		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	d Eterberg	no		29c. LICENSE NU	3994	16	29d. DATE SIG	NEO (Month, Day, Year)		
	F	30. NAME AND ADDRESS OF PERSON WH	David Care of BEATH	(ITEM 27) (Type,	Print) 2800	kirk	Av	و	Ball	$\mathcal{N}\mathcal{D}$		
		"AUGI 4 1995" /	22. REGISTRAN'S SIGNATURE	JRE 0		111	,		411			



	5	-0		
	ned	9		
	reta	5 sh		
î	2	age		ì
	E	0, p		
	9 96	irect		
	Pa	D IE		
	eath	hunel		
i	b ret	the	Zig	
	s at	À	гет	
	POU	8	0	
	57	1	tion,	
	ithin	letely	ema	
	N N	ОШО	2,0	
	Scutt	90	ounia	
	000	30 a	2	
1	te b	Sici	prior	
	tifica	F	ene	,
	Cec	ding	PA	
	leath	affe	ща	
	the c	the	Me	,
	hat	d by	and	ĺ
	res	igne	eafth	
	edui	en s	10 H	
	J ME	s be	pt.	
	The	e ha	le D	
	N:	ficat	Sta	
	SICIA	certi	the	
	PHY	this	With	
	NG	fler	eath	
	END	R: A	er d	
	ATT	E	s aft	-
	OR	DIR	hour	
	R	RAL	2	
	OSP	UNE	ithin	-
	# H	中田	M Pa	i
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	=	F	A	1

		1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN				
		1. DECEDENT'S NAME (First, Middle, Last)		Do	Wis		QUALIST !	2 19	3. TIME OF DEATH		
Pin I		4. SOCIAL SECURITY NUMBER 234 26 5549 9e. FACILITY NAME (If not institution, give sh	1X M 2 □ F 7	(In yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		1919 1	BIRTHPLACE (State or Foreign Country) West Virginia		
1, 2, 3 should	CTOR										
nit. Pages 1,	DIRECTOR		e Arundel		town on Local sadena	10d. INSIDE CITY LIMITS? 1 YES 2X NO					
insit permit.	FUNERAL	10a. STREET AND NUMBER 8436 Arbutus Roa	ad		10	21122			N OF WHAT COUNTRY?		
s the bunal-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA WORLD WAR	2 NO ATES	D. RACE — American Indian, Black, White, etc. Specify: White						
ned for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during m	of Mai	ТП				
d at once.	ш	Raymond Davis Folest Payme									
page 5 should be detached for be notified at once.	TO B	19e. INFORMANT'S NAME (Type/Print) Virginia Davis		196. MAILING 8436 A	rbutus		Pasadena,				
must	1	20a. METHOD OF DISPOSITION 1	val from State com	PLACE AND DATE O betery, crematory or off iddlevill	ner place)		0ATE 20c. LC	y or Town, State W.V.			
o in by the funeral director, or removal. medical examiner musi		21. SIGNATURE OF FUNERAL SHAFFICE ATTEMPTS AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225									
ul, cremation, or remo event, the medica		23. PART I. Enter the diseases, or co shock, or haert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	oue TO (OR AS A	ach lina.		A ccides		iratory scress	Approximate Interval Between Onset and Dasth 4 days		
Hygiene prior to bunis or other traumatic	CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST A truck full full full full full full full ful									
- 9	اد	PART II. Other significent conditions	contributing to death be	ut not resulting in	the underlyin	g ceuse given in	Part I. 24s. WAS AN PERFO		24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
of Health	: MEDICA	1 TES 2 NO OF									
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF GEAT		UNCERTAIN	<u>л</u> П				
	HYS	1 TYES 2 NO 27. MANNER OF DEATH	1 inpatient 2 ER/Outp	etient 3 DOA 28b. TIME	4 Nursing Hon	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	tED .		
hours after death with the Item 28 is marked, or	B⊀	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28s. PLACE OF INJURY	- At home, farm, st	M 1 🗆	PRK? YES 2 NO	281. LOCATION (Street	and Number or	Rural Route Number		
hours after item 28	LETED	4 Homicide determined	building, etc. (Speci				City or Town, State,)	10000000000		
22 =	COMPL	one) 2 MEOICAL EXAMINER	IAN: To the best of my knowlers On the basis of examination						ause(a) and menner as stated.		
be filed within	TO BE	20b. SIGNATURE AND TITLE OF CERTIFIER N. Morbodder 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	ATH (ITEM 27) (Type	Print	D463	S 8	P Au	IGNEO (Month, Day, Year)		
		Nasser Mou Laddern 31. DATE FILED (Month, Day, Year)	, North Av	runded	Hosp, 3	ol Hosp	Drive, Ce	in Bur	nie , MD 21061		
		AUG 1 4 1995	Jahr dander	Rarball					DHMH-18 Rev 1/89		

and the later than

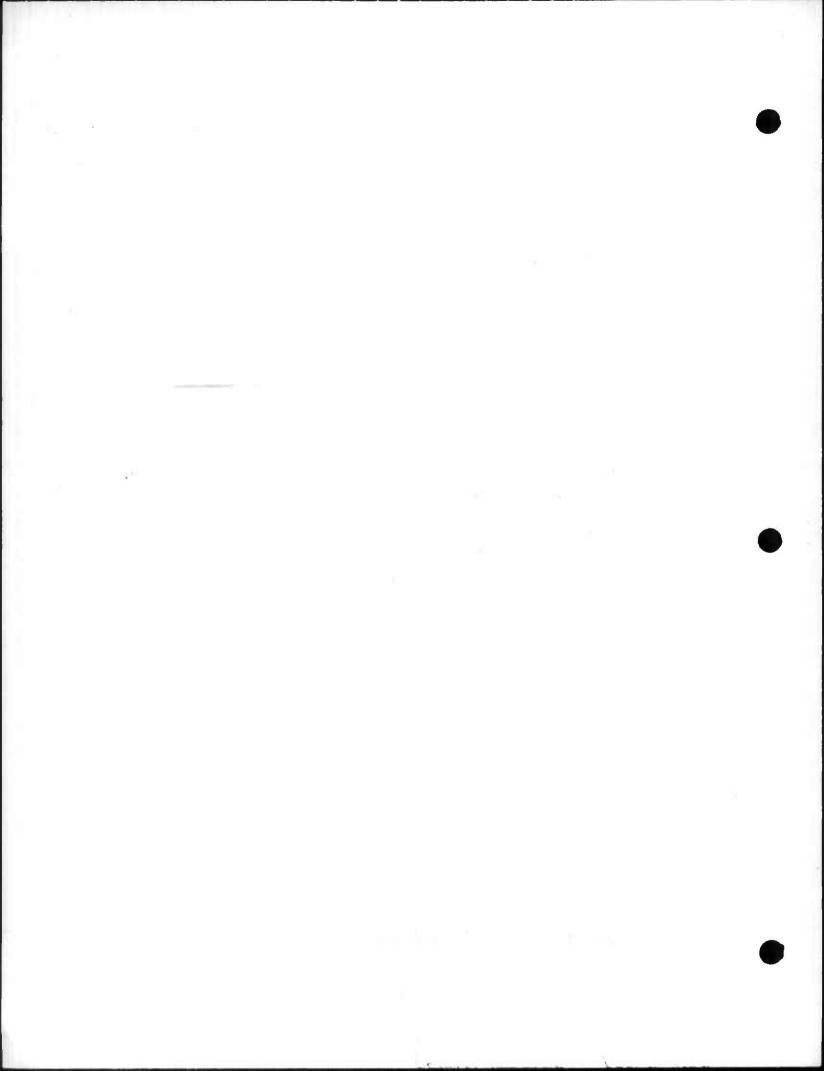
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.

	FilmG 726	, item #18,	8/14/9	5 000	ner f	h	95	21	3/9	
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART		EALTH AND					
	1. DECEDENT'S NAME (First, Middle, Last)		02	OATE OF	DEATH	2. DATE OF DEAT	Н	3.	TIME OF OEATH	
	ALICE HALL EDWA	RDS				AUGUST 1	3. 199	YEAR	1128 A. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	4	0. BIRTHPL	ICE (State or Foreign	
	212-74-9602	1 🗆 M 2 🔀 F	94 YRS.	MONTHS DAYS	HOURS MIN.	July 9,	1901	Country) Mar	yland	
	92. FACILITY NAME (If not institution, give s St. Agnes Hospit	itreet and number)		96. CITY, TOWN	OR LOCATION OF DE			NTY OF DEAT		
l e	and the second s	at		Ba	ltimore			N/A		
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Y	10c. CITY	TOWN OR LOCAL	TION			140	d. INSIDE CITY	
DIRECTOR	Maryland Ba	ltimore			sville				LIMITS?	
	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI	IZEN OF WHA		
FUNERAL	107 Montrose Av	enue			21228			U.S	S.A.	
1 S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN I	U.S. ARMED		ENDENT OF HISPAN			14. RACE	American Indian,	
BY I	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR OAT		1 TES	ecify Cuban, Maxica 2 NO Specifi	n, Puano Hican, etc /:	-)	Black, W Specify:		
	15. DECEOENT'S EDU	CATION	16a. DECEDENT'S U	ISUAL OCCUPATION	N.	485 KIND O	BUSINESS/IND	N I O TOTAL	White	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during mo	st of working	166. KIND O	- BUSINESS/IND	DUSTRY		
뒽		2	Homem	aker			wn Hor	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Ma				
BE	James Hall					e Acker			У	
2	19a. INFORMANT'S NAME (Type/Print)	(Con)			nd Number or Rural I					
	John Edwards (Son) 508 Kilmarnock Drive Richmond, Virginia 23229									
	20e, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Namps of AUGUST 17, 1995 Cedar Hill Cemetery 20c. LOCATION - City or Town, State Suitland, Maryland									
	4 Donation 5 Other (Specify) Cedar Hill Cemetery Suitland, Maryland 21. SIGNATURE OF SUNTERLA SPRINGE LICENSEE / / / 22. NAME AND ADDRESS OF FACILITY									
	Leroy M & Russell C Witzke Funeral Homes									
Н	23 PART I Enter the diseases as	9 WULLE	<u> </u>	1630	Edmondso	n Avenue	Catons	sville	Maryland	
	snock, or heart failure. List only one cause of sech line.								Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	TP	4				Onset and Death			
	disease or condition resulting in death) a. MYOCAY Stal Infarction OUE TO (OR AS A CONSEQUENCE OF):								30 My	
z	Vascular ALERGE									
윤	of sny, leading to immediate Due to (or as a consequence of):									
5	CAUSE (Disease or injury									
ERTIFICATION	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
빙	d									
	PART II. Other significant condition	s contributing to death but	not resulting in	the underlying	cause given in		S AN AUTOPSY		RE AUTOPSY FINDINGS	
음							S 2 NO	CO	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
ME									YES 2 NO	
PHYSICIAN: MEDICAL	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	. PLACE OF DEATH	(Check only one)						
tys	1 YES 2 LNO 27. MANNER OF DEATH	1 ☐ Inpatient 2 € ER/Outpati	ient 3 DOA 4	□ Nursing Hom	5 Residence					
	1 X Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK? 'ES 2 \ NO	26d. DESCRIBE H	OCC PRULINI WC	CURED		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY -	- At home, farm, atr			28f. LOCATION (St	net and Number	or Burel Boute	Number	
TED	4 Homicide determined	building, atc. (Specify,	')			City or Town, S	tare)		,	
LET	29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	ige, death occurred	at the time date	and place, and due	to the cause(s) and	mannar as elek	-4		
COMPL	one) 2 MEDICAL EXAMINE	R: On the besis of examination a	and/or investigation.	In my opinion, de	eath occured at the	time, data and place	, and due to the	eu. a cause(a) an	f manner se stated,	
E CC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNEO (Mo		
0	Thoolen a	5/1/10	ht,	111	4		•	8/12	195	
		101	OF OEATH (ITEM 27) (Some Print)							
우	30. NAME AND AODRESS OF PERSON WHO	D COMPLETED CAUSE OF CEAT	Thanks III and							
ĭ	Theodone L	larrison,	ST. Ag.	ues H	OSDITAL					
)T	30. NAME AND ADDRESS OF PERSON WHITT LE CO down 1. St. DATE FILED (Month, Day, Year)	1	ST. Ag.	1	ospital	<u> </u>				



)))	or attending physician.	y use as the burial-transit permit. Pages 1.2.3 should		
	24 hours after death. Page 6 may be retained by the hospit.	filled in by the funeral director, page 5 should be detached	ion, or removal.	he medical examiner must be notified at once.
	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the S	IMPORTANT: If Item 28 is marked, or i

											95	21	+380
_	1 - FOR STATE REGISTRAR	STATE OF MA				T OF H			MENTA	L HYGIEN REG. NO.			
	t. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATN	AV	YEAR 3.	TIME OF DEATH
	JOSEPH	EDWARD		FRAN	VCIK					Aug 11		1000	8:00 pm M
	4. SOCIAL SECURITY NUMBER	100	S. AGE (In yrs. last		IF UNDER	DAVE	IF UNDER	R 24 HRS.	7. DATE (Mont	OF BIRTH			ACE (State or Foreign
	217-07-1768	1 M 2 □ F	77	YRS.					Ju]	ly 23,1	1918		arvland
l m	9a. FACILITY NAME (If not institution, give st					Y, TOWN O						ITY OF DEAT	TN .
ē	Saint Joseph Medic	el Center				Tows	on, i	Mary	and		Ba	altimore	3
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	i		10c. CIT	Y, TOWN	OR LOCAT	ION					10	id. INSIDE CITY
ä	Maryland Baltin	nore Count	- 57	Pa	rkvi	lle						1	LIMITS?
AL	10a. STREET AND NUMBER		У				. ZIP CODI	E			10g. CITIZ		T COUNTRY?
띮	3338 Acton Roa	id					212	234			U	SA	
5	11. MARITAL STATUS	12. WAS OECEDENT E	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT C	OF NISPAN	VIC ORIGIN	17 (Specify Yes			American Indian, /hite, etc.
BY F	1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1 V	OR DATES	10		1 YES				Rican, etc.)		Specify:	
	15. DECEDENT'S EDUC		144. 05		1						1		White
H	(Specify only highest grade	completed)	(Gh	CEDENT'S live kind of v Do NOT us	work done	during mos	IN st of workin	ng	16b	. KIND OF BUS	SINESS/INDI	JSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)								NA 32	7		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 yL3	4 yrs Pharmacist Medical 18. MOTNER'S NAME (First, Middle, Malden Surname)										
	Jarislav	1	Francik	2				ma	ME (rnot, .	WIGGIE, Milanger	-	eslev	
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street at			Poute Num	her City or Tow			
2	Mrs. Margaret M. Francik 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3338 Acton Road, Parkville, Maryland 21234							72/					
		20e. METNOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete, cremetion, or empiror, or other place) Sacred Heart of Jesus Cem. 8/16 Dundalk, Maryland											
	1 \(\text{Burial 2} \) Cremation 3 \(\text{Remote Remote 4} \) Donation 5 \(\text{Other (Specify)} \)	rval from Stata	Sacre	d Hei	ther place)	of Je	esus	Cem	18/	16 Dune	dalk	Mary	l and
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMPEE			22.	. NAME AN	D ADDRES	SS OF FAC	CILITY			Mary	Tanu
Martin D. Lawson Mitchell-Wiedefeld Home 6500 York Road, Baltimore, Maryland													
	23. PART I. Enter the diseases, or c	23. PART I. Enter the diseases, or complications that caused the death. Do not				the mor	YOLK	. Koa	id, B	altimo	re. N	<u>laryla</u>	
	ahock, or heart failure. List only one cause on each line.									Approximata interval Between			
	IMMEDIATE CAUSE (Final disease or condition	RUPTURE	n gigh	T II II	AC AL	TIED)	ANE	T HOVE	CAA				Onaat and Death
	reaulting in death)	**	R AS A CONSEO			MEN	ANG	LUTTIC	DIVI				10 DATA
z		MULTIPLE				FAIL	URE						
2	Sequantially list conditions, if any, leading to immediate		R AS A CONSEO			1 F 10 10 10 10 10 10 10 10 10 10 10 10 10	-						
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	h											
E	that initiated events	DUE TO (OF	R AS A CONSEO	NUENCE OF	F):								
	resulting in death) LAST	I											
0	PART II. Other eignificant conditions	a contributing to de	aath but not re	esuiting	in the u	ndariying	Cause (olven in	Part I.	24s. WAS AN	ALITOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDICAL				Dichelo -						PERFOR	MED?	AMA	AILABLE PRIOR TO
8									- 1	1 YES 2	NO	OF	DEATN?
2	DID TOBACCO USE CONTR	PIRLITE TO CALL	SE OF DEA.	TH YE	:s П	NO \square	UNC	ERTAIN	<u></u>			1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	JOJE 10 GAG.		E OF DEAT	_		OITC	CKIAN	4 []				
Sic	EXAMINER?	HOSPITAL:			OTHER			-ld-naa					
H	27. MANNER OF DEATH	28a. DATE OF INJ	JURY	28b. TiMi	E OF	28c. INJU	URY AT	siderice		r (Specify) CRIBE HOW IN	MJURY OCCI	URED	
	Natural 5 Pending	(Month, Day,	Year)	INJ	URY M	1 U Y	RK?	NO				J. C.	
р Ву	3 Suicide 8 Could not be	28a. PLACE OF IN	NJURY — At hor	me, farm, r	street, fac	tory, office		-		ATION (Street a	ind Number o	or Rural Route	a Number,
ETED	4 Homicide determined	building, atc.	, (Specify)						City	or Town, State)			
Z.	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, de	-th occum	ad at the	time data	and place	and due	to the new	mark) and man	- va es estele	_	
COMPL	(Check only one) 2 MEDICAL EXAMINER												d manner on stated.
•	296. SIDMATURE AND TITLE OF CERTIFIER		\rightarrow	1						Mine proven			
38	11	112		17			-	A710	JBER		29d. DATE	SIGNED (MO	onth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WED CONFILETO CAUSE OF DIAMETER OF												

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JEM 27) (Typo, Print)

ARMANDO A. REAL M.D. ST JOSEPH MEDICAL CENTER 7620 YORK PD TOWSON, MD 21204

31. DATE FILED (Month, Day, Your)

AUG 1 4 1995 DHMH-16 Rev 1/89

PUPTURED BISHT LAD ARTER AVEURYSM
MULTINUS GROWN STORY ALL AS

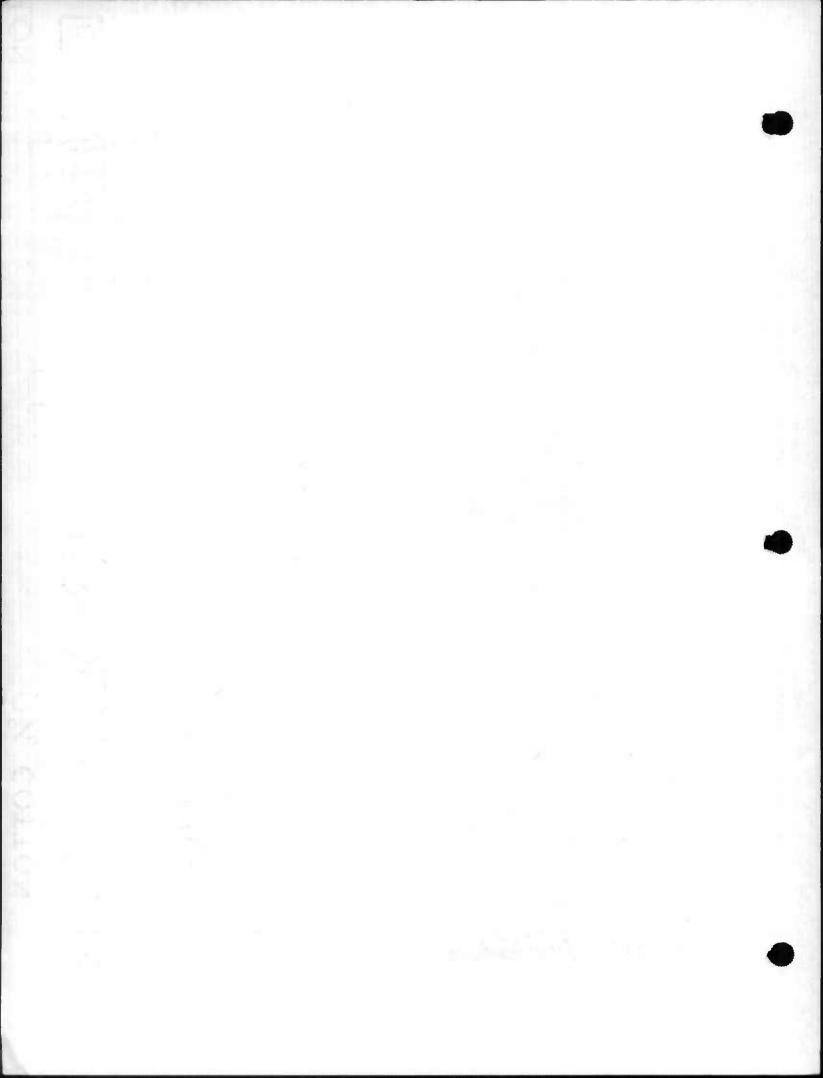
USEA, EVENTION OF MACHICEN FERMEN LAS DEVINERED DE EL MILAGEL A OCHAMEN

Hard San 11 20A

Turking Mayana Submitted

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a feet death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the feet within 27 hours after death with the State Dept. of Health and Mental Hygiens prior to bunking, cerembic, or removed not interest than 28 is marked or liam 23 shows any Inluty, or niher trainmatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA	ND / DEPART			MENTAL HYGIENI REG. NO.	E		
- 1	1. DECEDENT'S NAME (First, Middle, Last)	O LECTION I	<i>571112</i>	D LL P () T	2. DATE OF DEATH		3. TIME OF DEATH	
1	ROBERT FRANKTON				MONTH DAY		YEAR 1:06 PM	
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
	215 01 4826 15km2□F 86	O YRS.	ONTHS DAYS	HOURS MIN.	(Month, Dey, Year) May 14, 19	915	Maryland	
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN C	R LOCATION OF DE			Y OF DEATH	
NO.	Harbor Hospital Center		Baltim	ore		N/A	1000	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY	
DIRECTOR	Maryland N/A		ltimore	1011			LIMITS?	
	10e. STREET AND NUMBER	Da.		ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?	
FUNERAL	3572 Benzinger Road			21229			S.A.	
S	11. MARITAL STATUS 112. WAS DECEDENT EVER IN			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yee		4. RACE — American Indian,	
	1 Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DATE			cify Cuben, Mexica 2 NO Specify	n, Puarto Rican, atc.)		Black, White, atc. Specify:	
ВУ	3 X Wildowed 4 Divorced					1	White	
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	rk done during mo		166. KIND OF BUS	INESS/INDU	STRY	
=	Elementary/Secondary (0-12) College (1-4 or 5+)	Salesma	,		Pool 1	Fot a L		
COMPLET	12th	Datesik	A11	10 MOTHER'S NA	Real]			
	William H. Fra	ankton			izabeth Ha			
BE	19e. INFORMANT'S NAME (Type/Print)	196. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or Yown	, State, Zip C	Code)	
2	Richard Frankton	8582 C	reek Ro	ad Pa	sadena, Ma	rylan	d 21122	
	20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 🂢 Cremetton 3 ☐ Removal from State of ci	PLACE AND DATE	OF DISPOSITION	(Name	DATE 20c. LO	CATION — CI	ty or Town, State	
3	4 Donation 6 Other (Specify) Me	etro Crem			8/14 Ba:	Ltimo	re, Maryland	
21. SIGNATURE OF FUNERAL SERVICE ALCENS II. 22. NAME AND ADDRESS OF FACILITY						Dλ		
	George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225							
	23. PART I. Enter the diseases, or complications that caused						st, Approximate	
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset and D							
	resulting in death) a. RUPTURED DUE TO (OR AS A	AB DOME	JAL Ad	RTIC F	NEURYSM		minutes	
N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	CONSEQUENCE OF)	•					
윤	CAUSE (Disease or injury	CONSEQUENCE OF)	:					
H	reaulting in death) LAST							
SAL	PART II. Other aignificant conditions contributing to death but	it not reaulting in	the underlyin	g cause given in	Part I. 24a, WAS AN PERFOR		246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDIC	PNEUMONIA.				1 X YES 2	□ NO	OF DEATH?	
Σ					_		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		20 0	AGE OF BEATH /CI				
Sic	EXAMINER? 1 YES 2 NO 1 No Inpetion 2 Revolution		OTHER:	ACE OF DEATH (Ch				
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME		URY AT	6 ☐ Other (Specify) 26d. DEŞCRIBE HOW II	NJURY OCCI	URED	
	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	ULMI		PES 2 NO				
) BY	3 Suicide 260. PLACE OF INJURY	— At home, farm, st	reet, factory, offic	•	28f. LOCATION (Street	and Number o	or Rural Route Number,	
TED	4 Homicide determined building, etc. (Speci	"7)			City or Town, State)			
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowle	edge, death occurred	f at the time, date	and place, and due	to the cause(s) and mar	mer se state	d.	
COMPLET	one) 2 MEDICAL EXAMINEFI: On the basic of examination							
E CC	29b. SQUATURE AND TITLE OF CERTIFIER	2		29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	
8	x Lapringer There	M).		AS 244	1161436	► AU	GUST 9 1995	
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)			.,,-		
	WIR. RAGHUVEER SHENIOY -	HARB	R HOSP	TAL CENT	TER 30015	S. HAND	UER ST. BALD. MI)	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNA							
	AUG 1 4 1995 Julia d'audeor Rache	4					200	



DIVISION OF VITAL HECOMDS, P.O. BOX 68/700.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			THE OF BEATH	2. DATE OF DEATH	3. TIME OF DEATH			
- 4	JAMES PARIS GA	MBLE			AUG. 10,199	5 4:15 A.M.			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)			
- 13	237 38 9891		6 YRS.	NTHE DAYS HOURS MIN.	JUN.7,1929	NORTH CAROLIN			
œ	9a. FACILITY NAME (If not institution, give		91	CITY, TOWN OR LOCATION OF DE	EATH 9c. COI	UNTY OF DEATH			
DIRECTOR	BON SECOURS HO	SPITAL		BALTIMORE	N	/ A			
3EC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY			
		I/A		BALTIMORE	Ξ	LIMITS?			
3AL	10e. STREET AND NUMBER			101, ZIP CODE		TIZEN OF WHAT COUNTRY?			
FUNERAL	631 N. FULTON			2121	U.,	S. OF A.			
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, specify Cuban, Mexics		14. RACE — American Indian, Black, White, atc.			
B	3 X Wildowed 4 Divorced	KOREAN 19	51-1953	1 TES 2 NO Specif	y:	Specify: BLACK			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	ICATION completed)	16a. DECEDENT'S USI	IAL OCCUPATION done during most of working	16b. KIND OF BUSINESS/IN				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	iife. Do NOT use re	fired.)		= = = = = = = = = = = = = = = = = = = =			
MP	N/A 17. FATHER'S NAME (First, Middle, Last)		LABORER		CONSTRUCT	ION WORK			
	BENJAMIN GAME	N.F		III CONTRACTOR CONTRACTOR	ME (First, Middle, Maiden Surname) E RANDALL				
BE	19a. INFORMANT'S NAME (Type/Print)	1115	19b, MAJLING AD		RANDALL Route Number, City or Town, State, Z.	2a Codel			
2	ALICE F. GAMBI	E			BALTIMORE, M.				
	20s/METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	20	6. PLACE AND DATE OF D	SPOSITION (Name of O / 1 E		- City or Town, State BALTO .			
	4 Constion 5 Cherr/Constitut	6	A D D T C A XI TO T	OREST VET.C		MILLS, MD. CO.			
	21. SIGNATURE OF UNERAL SERVICE L	LEWIS T.	GWYNN	22. NAME AND ADDRESS OF FA		WOVE 01015			
	Lewis.	Levynn	/		YNN FUNERAL				
	23. PART I. Enter the diseases, or shock, or heart failure.	complication that ceuse List only one ceuse on	d the death. Do not	enter the mode of dying, suc	h as cardiac or respiratory as	rreat, Approximate			
	IMMEDIATE CAUSE (Final								
	resulting in death)	· Cere b,	v vaser	for Accid	ent	hours			
	DUE TO (OR AS A CONSEQUENCE OF):								
O.	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
S	CAUSE (Disease or injury C. Attrascurosis Leas								
Ħ	thet initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	resoluting in death) Exist	d							
A L	PART II. Other significant condition	na contributing to deeth	but not resulting in ti	ne underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY				
	Lung	Co			1 TYES 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME					_ /	1 TES 2 NO			
ÿ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN								
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C	heck only one)					
14S	1 YES 2 XNO 27. MANNER OF DEATH	1 N Inpatient 2 ER/Out 28s. DATE OF INJURY	patient 3 DOA 4 DOA 28b. TIME OF	Nursing Home 5 Residence					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW INJURY OC	CURED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — At home, larm, stree		281, LOCATION (Street and Number	or or Rural Route Number,			
COMPLETED	4 Homicide datermined	building, atc. (Spe	icny)		City or Town, State)				
2	29a. CERTIFIER (Check only	ICIAN: To the best of my know	vledge, death occurred at	the time, data and place, and due	to the cause(a) and manner as ats	ited.			
NO.						ha cause(a) and manner as stated.			
BE 0	29b. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NUN	ABER 29d. DAT	TE SIGNED (Month, Day, Year)			
2	Mura	nolquem.		023	276	3-10-95			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	/V/U	ST. PAULS	>y. 21	202			
	AUG1 4 1995	A A SIGN	I. H						
1	WAGT & 1222 Ag	AND THE PROPERTY OF							

BALTIMORE, MARYLAND 21215-0020	HYSICIAN: The law requires that the death certificate be executed within. Tours after death. Page 6 may be retained by the hospital or attending physic	
BAL	nours after death	
68760,	ecuted within	
.O. BOX	n certificate be ex	
OF VITAL RECORDS, P.O. BOX 68760,	uires that the deat	
VITAL RE	IAN: The law req.	
OF	TYSIC	

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

ing physician.

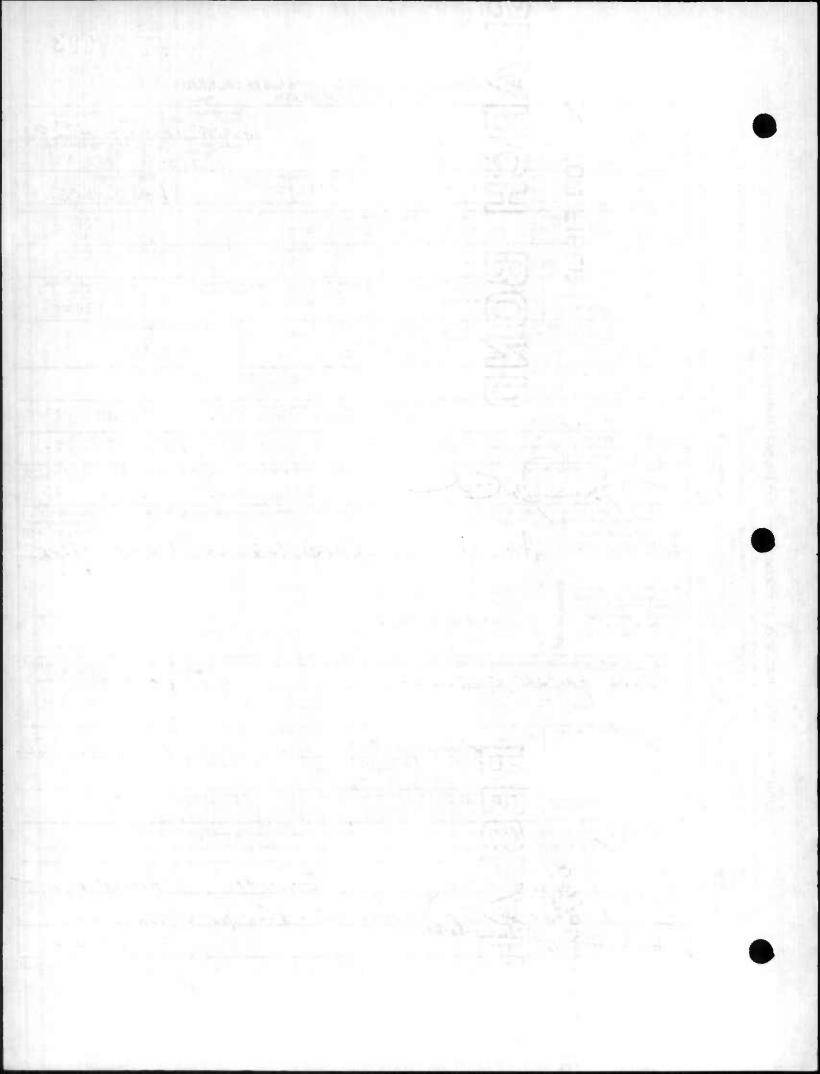
1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH licks 447 9 Sandra AUGUST 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX F UNDER 1 YEAR | F UNDER 24 HRS. 7. DATE OF BIRTH A RIPTHPI ACE (State or Foreign (Month, Pay, Year) Maryland DAYS HOURS MIN 1 - M 2 X F YRS. 214-64-4675 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. SOUNTY OF DEATH DIRECTOR Northwest Hospital Center Randallstown DALTIMORE RESIDENCE OF DECEDENT Pages 10b. COUNTY 10d. INSIDE CITY
LIMITS? 10a. STATE 10c. CITY, TOWN OR LOCATION **Baltimore** Baltimore Maryland permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21244 3635 Paskin Place Apt. 2B burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2X NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: Black BY 3 Widowed 4 Divorced the SE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade complete Elementary/Secondary (0-12) 12th College (1-4 or 5+)
2 yrs ò Dietary Asst. **Hospital** detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Goldie Nixon Oliver F. Hicks 2 Ħ H notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3635 Paskin Place Apt. 2B Balto, Md. 21244 2 Antwone L. Scott 2 20e METHOD OF DISPOSITION
1 Burlet 2 Cremetion 3 Removal from State
4 Donation 1 Cother (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Western' o'Star Cem 8/17/95 Catonsville, Md. must 21. SIGNATURE OF PINIERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Caple Funeral Service examiner 5502 Winner Ave. Balto, Md. 21215 n by the I medicai 23 PART L Eater the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart falluge. List only one cause on each line. filled in Interval Between 6 and Death and completely filled to burial, cremation, o IMMEDIATE CAUSE (Final the disease or condition_ TERIOSCIORATIC CARDIO 10 SOLIAR DISERSE
DUE TO (PRAS A CONSEQUENCE OF): RARS event, resulting in death) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 physician and ne prior to If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events attending phys DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 the atten Mental I injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL and and эпу COMPLETION OF CAUSE signed I 1 TES 2 DATO Shows 1 YES 2 NO been L of has be Dept. PHYSICIAN: 25. WAS CASE DEFERRED TO MEDICAL EXAMINER?

1 17 YES 2 NO 26. PLACE OF DEATH (Check only one, Item certificate h HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 Inpetient 2 PER/Outpatient 3 DOA RTHULST HUSCITAL 6 the 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27, MANNER OF DEATH this c marked, 1 Natural 5 Pending Investigation E HOSPITAL OR ATTENDING PH E FUNERAL DIRECTOR: After thi d within 72 hours after death w RTANT: If Item 28 is mark 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. TO THE HOSPITAL TO THE FUNERAL C be filed within 72 h EDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(e) and manner ee stated. titut or course 29c. LICENSE NUMBER 29d DATE SIGNED (Month Day Year) BE 2 Y/HO COMPLETED CAUSE OF DEATH LITEM 27) (Type AM SONE SI DATE FIXED (Mohth, Day Yay)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/80



20	MSic
00	d p
2-	din
2	arter
7	00
0	oital
ž	hos
K	the
Z	3
K	Ded
M	retai
11	pe
æ	THRY
0	9
BALTIMORE, MARYLAND 21215-0020	Page
	T.
A	de
00	after
	MIS
-	Z
	7
30	with
378	pet
99	COCL
×	9
30	ate
-	tific
0.	Cer
0	eath
SC	he d
8	att
0	as th
E	CHILL
œ	A re
4	2
E	E
>	MAL
J.	NSII.
0	X
7	-
ON	JING 6
SION	TENDING 6
VISION	ATTENDING 6
DIVISION OF VITAL RECORDS, P.O. BOX 68766	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physic

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND STATE OF MARYLAND C	DEPARTMEN			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) Josephine V.	Hubbard			Amonth Days	žta 95		
		1 M 2 X F 70 YRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) Feb. 7,	8. 84	RTNPLACE (State or Foreign unity) V.A.	
BY FUNERAL DIRECTOR	2511 Keyworth ave.		Balti			36. COUNTY 0		
	Maryland 106. STREET AND NUMBER	10c. CITY, TOWN	Balti			10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?		
	2511 Keyworth Av.2 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES7 1 YES 2 2 IF YES, GIVE WAR OR DATES			olfy Cuban, Mexican	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No 14. R	.S.A ACE — American Indian, lack, White, stc. pocify: Black	
COMPLETED	(Specify only highest grade completed)	Give kind of work don fe. Do NOT use retired	DENT'S USUAL OCCUPATION kind of work done during most of working 166. KIND OF BUSINESS/INDUSTRY				Y	
BE	17. FATHER'S NAME (First, Middle, Last)	ISP WAILING ADDRESS	ESS (Street =0		Rosa Joh	nson		
TO	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 120e. METHOD OF PISPOSITION 1 Burlel 2 (Acremethon 3 Removel from State) 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Metro Crematory 21. SIGNATURE OF FUNERAL SERVICE CEMETA 22. NAME AND ADDRESS OF FACILITY William C. Brown Community F/H P.A. 1206 W. North Ave. Balto. Md.							
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart failure. List only one cause on each il IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Endstage S DUE TO (OR AS A CONS	mall Ce	U Lui	ng Can	cer		Approximata Interval Batween Oneet and Daeth 6 Months	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.							
AL	PART II. Other algnificent conditions contributing to deeth but no					N AUTOPSY RMED? 2 X NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 XNO	
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DESCRIPTION OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 Input lent 2 ER/Outpat lent 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28. DATE OF INJURY (Month, Day, Year)	JRY AT RK? ES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: 10 the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination end/	ath occured at the	lime, date end place, e	nd due to lhe ceu				
TO BE	HONATURE AND TITLE OF CERTIFIER DHEUCH AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	119 TEM 27 (6) 8, Print)		D380	193	► 08	NED (Month, Day, Year)	
	Theren Elder 2600 libe 31. Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		hts	Baltin	hove My	21215		
	AUG 1 4 1995 John Standard Market						DHMN-16 Rev 1/89	

7	•
2	
Ψ	
∞	
68760	
_	
×	
-	
BOX	
00	
Part of	
	1
\circ	
O.	
P.0	
_	
- 01	
ഗ	
RECORDS	
ш	
œ	
\equiv	
0	
15	
$\mathbf{\circ}$	
ш	
~	
_	
OF VITAL I	
_	
•	
_	ì
_	
_	
	1
11	1
Marie .	1
0	
_	ı
7	
	ľ
0	
=	ľ
(A)	ĺ
~	1
>	ľ
DIVISION	
<u> </u>	
w	

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATH 3. TIME OF DEATH Q Arion Royce Hill 12:46 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year, Aug. 22, 225 38 1317 1 🔀 M 2 🗌 F 61 Virginia 1933 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Atlantic General Hospital Berlin Worcester RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Ocean City Worcester 1 YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 105 - 70th Street funeral director, page 5 should be detached for use as the burial-transit 21842 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced 1955 - 1956White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highes ntary/Secondary (0-12) College (1-4 or 5+) Laborer 10th Construction - Carpenter once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Kemper Hill Lena S. BE Puckett pelified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Wilma Thomas 105 - 70th Street Ocean City, Maryland 21842 2 g 20a. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removel from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State Page 6 may DATE must Md. State Veterans Cem. 8/11 Crownsville 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. hours after death. 4001 Ritchie Hwy. Baltimore, Md. n by the fi removal. mus 21225 medicai 23. PART I. Enter the diseases, or comprisetions that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart failure. List only one cause on each line. completely filled in by rial, cremation, or remo Approximate intervsi Betwe **IMMEDIATE CAUSE (Fine)** Onset and Death the state disesse or condition_ arrhythmia Cardiac nours event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) orgestive executed in and con-to burial, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate attending physician ntal Hygiene prior to the death certificate be nuccardial cause. Enter UNDERLYING ears CAUSE (Disease or injury other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 the attent injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY n signed by the Health and N PERFORMED? that any 1 YES 2 NO OF DEATH? requires Shows 1 YES 2 NO After this certificate has been a death with the State Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES IN NO IN UNCERTAIN IN PHYSICIAN: 3W 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) flem HOSPITAL:
1 inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) -27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident ATTENDING 28a. PLACE OF INJURY — At home, larm, streel, lactory, office building, etc. (Specify) DIRECTOR: A/ 2 hours after d 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide datermined OR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner ea stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
Be filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINITR: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE H44283 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9733 Hea O+1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	nse	
o je	PO	
Spit	20	
20	tach	8
等	de	6
3	9	2
ped	pine	ed
etai	5	ŧ
9	6.5	-
ay to	pag	Ď.
E	tor,	185
e e	irec	E
E	e d	96
ath.	ner	E
9	e fu	ex.
after	th A	cal
5	d n	9
hoc	be d	E
N.	ly fill	the
JE .	olete	mt,
P	gmo	S. S
CUTE	0 5	IIC O
exe	an an	33
2	cian	36
ate	INS.	1
ertific	ld gu	othe
0	andi	0
deat	atte	7.
he	the	1
hat t	5	M A
S	and di	60
pline	Sign	O No
W rec	peer	SP
e la	has	12
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hospital or at	THE FUNERAL DIRECTOR: After this certificate has been signed by the affarding physician and compositely filled in the funeral director, page 5 should be detached for use	be fled within 72 hours after death with the state Debt, or health and werna hydrer prior to burial, contained, or removal. IMPORTANT: If teem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
CIA	ertif	6
1VS	is c	6
4	#	- A
DING	Afte	S m
TEN	OR:	00
A	ECT	2 a
9	DIR	<u>a</u>
IAL	MI	7 =
SP	NE	N E
F	E	M M
王	H	2 3
2	2	2 2

TO BE CON

	FOR	STATE OF MA	RYLAND /	DEPAR	RTMENT	OF H	EALIH:	and i	MENTAL	HYGIEN	E			
	1 - STATE REGISTRAR		CI	ERTIF	ICATE	OF	DEAT	Ή		REG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last) GREGORY N.	НО	RNE							ST 12	2,19	95	0755	
	4. SOCIAL SECURITY NUMBER 220 17 4909								(Month	DE BIRTH , Day, Year) 20, 19	Country	PLACE (State) y) ylance		
~	9e. FACILITY NAME (If not institution, give st						R LOCATIO				9c. COU	9c. COUNTY OF DEATH		
5	1217 RACE STREE							E			DO	RCHI	ESTE	3
DIRECTOR	Maryland Balti		ry, town o		ON				10d. INSID LIMIT 1 YES	8?				
FUNERAL	10e. STREET AND NUMBER 113 South Twin	Circle				10f.	ZIP CODE 212					J.S.A	THAT COUN	TRY?
O BE COMPLETED BY FUNE	11. MARITAL STATUS 1 To Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2 🔀		- 1	yes, spe		n, Maxica	n, Puerto F	? (Specify Yee ticen, etc.)	or No—	14. RACE Bleck Speci	— America t, White, etc fy: Whi	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)		(G We	live kind of a. Do NOT u				g	16b.	KIND OF BUS		DUSTRY		
	8th		S	tude	nt					Schoo.				
	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last) Jeffrey Neal Horne Denise Ann Granger												
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADORESS	(Street e	nd Number			ber, City or Tow	_	_		
F	Denise Horne		1	13 -	Sout	h T	win	Circ	le :	Baltin	ore,	Mar	yland	21227
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)	oval from State	20b. PLACE cemetery, cri Ceda:	AND DATE	of DISPOS other place)	mete	me of		8/1			ore,	wn, State Mary	land
	21. SIGNATURE OF FUNERAL SERVICE LIC	HINSEE			22. G	eorg	e J.	Gon	ce F	uneral Balt				225
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.										inte	roximate rvai Betweer et end Daati		
			OR AS A CONSE	OUENCE		- 410	~							
ATION	Sequentially list conditions, if any, leading to immediate	OUE TO (C	OR AS A CONSE		OF):	410	~							
RTIFICATION		OUE TO (C		OUENCE (OF):	- 410	~							
EDICAL CE	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (C	DR AS A CONSE	OUENCE (OF): OF):			given in	Part i.	24e. WAS AN PERFO		7 24b	AWAILABLE	PRIOR TO ON OF CAUSE
MEDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in deeth) LAST	OUE TO (C	OR AS A CONSE	EOUENCE (OF): OF):	derlying	g cause	given in		PERFO	RMEO?	7 246	COMPLETE DF DEATH	PRIOR TO ON OF CAUSE
MEDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST PART II. Other eignificant condition	OUE TO (C	DR AS A CONSE	resulting	DF): DF): In the un ES	NO Conty one)	g cause	CERTAI		PERFOI	RMEO?	/ 24b	COMPLETE DF DEATH	PRIOR TO ON OF CAUSE
EDICAL CE	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST PART II. Other eignificant condition DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (C. DUE TO (C.	DR AS A CONSE	resulting	DF): DF): In the un TES	NO Confly one)	UNC • 5X X	CERTAI	N □ Othe	PERFOI YES :	RMEO? 2 NO INJURY O		AMILABLE COMPLETI DF DEATH 1 YES	ON OF CAUSE

O.C.M.E

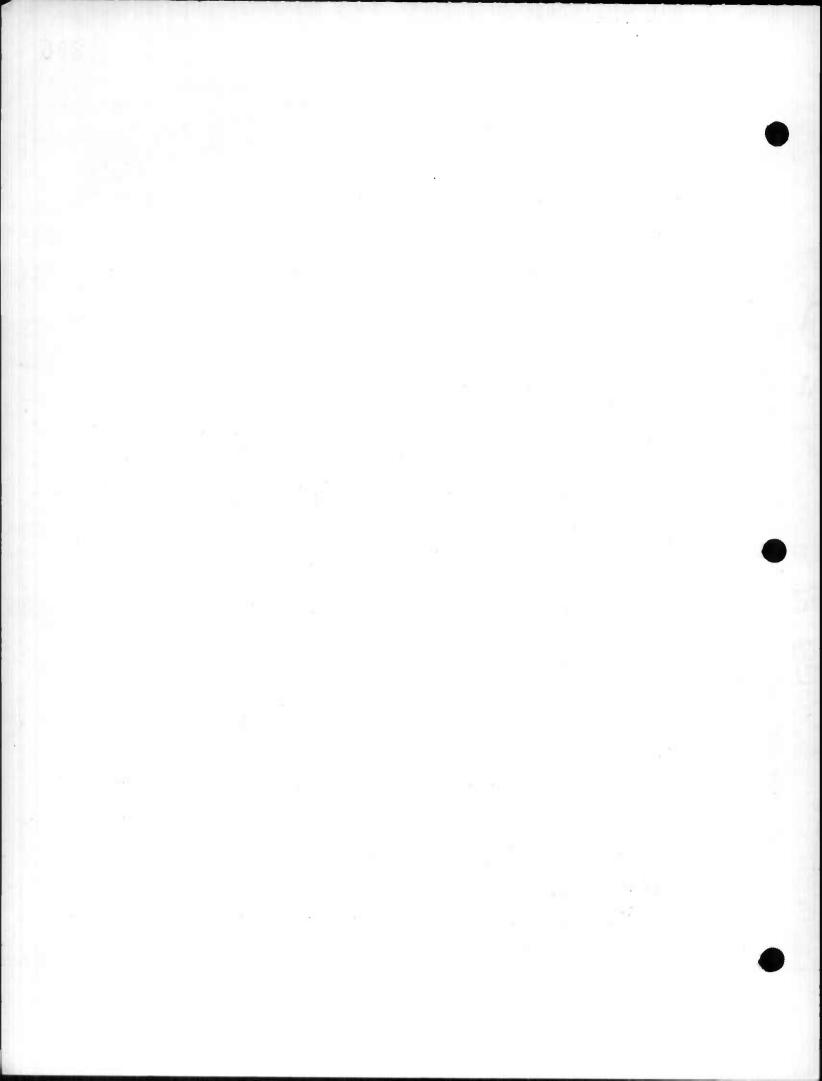
PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

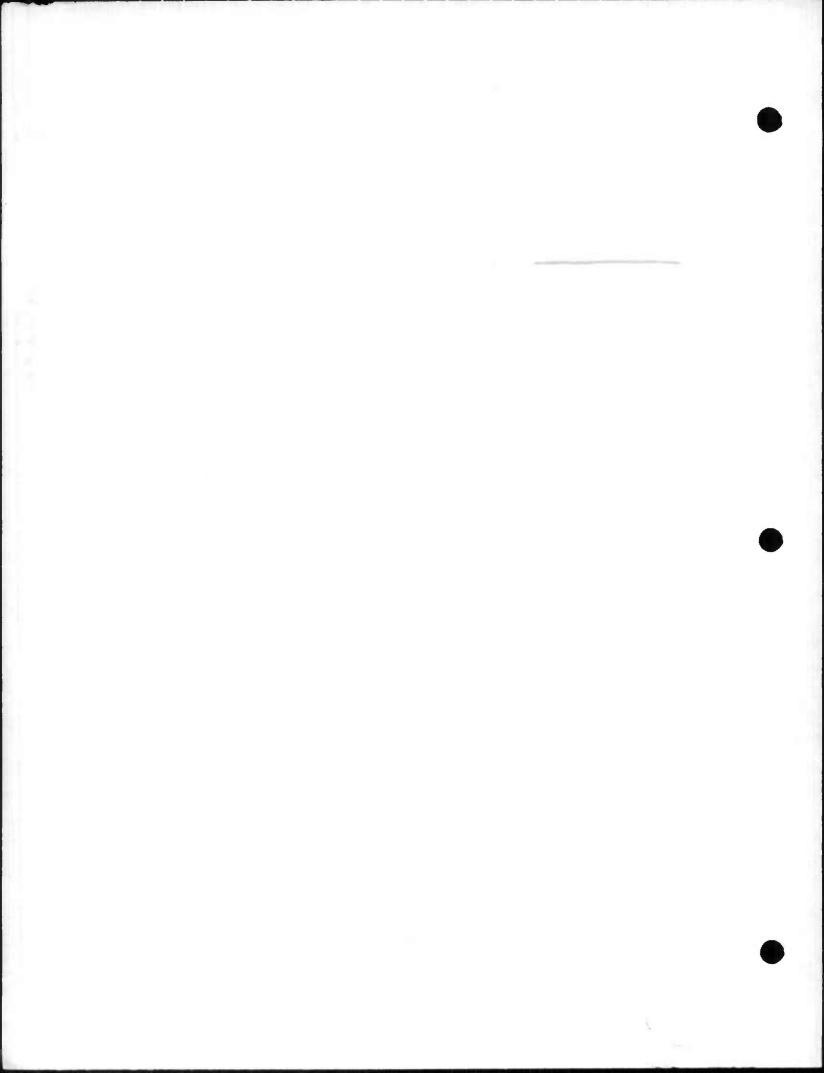
32. REGISTRAR'S SIGNATUR

29d. DATE SIGNEO (Month, Day, Year)

AUGUST 13,1995



		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN				
		1. DECEOENT'S NAME (First, Middle, Last)	H	IARM	ON		2. DATE OF DEATH HONTH D		SEAR 3. TIME OF DEATH		
2		4. SOCIAL SECURITY NUMBER 237-42-6346	1 □ M 2 ☑ F 63	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) DEC 2, 193		BIRTHPLACE (State or Foreign Country) ORTH CAROLINA		
2, 3 should	OR	sa. FACILITY NAME (If not institution, give st JOSEPH RITCHIE HO 820 N FITTAW ST RA RESIDENCE OF DECEDENT	SPICE	1217		OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATN		
ages 1,	DIRECTO	104. STATE 10b. COUNTY		7	TY, TOWN OR LOCA			10d. INSIDE CITY			
physician. burial-transit permit. Pages	AL D	106. STREET AND NUMBER	N/ A			LMORE 1. ZIP CODE		10g. CITIZE	15 YES 2 ☐ NO N OF WHAT COUNTRY?		
an. transit	FUNER	4305 ADELL TERRAC				21229			USA		
g af	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 -NO	If yes, sp	CENDENT OF NISPANI Hecity Cuben, Mexican 3 2 NO Specify:		1 or No.— 14	Black, White, atc. Specify: BLACK		
lor u	LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	•	ON ost of working	166. KIND OF BU		TE HOSPITAL		
by the hospital be detached to at once.	E COMP	12 17. FATNER'S NAME (First, Middle, Lest) GLENN HARMON		AI	DE		NE (First, Middle, Maiden				
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) NETT'IE HARMON	a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To								
e 6 may rector, pa must b		20a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from Stata cem	etery, crematory or o	D CEMETE	CRY	8-16 DUR	HAM, NO	y or Town, Stata ORTH CAROLINA		
death, P e funeral II. examin		21. SIGNATURE OF FUNERAL SERVICE LICE	nutter.		2501 G	WYNNS FAI	LS PKWY B	BALTO,			
erificate be executed within Z4 hours after ing physician and completely filled in by nigher prior to burial, cremation, or removal other traumatic event, the medical	CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Lyne a Censury of themselves by the first of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Lyne a Censury of the cause o									
the death ce y the attendir of Mental Hy, Injury, or o	0	resulting in death) LAST	contribution to death b								
requires that een signed b of Health ar shows any	: MEDICAL	PART II. Other algoriticant conditions DID TOBACCO USE CONTR					PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 PNO		
N: The law ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			TH (Check only one)	UNCERIAIN					
SICIAN: The lacentificate has the State Depth of item 23	HYSI		1 Inpatient 2 ER/Output 28e. DATE OF INJURY	28b, TtM	E OF 28c, INJ	URY AT	Other (Specify) 28d. DESCRIBE HOW I	- 0	PICE		
DING PHYSI After this c death with s marked,	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1	YES 2 NO					
TTEN TOR: after	ETED	3 Suicide 6 Could not be 4 Nomicide datarmined	28a. PLACE OF INJURY building, atc. (Speci	— At nome, term, ify)	street, factory, offic		281, LOCATION (Street I City or Town, State)	and Number or	Rural Route Number,		
TAL TAL	COMPLETED		AN: To the best of my knowler On the bests of examination						ause(a) and manner as stated.		
TO THE HOSPI TO THE FUNEF be filed within	TO BE	296 SHOWATURE SHO TITLE OF CENTIFIER	Hayes, next	2		29c. LICENSE NUMI	290	29d. DATE 3	ISNED (Month, Day, Year)		
5		2402 Hen	1 1 O	NTH (ITEM 27) (Type		hmore, 1	nayland		21214		
		31. DATE FILEO MOTI AUG 1 4 1995	32. BEGISTRAT'S SIGHA	ATURE COLL							



9
-
8
39
0
~
×
\circ
~
8
0
٠.
0.
10
S
0
=
1
0
9
O
III
~
Œ
_
4
H
-
>
L.
0
0
-
Z
0
U
-
S
-
>
=

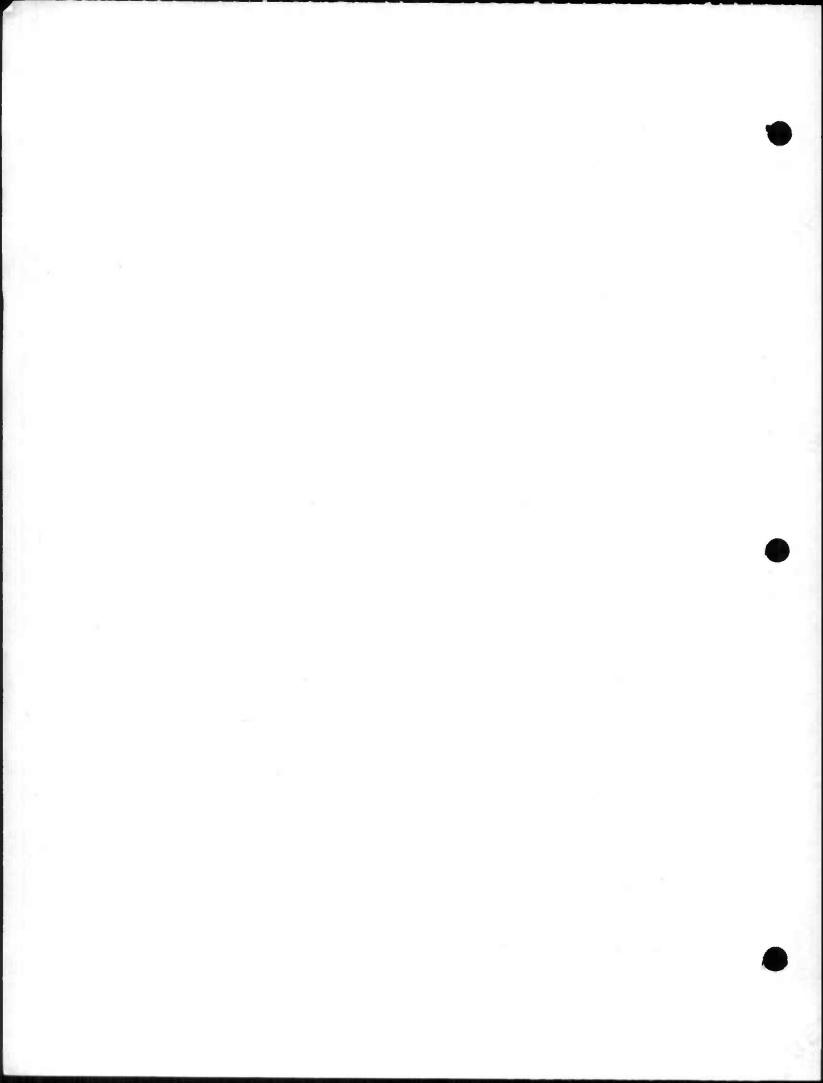
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
	George Henry Hagedorn				August 10), 1995						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	inst hirthday) =	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign					
			NTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	mtry)					
	213-10-0290 1 1 0/				January 14		Maryland					
	9e. FACILITY NAME (If not institution, give street end number)	91	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	DEATH					
R	Fallston General Hospital		Falls	ton	Harfo	ord						
5												
DIRECTOR	10a. STATE 10b. COUNTY		OWN OR LOC	ATION			10d, INSIDE CITY LIMITS?					
ō	Maryland Harford	Abi	ngdon				1 TYES 2 X NO					
AL	10e. STREET AND NUMBER		1	01. ZIP CODE		10g. CITIZEN OI	F WHAT COUNTRY?					
E	3815 F- Memory Lane			21009		U.S.	Α					
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DE		IIC ORIGIN? (Specify Yes	or No- 14. RA	ICE — American Indian.					
	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	X) NO		pecify Cuben, Mexica			eck, White, etc.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
Ö	15. DECEDENT'S EDUCATION 16a.	DECEDENT'S US	UAL OCCUPAT	ION	16b, KIND OF BUS	SINESS/INDUSTRY	White					
Ë	(Specify only highest grade completed)	(Give kind of world life, Do NOT use n	k done during n	nost of working								
7	Elementary/Secondary (0-12) College (1-4 or 5 +)	Ruyo	n		Donan	tmont Ct	.000					
S		Buye	1			tment St	Jore					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden	oumame)						
BE	George Andrew Hagedorn				e <u>Davis</u>							
10	19e. INFORMANT'S NAME (Type/Print)	19b, MAILING AD			Route Number, City or Tow	n, State, Zip Code)						
-	Mrs. Gladys C. Hagedorn		Sa	me as 10e	9							
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State											
	Parkwood Cemetery 8/14/95 Baltimore, Maryland											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME	AND ADDRESS OF FA	CILITY							
	by of CYUU.V				ick Funeral							
	mald the war se				Rd Balt		21214					
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each i		enter the m	node of dying, suc	h as cardiac or respi	ratory arrest,	Approximeta Interval Between					
	IMMEDIATE CAUSE (Final	7					Onset and Death					
	disesse or condition	200					1 STuck					
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
-												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate											
AT	if sny, leeding to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in desth) LAST											
岜	d											
	PART II. Other algnificent conditions contributing to death but no	ot resulting in	the underlyl	ng ceuse given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS					
DICAL	allyheurideness	0			PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ED	0				1 1 123	X	OF DEATH?					
ME	DID TOBACCO USE CONTRIBUTE TO CAUSE OF D	FATUL VEC		UNCERTAI	ued -		1 YES 2 NO					
PHYSICIAN:					NA T							
C	25. WAS CASE REFERRED TO MEDICAL 26. P EXAMINER? HOSPITAL:	LACE OF DEATH	THER:	•)								
S	1 YES 2 NO 1 Impatiant 2 ER/Outpation			ome 5 🗌 Residence	8 Other (Specify)							
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. II	NJURY AT VORK?	28d. DEŞCRIBE HOW	NJURY OCCURED						
BY F	1 Netural 5 Pending 2 Accident Investigation			YES 2 NO								
	3 Sulcide 28e. PLACE OF INJURY — A	I home, ferm, stre	et, factory, of	fice	281. LOCATION (Street		rel Route Number,					
ED	4 Homicide determined building, stc. (Specify)				City or Town, State,							
COMPLET	29e. CERTIFIER											
AP	(Check only December of the Deat of my knowledge						Commission resident					
Ö	2 MEDICAL EXAMINER: On the beele of examination and	/or investigation,	In my opinion	, death occured at the	time, date end place, ar	nd due to the ceus	ee(e) end menner ee stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)					
BE (David S. Danne			033	259	₹8171	155					
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	TEM 27) (Type, P	rint)	•	•		,					
	David Dunn M.D. 1131 Belair	DY D	elair	. Md. 21	1014							
	31. DATE FILED (Month, Day, Year) 32 AREGISTRAR'S SCHATUR		<u> </u>	, I'IVa C	WIT.							
	AUG 1 4 1995 AUG 1 4 1995 AUG 1 4 1995											



995

Baltimore

Parks

United States

Maryland

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 X NO

White

Approximate interval Between

Onget and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO

August 11, 1995

Catonsville, Maryland 21228

5:45

ам

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH MONTH Cornelia Olive Kemp August 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday 7. DATE OF BIRTH (Month, Day, Year May 26 IF UNDER 24 HRS IF UNDER 1 YEAR DAYS HOURS MIN. 213-74-9626 1 M 2 X F 92 YRS 1903 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR permit. Pages 1, 2, 3 Edenwald Towson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore Towson FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 800 Southerly Road signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Health and Mental Hygiene prior to burial, cremation, or removal. 21204 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) BY 1 YES 2 NO Specify. 3 🔀 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 12 Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at William Gill Smith Cornelia BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Virginia Barnhart 622 Coventry Place Towson, Maryland 21286 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 8/12 Baltimore, Maryland Greenmount Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Maryland 21212 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition reaulting in death) event. DIVISION OF VITAL RECORDS, P.O. BOX 68760 traumatic CERTIFICATION Sequentially list conditions, CONSEQUENCE DE If any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury DUE TO (DR AN A CONSEQUENCE DE that initiated events resulting in death) LAST 6 amy Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 23 shows this certificate has been n with the State Dept. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES | NO | UNCERTAIN | 26. PLACE DF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL ltem . HOSPITAL OR ATTENDING PHYSICIAN: The HOSPITAL **EXAMINER?** 1 - YES 2 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Rasidence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE DF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked. 1 Natural
Accident 1 YES 2 ND м DIRECTOR: After the hours after death v BY investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 99 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL DI be flied within 72 ho IMPORTANT: It II MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 291. BIGNADURE AND VITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER THE BE 29

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM #) (Type, Print)

M.D.

32. BEGISTRAR'S SIGNATURE

516 N. Rolling Road

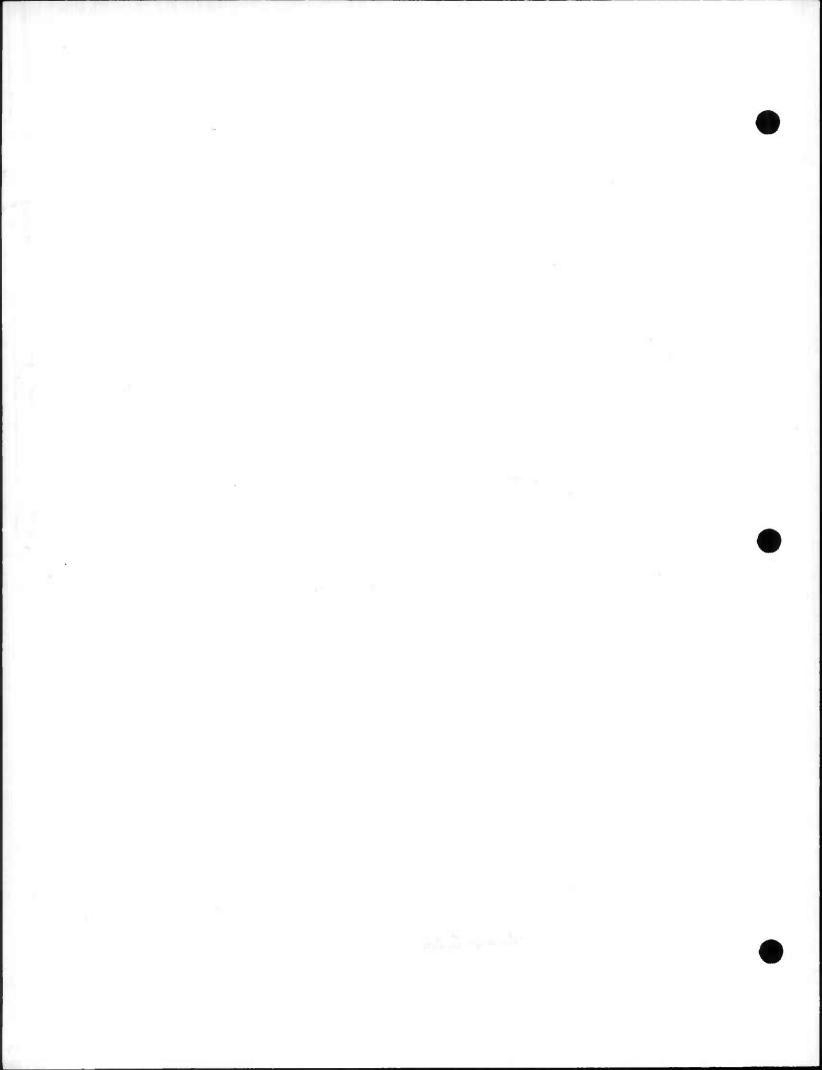
Marcelino D. Albuerne,

AUG1 4 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-16 Rev 1/89





OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	OIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	nous are year with the State Cept, or regist and mental nyteens prior to behave, the medical examiner must be notified at once. Tem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
te be execute	Sician and c	traumatic
eath certifical	mending phy	f, or other
s that the de	ned by the	any injury
law require	as been sig	23 shows
IAN: The	rtificate h	or Hem
B PHYSIC	er this cer	arked,
TENDIN	DR: After	S is m
OR AT	DIRECT	tem 2

BE 2

NONECTOR: A

TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II HOSPITAL

Pages 1, 2, 3 should

permit.

ITEMS: 28a,28e,28f, PER MEO FILM G-726 8/14/95 t.t 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH 3. TIME OF DEATH SUSIE KOCH 9:00 A AUGUST 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 1 M 2 XF 71 JUNE 7, 245-20-4288 1924 NORTH CAROLINA 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 106 VISTA AVENUE GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 - YES 2 - NO ANNE ARUNDET GLEN BURNIE 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 106 VISTA AVENUE 21061 U. S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 XNO Specify: BY 3 🖔 Widowed 4 🗌 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) TERTIFIED NURSING ASSISTANT HOME HOSPICE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE BENJAMINE THOMAS CONNER NETTIE ROSE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BARBARA **JEAN** ROYLE 609 CAROLYN ROAD GLEN BURNIE, MARYLAND 21061 20s METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 8/157/1995 LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) _ CEM. CROWNSVILLE CROWNSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME PA 1 SECOND AVE. S.W. GLEN BURNIE, 21061 23. PART I. Enter the diseases, or complications that or sed the desth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximats ahock, or haart failura. List only one cause on each iina. interval Between **IMMEDIATE CAUSE (Final** 5 Onset and Death disesse or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 100 OF DEATH? 1 TYES 2 NO DID TOBACCO USE CONTIRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMPLENT 1 2 yes 2 NO HOSPITAL OTHER: 1 Inputiant 2 ER/Outpatient 3 DOA Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Sheet and Number or Rule From Nymbol (Sheet and Number or Rule From Nymbol (Sheet and Number of Rule From Nymbol (Sheet and Number - N home, ferm, 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and (Check only one) time, data and place, and due to the cause(a) and manner as stated.

11 95 CETED CAUSE OF DHATH (ITEM, 27) (Type, Print) asadena MA 2/122 32. REGISTRAR'S SIGNATURE 4 1995 AUG 1

Soft on a part of

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-726 8/28/95 t.t

			1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE a. NO.		
•			1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	LaVern		LYLE	S	2. DATE OF DEA	DAY	year 9:08 PM	
			4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR' (Month, Day,)	hari	8. BIRTHPLACE (State or Foreign Country)	
	3 should		219-52-9384 9a. FACILITY NAME (If not institution, give si		48 YRS.	9b. CITY, TOWN	OR LOCATION OF DI	4-12-4		Maryland TY OF BEATH	
	۲۵	TOR	3012 THORNDALE	AVE		BALT	IMORE C	ITY		NA	
	ages 1	DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY	
	permit, Pages 1,	1	Maryland 100. STREET AND NUMBER				imore of. ZIP CODE		10g. CITIZ	1 X YES 2 NO EN OF WHAT COUNTRY?	
	泛	FUNERAL		3012 Thornsd			2121			U.S.A.	
215-0020	attending physician, ise as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 X NO Specif	n, Puerto Rican, a	Ify Yes or No—	14. RACE — American Indian, Black, White, etc. Specify:	
215	r attend use as	旦	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	(Give kind of	USUAL OCCUPAT work done during m	ION nost of working	16b. KIND (OF BUSINESS/INDU	Black	
0 21	of for u	PLE	Elementary/Secondary (0-12) 12 th	College (1-4 or 5+)	College (1-4 or 5 +) life. Do NOT use retired.)			R	- 46	222	
RYLAND	by the hospital or be detached for u at once.	COMPLET	17. FATNER'S NAME (First, Middle, Last)			Laborer	16. MOTHER'S NA	ME (First, Middle, A	feiden Surname)	0.67	
RYI	8 & 8	BE (Wallace Lyl					n Palmer		
MA		2	190. INFORMANT'S NAME (Type/Print) Marvin Lyles			NG ADORESS (Street and Number or Aural Aboute Number, 4 Garrison Ave. Balto				Code) . 215	
ш	e b may be ector, page must be		20e. METNOD OF DISPOSITION 1 ☐ Burlel 2 ☑ Cremetton 3 ☐ Remo		b. PLACE AND DATE	OF DISPOSITION (A			De. LOCATION — C		
MO	al director		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUMERIAL SERVICE-LIC	-	Metro Cr	rematory	IND ADDRESS OF FA		z Catonv	ille, Md	
ALT	funeral.		· // July	Loseon		F/H	1206 W.	Will North A	ve. Bal	rown Community to. Md. 21217	
	1 P			omplications that cause list only one cause on a	d the death. Do each line.	not anter the m	ode of dying, auc	h aa cardlac or	respiratory arre	Interval Batween	
	Pe on		iMMEDIATE CAUSE (Final disease or condition resulting in death)	ACUTE NARCOT	IC INTOXIC	CATION				Onset and Death	
68760	2 5 - 5		resulting in death)	DUE TO (OR AS A	A CONSEQUENCE C	PF):					
	and and particular	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
BOX	attending physician tal Hygiene prior to	FICA									
	S T S	E	resulting in death) LAST	s	A 100 a 100 and 200 at						
0	d Me	CAL CE	PART II. Other eignificant condition	s contributing to death b	out not resulting	in the underlyin	ng ceuse given in	Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
0	arth and and in								ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
REC	is been signed light, of Health a	: MED	DID TOBACCO USE CONTI	DIRLITE TO CALISE C	NE DEATH VI	ES EL NO E	LINICEDTAIN			1 YES 2 □ NO	
4	10 S B =	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA			1/24		J	
VITAL	certificate has the State Dep	YSIC	EXAMINER? 1 TYPES 2 INO	HOSPITAL: 1 Inpatient 2 ER/Outs	patient 3 DOA	OTHER: 4 Nursing Hor	me 5 X Residence	6 Cher (Specif	γ)		
OF VITA	this with		27. MANNER OF DEATH 1 Netural Pending	280. DATE OF INJURY (Month, Day, Year) FOUND 8-8-9	286. TIN F 0 UN 5 8: 30		JURY AT ORK? YES 2 NO	UNKNOWN	IOW INJURY OCCU	IRED	
ON		D BY	2 Accident Investigation 3 Suicide 6 Cycould not be	28s. PLACE OF INJURY	/ — At home, ferm,			281. LOCATION (S		r Rural Route Number,	
DIVISION	On All Tempinos DIRECTOR: After hours after death item 28 is ma	III I	4 Homicide Adetermined	building, etc. (Spec		AT HOME		BALTIMORE		HORNDALE AVE.	
IQ I	1 .	COMPLET		CIAN: To the best of my know R: On the basis of exemination					d manner ee stated		
1	TO THE FUNERAL TO THE FUNERAL TO THE WITHIN 72 IMPORTANT: If	BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			SIGNED (Month, Day, Year)	
\$	2 6 3 W	0	30 NAME AND ADDRESS OF PERSON WELL	L. Chute	90	04-11	O.C.M	.E.	▶ AU	JGUST 9.1995	
	/		30. NAME AND ADDRESS OF PERSON WHO	<u> </u>	111 Pe		eet, Ba	ltimor	e, Mary	yland 21201	
	′		31. DATE FILED (Month, Day, Year) ALICI A 1995	32. REGISTRAR'S SIGN	ATURE						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

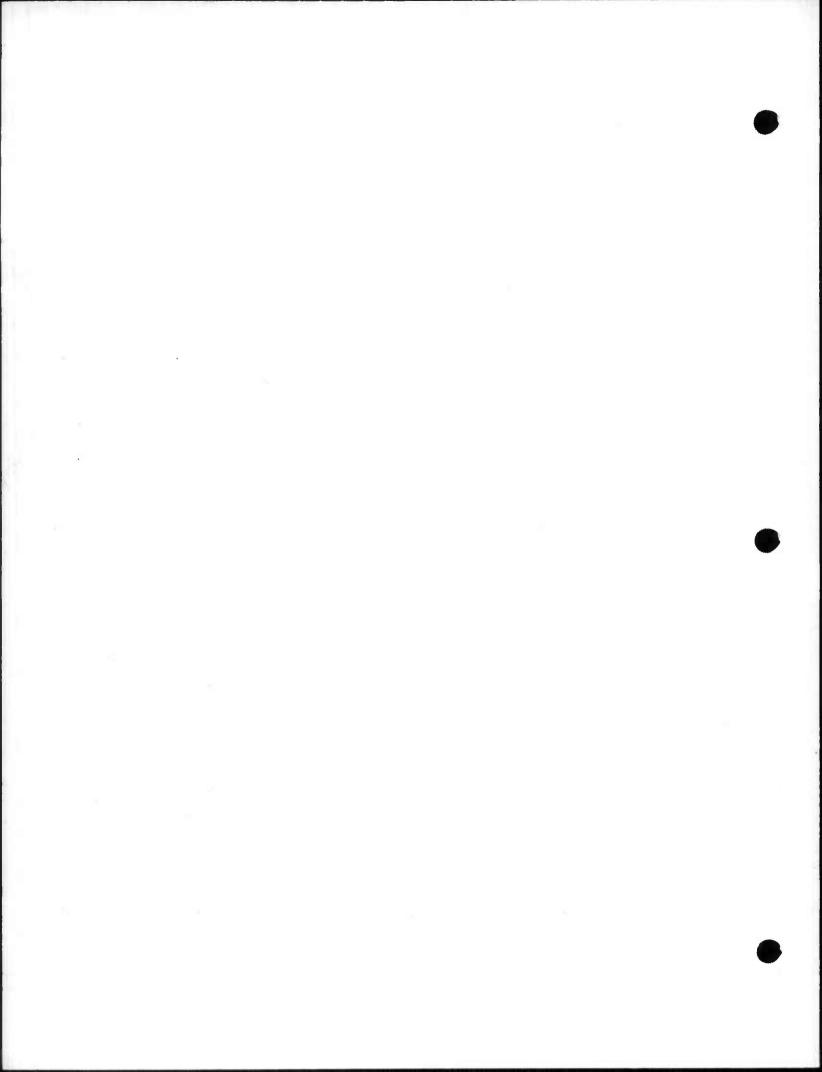
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 75 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

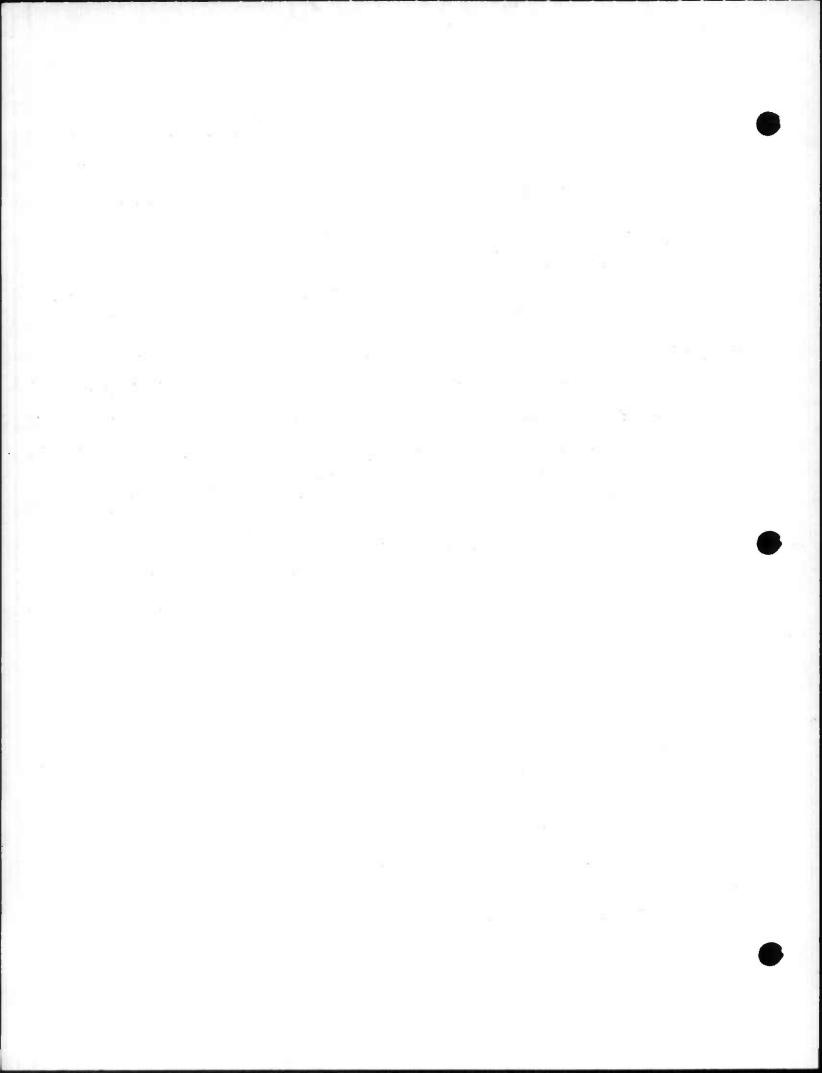
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE OF MARYL	AND / DEPARTI			MENTAL HYGIE							
	1. DECEDENT'S NAME (First, Middle, Last)	0=:::::::::::::::::::::::::::::::::::::	AIL OI	DEATH	2. DATE OF DEATH	0.	3	3. TIME OF OEATH				
	LABERTUS V.	LC	NG		AUGUST	0 7 1	YEAR	11:30	A			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	LACE (State or Forei	ign			
	205 12 7897 1⊠ M 2 □ F 8	37 YRS. MC	ONTHS DAYS	Feb. 14,	1908	Country) Penn	sylvani:	a				
	9a. FACILITY NAME (If not institution, give street and number)	91	b. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY OF DEATH						
DIRECTOR	HARBOR HOSPITAL		BALTI	MORE CI	TY	N/	Ά					
REC	10a. STATE 10b. COUNTY	10c. CITY, T	TOWN OR LOCAT	ION		10d.						
	Maryland Anne Arundel	Bal	timore				LIMITS?	•				
FUNERAL	5515 Patrick Henry Drive		101	21225		S.A.	AT COUNTRY?					
S	11, MARITAL STATUS 12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify)	ea or No	14. RACE -	- American Indian,				
BY F	1 Never Married 2 Married FORCES? 1 17 YES		If yea, apo		on, Puerto Rican, etc.)		Black, \ Specify:	White, atc.				
	3 Widowed 4 Divorced 1926 - 19	929		26		l		White				
COMPLETED	15. DECEDENT'S EDUICATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of work	k done during mo:	N at of working	16b. KIND OF B	USINESS/IND	USTRY					
Ä	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	etired.)				_					
M	12th	Securit	Y		State		• D	.M.V.				
	17. FATHER'S NAME (First, Middle, Last) Isadore T. Lo	na			ME (First, Middle, Maide Lzabeth S	n Sumame) Stritt	matic					
BE	19a. INFORMANT'S NAME (Type/Print)							L 1				
임	Sandra J. Francis				Route Number, City or R			and 2106	1			
	Total Substitution of the											
	20b. PLACE AND DATE OF DISPOSITION 1 X Burial 2 Cremetton 3 Ramoval from State 4 Donation 6 Disposition (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cameter place) 20c. Location - City or Town, Significant place) Cedar Hill Cemetery 8/11 Baltimore, Mai											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	edar mili	22. NAME AN	D ADDRESS OF FA	CILITY			-				
	Cula (ED)	~	_		ce Funera				- 1			
	23. PART I. Enter the disease or complications that cause	d the death. Do not			Hwy. Bal				-			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bat Onset and I Onset a											
- 1	DUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	A CONSEQUENCE OF):										
	PART II. Other aignificant conditions contributing to deeth be	uit not reculting in t	the renderly less	navez elve de	Deat Lawrence		1		2001			
CAL	Constitution of the state of th	or not resulting in t	me underlying	ceuse given in	PERF	N AUTOPSY ORMED?	A	ERE AUTOPSY FIND WAILABLE PRIOR TO OMPLETION OF CAU				
					1 YES	2 NO	O	F DEATH?				
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE O	OF DEATH VES		LINICEDTAIL			1,	YES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (UNCERIAII	1				-			
SIC	EXAMINER? 1- YES 2 □ NO HOSPITAL: 1 □ Inpatient 2 ♀ ER/Out	0	THER:	C Doubles	e 🗆 Other (Specify)				\neg			
ΗH	27. MANNER OF DEATH 26s. DATE OF INJURY	2eb. TIME O	F 26c. INJ	IRY AT	28d. DESCRIBE HOW	INJURY OCC	CURED					
	1 Natural 5 Pending (Month, Day, Year) 2 Natural Investigation 8-7-95	10 (1:00)				lloff		roof				
BY	3 Suicide 26a. PLACE OF INJURY	- At home, tarm, stree			2ef. LOCATION (Stree	and Number	or Augal Rout	te Nuraber,				
읩	4 Homicide datermined building, etc. (Spec			201. LOCATION (Street City or Town, State But for Ity or Town)	5515 Md	Patric	kHenry &	rive				
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know	Home	of the time date	and others are district			-21		\neg			
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the best of examination							nd manner se state	.			
	29b. SIGNATURE AND TALE OF CERTIFIER											
TO BE	Dennis Chute no O.C.M.E. AUGUST											
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri L11 Penn	,	t, Balt	timore,	Maryl	Land	21201				
						2			\dashv			
- 4	DATE FLAUGI P4 1995 Jake Division Con 1995											



O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TA hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marke

	FOR	STATE OF I	MARYLAND /	DEPAR	RTMENT (NE H	FAITH	AND	MENTAI	HAGIEN	90) 2	4393
	1 - STATE REGISTRAR				ICATE				WEN IA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) MICHAEL		BERT		LIST	'ORT	'T S	SR	2. DATE MONTH	_	av 12±h	YEAR	3. TIME OF DEATH 5 06:24 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		e. BIRTHI	PLACE (State or Foreign
	215-40-8913 9a. FACILITY NAME (If not institution, give	1 X M 2 🗆 F	53	YRS.	YRS. JUNE 9 194						1942		NNECTICUT
E .	the second second second		100007.0						EATH		9c. COUN	TY OF DE	EATH
18	NORTH ARUNDEL		ASSOCIA				BURN	ITE_			L A	Α. (COUNTY
DIRECTOR	MARYLAND ANN			10c. CIT	Y, TOWN OR								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	E ARUND	EL		PAS	-	ENA	F			10a CITI	EN OF W	1 YES 2 X NO
ER/	1669 GRANDVI	EW ROAD					112	_			U.S		nai coontar
E	11. MARITAL STATUS	12. WAS DECEDEN	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, DIVE WAR OR DATES			S DECI	ENDENT (OF HISPAN	NIC ORIGIN	7 (Specify Ye		14. RACE	- American Indian, White, etc.
D BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	lunk			10	YES	2 (X NO	Specify	y:	mouri, etc.;		NY 1000	WHITE
	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(G	CEDENT'S Ive kind of Do NOT u	Work done dur se retired.)	UPATIO	N it of workl	ng	16b.	KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		FIGHT				В	AT.TTN	ORE	CIT	Y FIRE DE
COM	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		fiddle, Maiden		011	I IIMD DI
111	VICTOR 19a. INFORMANT'S NAME (Type/Print)	LISTO		and the same				ANN				ERT	ONE
TO B	CAROLE J. LIS	TORTI	19		ADDRESS (S								LAND 2112
	20a. METHOD OF DISPOSITION 1 Burial 2 D Cremation 3 Rec	nound from State	20b. PLACE	AND DATE	OF DISPOSITI				DATE		CATION —		
	4 Donation 5 Other (Specify)	-	METR	O CR	EMAT				8/1	4 BA	LTIM	DRE	MARYLAND
	STALLINGS FUNERAL HOME P.A.												
		Stalling			31	11	Mon	inta	in 1	PA D	bead	ono	Md 21122
	23. PART I. Enter the diseases, or ahock, or heart failure.	i.list only one can	it caused the de use on each line	ath. Do i	not enter th	а тос	ie of dy	ing, auc	h aa card	lac or resp	iratory arm	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)											Onset and Death	
	nesulting in death) a. Due TO (OR AS'A CONSEQUENCE OF):										1		
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)												
CAT	If any, leading to immediate cause. Enter UNDERLYING												
E	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
CERTIFICATION	Tooliting in coatti) Exor	d											
	PART II. Other aignificant condition	ns contributing to	death but not r	aaulting	in the unda	rlying	cause	given in	Part 1.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									- 1	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
	DID TOBACCO USE CONT	DIBLITE TO CA	LISE OF DEA	TH VI	:c 🗆 N/	2 🗆	LIMO	ERTAII	110		•		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				TH (Check only		0140	EKIMI	',/(
YSIC	1 TES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER:	g Home	5 🗆 R	aldenca	6 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Neture 5 Pending	28a. OATE OF (Month, E	Pay, Year)	28b. TIM	IE OF 28	Bc. INJU	RK?	7.00	28d. DE\$	CRIBE HOW	NJURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At ho	me, farm, :	street, factory	1 Y	ES 2 [NO	28f. LOC/	TION (Street	and Number	or Rural Ro	oute Number.
Ë	4 Homicide determined	building,	a1c. (Specify)	10					City	or Town, State)			
COMPLETED	29a. CERTIFIER (Check only												
CON	One) 2 MEDICAL EXAMIN		xamination and/or	investigatio	on, in my opir	nion, de	eth occu	red at the	1ime, date	and place, ar	nd due to the	cause(s)	and manner as stated.
BE BE	291 AIGHATURE AND TITLE OF CERTIFIE	han	11	12	7		29c. LIC	ENSE NUA	ABER (29d. DATE	SIGNED	Morm, Off. Wall
2	30 MAME AND ADDRESS OF PERSON WI	HO COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type	, Print)		U	90	×) 4	9		8//	7/71
	JORGE M. RAMIR) ROAD	, #1	06/0	I.EN	BIIRN	TE M	ΔΡΥΙ ΔΙ	כ תוא	1061
	AUGI 4 1995 Files	Develor		501	. KOMD				DOM	الانهالة	autual	111/	LVVI
1 1	1000	TO TOWNS THE ST	40.00										

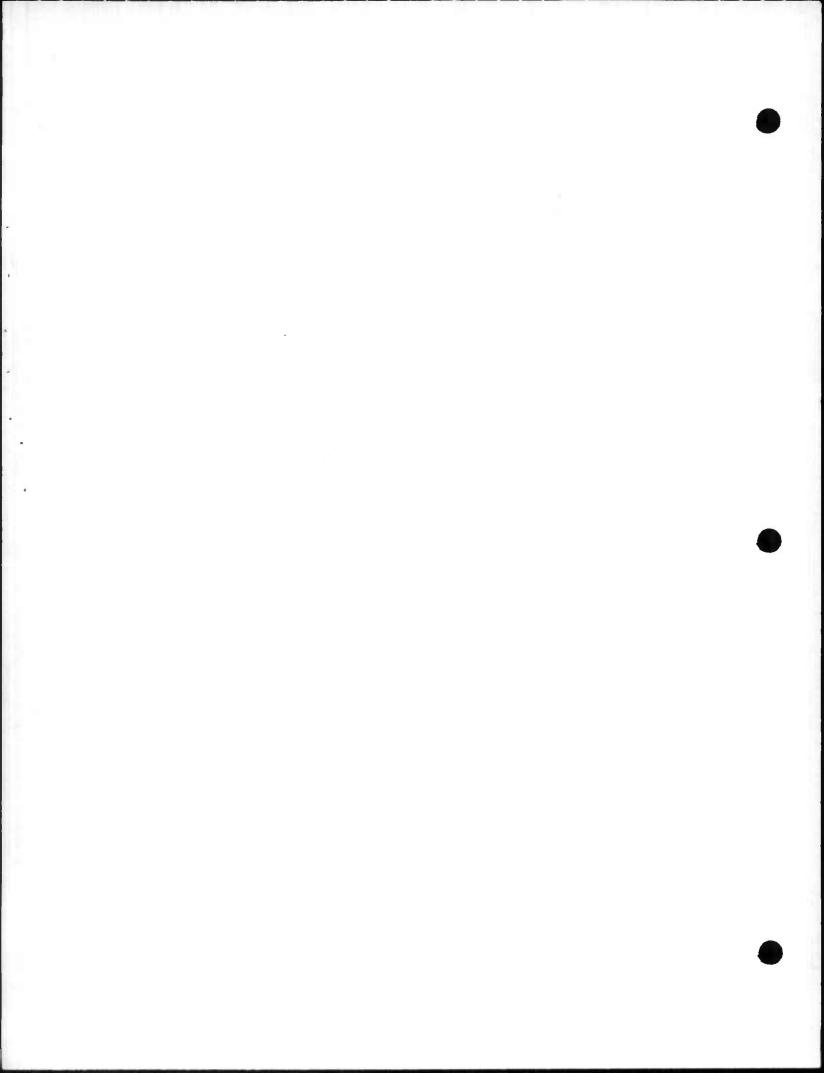


BALTIMORE, MARYLAND 21215-0020

_	hours
20	within 24
BOX 68760	executed
õ	2
s, P.O. B	certificate
S, D	death
	the
J.	that
RECORDS	requires
٢	AP.
4	The
OF VITAL	PHYSICIAN:
DIVISION	R ATTENDING PHYSICIAL
5	S.
_	SPITAL

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	ICATE (OF DEATH	REG. N	0.	
		1. DECEDENT'S NAME (First, Middle, La		116-			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		iller			August	09 199	14
pırı		217 20 0377	1 M 2 X F	(In yrs. lest birthday) 84 YRS.		AYS HOURS MIN.			BIRTHPLACE (State or Foreign Country) Maryland
I, 2, 3 should	DIRECTOR	90. FACILITY NAME (If not institution, gi NOrth Arun RESIDENCE OF DECEDENT	del Nos	pital	ital Sten BUNNE Anne				
sages	REC	10e. STATE 10b. COU			Y, TOWN OR L				10d. INSIDE CITY LIMITS?
permit. Pages			nne Arundel	Ba	11timo				1 VES 2 NO
TS.	FUNERAL	400 Townsend				101. ZIP CODE 21225			S.A.
attending physician. se as the burial-transit	B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR E	2 XNO	If yo	BECENDENT OF HISPA a, specify Cuben, Mexico YES 2 NO Specific	an, Puerto Rican, etc.)	es or No-	4. RACE — American Indian, Black, White, atc. Specify: White
	TED	15. DECEDENT'S E (Specify only highest gi	DUCATION rade completed)	16e. DECEDENT'S	work done durin	PATION og most of working	16b, KIND OF B	USINESS/INDUS	
	COMPLET	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	Home M	se retirea.)		Own I	Iome	
by the hospit be detached at once.		17. FATHER'S NAME (First, Middle, Last)	Howard W. Lar	nta Sr	-		AME (First, Middle, Meide ry Ellen H		
retained by 5 should be notlifled at	BE	19a. INFORMANT'S NAME (Type/Print)	Howard W. Dar		ADDRESS (Se	reet end Number or Rural			
	٩	Carol York		400 T	ownsen	d Avenue	Baltimo	re, Mar	ryland 21225
6 ma stor, p		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State Cor	b.PLACE AND DATE of metery, crematory or o	ther place)				ty or Town, State
Page al direc		21. SIGNATURE-OF FUNERAL SERVICE	LICENSEE	Ten Have	n Memo	Drial Park ME AND ADDRESS OF FA	8/12 G	en Bur	nie, Maryland
9 - 0		- (Jana)	n Znamino	wski		rge J. Gon 1 Ritchie			
ted within 24 hours after completely filled in by the rial, cremation, or removal c. event, the medical		23. DART I. Enter the diseases, ehock, or heart faily IMMEDIATE CAUSE (Finel disease or condition resulting in death)	1. ROWAL	od the death. Do reech line. In SMFF! A CONSEQUENCE OF	CLENC	mode of dying, aud	ch as cardiac or res	piratory arrea	it, Approximata interval Between Onset and Death
certificate be executed on the control of the contr	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):	320VACLALA	e Accine		
the attender Mental H		0407.0.00						м	
signed by Health and Ives any Iv	MEDICAL	PART II. Other eignificant condit					PERFO	ORMED?	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☑ NO
law las t lept	AN:	DID TOBACCO USE CON					N 🗹		
SICIAN: The law requestricate has been the State Dept, of them 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	28. PLACE OF DEAT	OTHER:				
SICIA certif th the d, or	PHYS	27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIM	E OF 28c	Home 5 Residence	6 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	AED
ATTENDING PHYSICIAN: The ECTOR: After this certificate h is after death with the State In 28 is marked, or Item	ВУ	1 Natural 5 Pending 2 Accident Investigation				WORK?			
OR ATTENDING DIRECTOR: After hours after death term 28 is ma	TED	3 Suicide 8 Could not 4 Homicide determined		r — At nome, term, s polity)	Rreet, factory,	office	281. LOCATION (Street City or Yown, Steh	and Number or	Rurel Route Number,
= 28 B	COMPLE		IYSICIAN: To the bast of my know						
E HOSPI FUNER Within		29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NUI			NGNED (Month, Day, Year)
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	O BE	Juhn Jan	MD			D 454			SUST 9, 1995
<	٩	30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type,	Print)				
		301 HORPITAL	DRIVE GLE	WBURN	16 M	0 21061			
		31. DATE FILE (1/10/11 24 1995	STATE DEGITORANT SIGN	Karlall					



DIVISION OF VITAL RECORDS, P.O. BOX 6876C TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial; or IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic ever

31. DATE FILED (Month, Day, Year) AUG1 4 1995

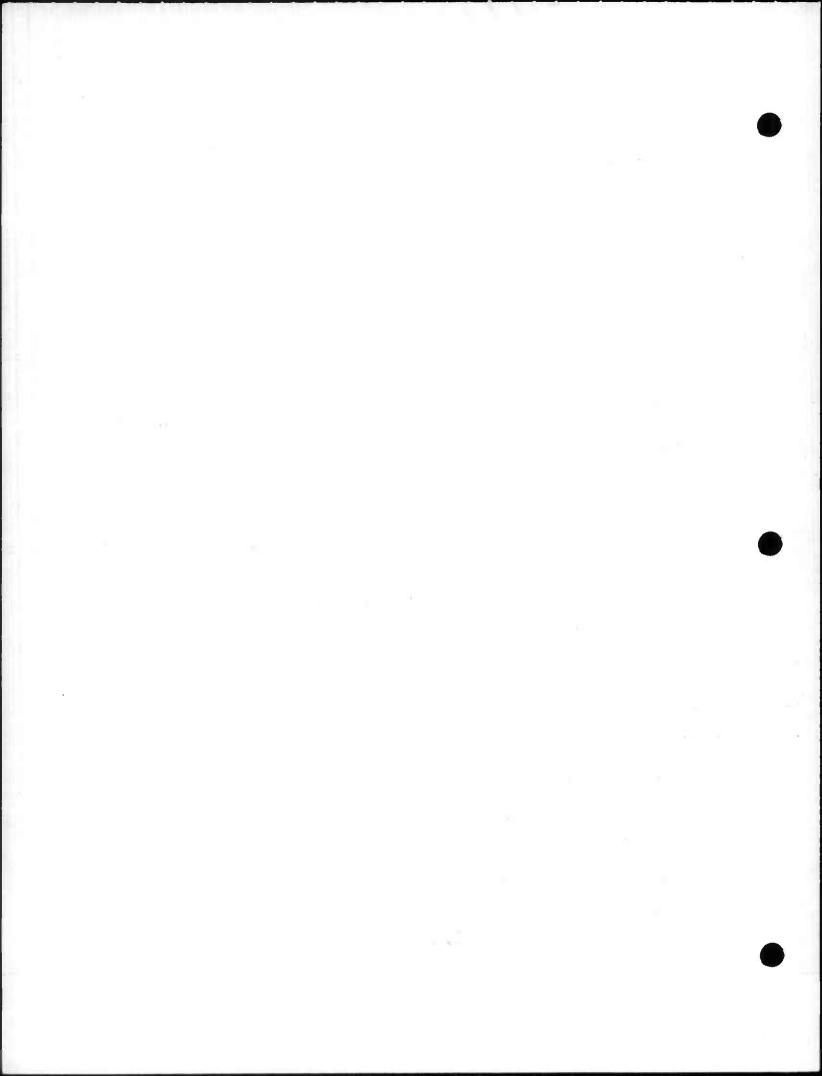
_	REGISTRAR) / DEPARTMENT OF CERTIFICATE OF	DEATH	ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Charles Theodor	ce Mayle, J		NOTE OF DEATH BA	1995	3. TIME OF OEATH 10:40 A	
	4. SOCIAL SECURITY NUMBER 275-74-2841 5. SEX 6. AGE (In yrs. 35)	YRS. MONTHS DAYS	HOURS MIN.	DEC 24,19	8. BIR Cou 59 Was	THPLACE (State or Foreign nity) nington, D.	
CTOR	99. FACILITY NAME (If not institution, give street and number) 3563 Ft. Meade Rd., Apt 523 RESIDENCE OF DECEDENT	Laurel	OR LOCATION OF DEAT	Ή	Anne Arundel		
DIRE	Maryland Anne Arundel	10c. CITY, TOWN OR LOCA	Laurel		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
NERAL	3563 Ft. Meade Road, Apt. 523		20724		10g. CITIZEN OF WHAT COUNTRY? USA		
D BY FUNI	11. MARITAL STATUS 1 Aver Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, a	CENDENT OF HISPANIC pecify Cuban, Maxican, I \$ 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, atc.)	tes or No- t4. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	DECEOENT'S USUAL OCCUPAT (Give kind of work done during m life. Do NOT use retired.)		Beauty			
ш	17. FATHER'S NAME (First, Middle, Last) Charles Theodore Mayle		The state of the s	(First, Middle, Malden	Sumame)	on	
TO B	19a. INFORMANT'S NAME (Type/Print) Lois Edna Mayle	196. MAILING ADORESS (Street 3563 Ft. Mead	and Number or Rural Rou	te Number, City or Town	n, State, Zip Code)		
	20a. METHOD OF DISPOSITION 1	CE AND DATE OF DISPOSITION (No. Cremetery or other place). O CIEMATORY,	Inc. 08/12	OATE 20c. LOC 2/95 Bal	cation - city or timore,	Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSED AWN F. McDo	nald 22. NAME A	nd ADDRESS OF FACIL tion Socie rederick F	ty of Mar	cyland,	Inc.	
ERTIFICATION	23. PART I. Entar the diseases, or complications that caused the shock, or heart feliure. List only one cause on each if immediate cause. Enter Underlying CAUSE (Disease or injury that initiated events resulting in death) 23. PART I. Entar the diseases, or complications that cause of cause in the cause of conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	L Immua SEOUENCE OF):				Approximata interval Betwee Onset and Deat	
MEDICAL CE	PART II. Other significent conditions contributing to deeth but no	ot resulting in the underlyin	g ceuse given in Pa	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
CIAN:	EVANIALEDO /	EATH YES NO L					
PHYSI	1 UPS 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED						
ED BY P	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined (Month, Day, Year) 28e. PLACE OF INJURY — At building, etc. (Specify)	WORK?					
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the beals of examination and/					(s) and manner as stated.	
TO BE C	296. MONATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH OF		D 394		29d. DATE SIGNE	(Month, Day, Year)	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

James Dorsey, M.D. 1406 Crain Hgwy. South Glen Burnie, MD 21061

OHMH-16 Rev 1/89



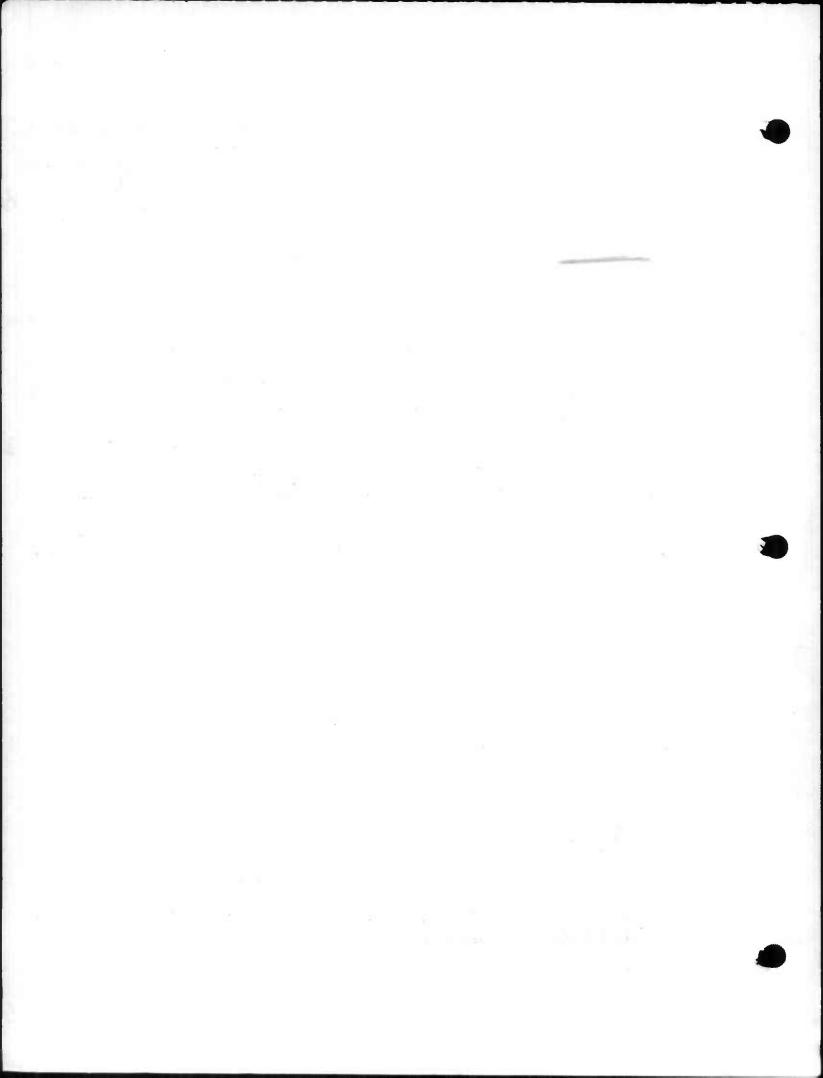
TO BE COMPLETED BY FUNERAL DIRECTOR

20	IS.		
Ital	Ď.		
osb	Shec		eš.
9	etac		9
y th	96		H
D D	P		P
aine	hou		ill in
E	S		10
8	age		9
may.	r. p		75
9	ecto		Ē
Sage	è		10
÷.	eral		튵
deal	f.		X3
Ja.	the	oya o	10
F/J	5	rem	음
HOU	P	5	Ē
	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	tely	mat	-5
·¥	uple	Cre	E .
red	60	त्वं	60
Section	pur	Š	ite
8	an s	20	Ę.
le b	Sici	Prior	E
fical	phy	Be	10
Sert	Bug	ygie	등
5	tend	主	0
dea	8 21	lent	5
the	the state of	M	重
Tag Tag	4 0	an	M
SS	gne	alth	60
quir	n Si	F	8
Je Je	pee	0	48
Eg.	138	Dep	23
E	atte 8	ate	E
AN	Uffice	S	=
SICI	Cert	4	.0
H	This	NIE.	Kec
16 8	Ter 1	ath	nar
E C	A	90	99
TEA	TOR.	after	60
3 AT	REC	5	E
DE	D	Por	ite
A	AL	2	=
SS	INE	thin	N
王	14	J. W.	RTA
표	H	flec	8
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit was hours after death. Page 6 may be retained by the hospital or a	2	8	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	OTHE OF MINITERING / DEFINITIONED OF TENEST AND MENTAL HIGHER	*
DAD	CERTIFICATE OF DEATH REG NO	

			OLITT	IFICATE O				REG. NO	<i>)</i> .		
HARRY THOMAS		1R					MONTH	OF DEATH	DAY	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER			F 41 1 1 1	= 1			AUGU		0, 1		11:55 p.
15-32-0289	1 3	X) M 2 🗆 F	60 YRS	MONTHS DAY	rs HOURS	FI 24 HRS.	JUNE	27,1		Balt	imore, Md.
OOD SAMARITA	AN HOSP			96. CITY, TOW	IMORE				9c. CO	N/A	EATH
A STATE	10b. COUNTY		10c.	CITY, TOWN OR LO	CATION						10d. INSIDE CITY
ARYLAND	BALTIM	ORE CO.		BALT	IMORE	NE.			1 10- 01	TITEN OF	1 TYES 2 NO
100 PELHAM	ROAD- PE	ELHAM WOO	DD RD.		107. 21P COL		21234			.S.A.	
I. MARITAL STATUS Never Married 2 X M Widowed 4 Divorce	larried	. WAS DECEDENT EVER FORCES? 1 YE IF YES, OIVE WAR OR	S 2 YNO	II yes	DECENOENT I, specify Cub YES 2 (XNO	en, Maxici	an, Puarto F		is or No—	14. RACI Blac Spec WH]	E — American Indian, k, Whita, atc.
ts. DECEI (Specify only)	DENT'S EDUCATION	ON apleted)		T'S USUAL OCCUP		ina	16b.	KIND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondary (0-1		college (1-4 or 5+)	Ille. Do NO	INTER				PR	INT	PRESS	
ARRY THOMAS		SR.			RUT	H EL	IZABE	TH WO	LLSL	AGHEF	R
IRS. MARIE C			19b. MAIL 1100	PELHAM	ROAD	BAL.	Route Numb	E, MAR	YLAN	D 212	234
METHOD OF DISPOSITIO		from State	ARKWOOD	TEOF DISPOSITION	N (Name of	AUG	. 1 ^D AT	95 PA	RKVI	LLE,	ARYLAND
SIGNATURE OF FUNERAL	SERVICE LICENS	JEFFREY	/ L. GAI	LEUN	NARD J	. RU	CK, IN		more	. Mar	yland 2121
3. PART I. Enter the Ofs		plications that ceus									Approximate interval Between
MMEDIATE CAUSE (Fina					13						Onset and Des
lisease or condition eaulting in death)	→	POEMS	S SYND	ROMS.	(POLY	NEU	ROPA	THY)			2 year
		DUE TO (OR AS	A CONSEQUENC					, ,			,
Sequentially list condition	na. 6	Monoc	lonal	GANIMO	PATHY)					
any, leading to immedi		DUE TO (OH AS	S A CONSEQUENC	E OF):							
cause. Enter UNDERLYIN CAUSE (Disease or Injury	IG	DUE TO (OR A)	S A CONSEQUENC	E OED					-		
cause. Enter UNDERLYIN CAUSE (Disease or Injury hat initiated events	y c _	DUE TO (OR AS	S A CONSEQUENC	E OF):					-		
cause. Enter UNDERLYIN CAUSE (Disease or Injury hat initiated events	y c _	DUE TO (OR AS	S A CONSEQUENC	E OF):							
ause. Enter UNDERLYIN AUSE (Disease or Injury hat Initiated events eaulting in death) LAST	d	contributing to deeth			lying cause	given ir	n Part i.	24a. WAS A		Y 24	D. WERE AUTOPSY FINDING
ause. Enter UNDERLYIN AUSE (Disease or Injury hat initiated events eaulting in death) LAST	d				lying cause	given in	Part i.		PRMED?	Y 241	AVAILABLE PRIOR TO
ause. Enter UNDERLYIN AUSE (Disease or Injuri hat Initiated events eaulting in death) LAST	d	contributing to deeth			lying cause	given in	n Part i.	PERF	PRMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ause. Enter UNDERLYIN AUSE (Disease or Injuri hat Initiated events eaulting in death) LAST	at conditions co	contributing to deeth	but not resulti			given in		PERF	PRMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
ART II. Other aignifican DID TOBACCO US	at conditions contributions co	SOUTE TO CAUSE	o but not resulting TES	YES NO	X UN			PERF	PRMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
euse. Enter UNDERLYIN AUSE (Disease or Injurhat Initiated events eaulting in death) LAST PART II. Other aignifican DID TOBACCO US	at conditions conditio	contributing to deeth	OF DEATH	YES NO	UN one)	CERTAI	IN 🗆	PERFO	PRMED?	Y 241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
ART II. Other algnifican DID TOBACCO US WAS CASE REFERRED TO EXAMINER? MANNER OF DEATH	AG C AL conditions c AGY ED BE CONTRIB MEDICAL H 1	SUTE TO CAUSE	OF DEATH 28. PLACE OF Interpretant 3 D DC	YES NO DEATH (Check only OTHER: A 4 Nursing TIME OF 18JURY	Home 5 1: INJURY AT WORK?	CERTAI	8 Othe	PERFO	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PART II. Other aignificant DID TOBACCO US S. WAS CASE REFERRED TO EXAMINER? 7. MANNER OF DEATH 1. Natural 5 P	at conditions conditio	BUTE TO CAUSE OSPITAL: Inpertant 2 MER/O 28a. DATE OF INJUR (Mortin, Day, Year	OF DEATH 28. PLACE OF Interpretation 3 DC 177 28b.	YES NO DEATH (Check only DA 4 Nursing TIME OF INJURY M 1	Home 5 1 1 2 WORK? YES 2	CERTAI	8 Other 28d. OES	PERFO	PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF THE PRINCE OF T	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
AUSE (Disease or Injurhal Initiated events eaulting in death) LAST ART II. Other aignifican DID TOBACCO US S. WAS CASE REFERRED TO EXAMINER? 1 Naturel 5 P 2 Accident II. Suicide 8 C	ACCONTRIBE	BUTE TO CAUSE	OF DEATH 26. PLACE OF Interpretated a December 1 of Death 28b. JRY — At home, fa	YES NO DEATH (Check only DA 4 Nursing TIME OF INJURY M 1	Home 5 1 1 2 WORK? YES 2	CERTAI	8 Other 28d. OE	PERFO	NO INJURY C	OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
PART II. Other aignificant DID TOBACCO US 5. WAS CASE REFERRED TO EXAMINER? 1 Natural 5 P Accident 1 Natural 5 P Accident 3 Suicide 8 C 4 Homicide 99. CERTIFIER	AG C AT Conditions c AGY ED BE CONTRIB MEDICAL H 1 Pending revestigation could not be etarmined	SUTE TO CAUSE OSPITAL: Inpetient 2 Ker/o 28a. DATE OF INJUR (Month, Day, Yea. 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretated 3 Doctor 177 28b. 18Y — At home, fa	YES NO DEATH (Check only. OTHER: A Nursing TIME OF INJURY M 1 rm, street, factory,	Home 5 1 WORK? YES 2	CERTAI	8 Other 28d. OE:	PERFC 1 YES r (Specify) CRIBE HOW ATION (Streege or Town, Stell	PRMED? 2 NO 1 INJURY C	DOCCURED DOOR OF RURE!	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 Natural 5 P Check only 1 CERTII	ACCONTRIBUTED TO THE PROPERTY OF THE PROPERTY	BUTE TO CAUSE OSPITAL: OSPITAL: ORDINATION OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretation 1 DC 177 28b. 18Y — At home, fa	YES NO DEATH (Check only. OTHER: 4 Nursing TIME OF INJURY M 1 rm, street, factory,	Home 5 1 WORK? YES 2 Office	CERTAI	8 Othe 28d. OE: 28f. LOC	PERFC 1 YES r (Specify) cCRIBE HOW ATION (Streeg or Town, Stell res(a) and m	PRMED? 2 NO 2 NO 4 INJURY C	DOCCURED DOF OF RURAL Attends.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PART II. Other aignifican DID TOBACCO US S. WAS CASE REFERRED TO EXAMINER? 1 Netural 5 P Accident 1 Netural 5 P Accident 3 Suicide 8 C Homicide 6 CERTIFIER (Check only one)	ACCONTRIBERY OF THE PROPERTY O	BUTE TO CAUSE OSPITAL: OSPITAL: ORDINATION OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretation 1 DC 177 28b. 18Y — At home, fa	YES NO DEATH (Check only. OTHER: 4 Nursing TIME OF INJURY M 1 rm, street, factory,	Home 5 1: INJURY AT WORK? VES 2 office	CERTAI	8 Other 28d. OE: 28f. LOC City as to the case etime, data	PERFC 1 YES r (Specify) cCRIBE HOW ATION (Streeg or Town, Stell res(a) and m	PRIMED? 2 NO 7 INJURY C R and Number 1 and dua to	ccured or Aural tasted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO Route Number,
DID TOBACCO US WAS CASE REFERRED TO EXAMINER? 1 Natural 5 P Check only 1 CERTII	ACCONTRIBERY OF THE PROPERTY O	BUTE TO CAUSE OSPITAL: OSPITAL: ORDINATION OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretation 1 DC 177 28b. 18Y — At home, fa	YES NO DEATH (Check only. OTHER: 4 Nursing TIME OF INJURY M 1 rm, street, factory,	Home 5 1: INJURY AT WORK? VES 2 office	CERTAI	8 Other 28d. OE: 28f. LOC City as to the case etime, data	PERFC 1 YES r (Specify) cCRIBE HOW ATION (Streeg or Town, Stell res(a) and m	PRIMED? 2 NO 7 INJURY C R and Number 1 and dua to	ccured or Aural tasted.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PART II. Other aignificant interest of the control	ACCOUNTED TO THE PROPERTY OF T	SUTE TO CAUSE OSPITAL: Inpetient 2 Kero 28a. DATE OF INJUR (Month, Day, Yea. 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretated 3 Doctor 188Y — At home, fa 1890-1991 1890-1991 1890-1991 1990-1991	YES NO DEATH (Check only. OTHER: A Nursing TIME OF INJURY M 1 rm, street, factory, coursed at the time, gation, in my opinion	Home 5 1: INJURY AT WORK? VES 2 office	CERTAI	8 Other 28d. OE: 28f. LOC City as to the case etime, data	PERFC 1 YES r (Specify) cCRIBE HOW ATION (Streeg or Town, Stell res(a) and m	PRIMED? 2 NO 7 INJURY C R and Number 1 and dua to	ccured or Aural tasted.	AMALBLE PRIOR TO COMPLETION OF CAUSE OF CEATIVE 1 YES 2 NO Route Number,
DID TOBACCO US S. WAS CASE REFERRED TO EXAMINER? Accident S. Walcode Manual Matural Mat	ACCOUNTED TO THE PROPERTY OF T	SUTE TO CAUSE OSPITAL: Inpetient 2 Kero 28a. DATE OF INJUR (Month, Day, Yea. 28a. PLACE OF INJUR building, etc. (S	OF DEATH 28. PLACE OF Interpretation 1 DC 177 28b. 18Y — At home, fa	YES NO DEATH (Check only OTHER: DA 4 Nursing TIME OF INJURY M 1 rm, street, factory, curred at the time, gation, in my opinic	Home 5 1: INJURY AT WORK? VES 2 office	CERTAI Residence NO ce, and du ured at the	a other 28d. OEt 28d. OEt City 28f. LOC City 28f. LOC City 18f.	PERFC 1 YES r (Specify) cCRIBE HOW ATION (Streeg or Town, Stell res(a) and m	PRIMED? 2 NO INJURY C and Number anner as a and due to 29d. D.	tested. ATE SIGNE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Route Number, (a) and menner as stated D (Month, Day, Year)



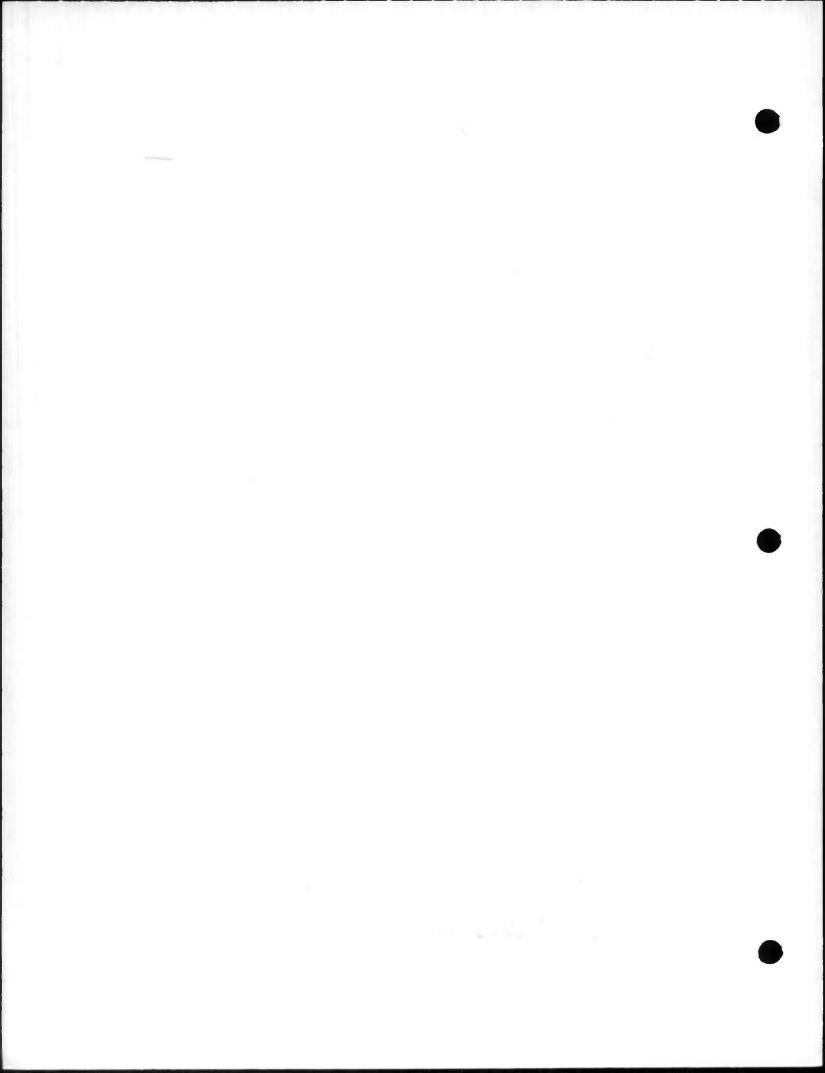
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit
	HOURS	ed in
	12	ely fill
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ex hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dent of Health and Mental Hariana polic to burial commands or semenal

permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumetic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTA	L HYGIEN				
	1. DECEOENT'S NAME (First, Middle, Last)	NEW	sek			MONT	OF DEATN	AY	YEAR 3	TIME OF DEATH	P
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	1904		ACE (State or Foreign	
									Maryl		
TOR	Lorien Nursing Home	Lorien Nursing Home Columbia								TN	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	ION				10	Dd. INSIDE CITY			
	Maryland Howard		E1.1	licott City					1	LIMITS?	
FUNERAL	100. STREET AND NUMBER 3004 N. Ridge Road			101	101. ZIP CODE 21043				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 _ YES IF YES, GIVE WAR OR DAT	2- NO	If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 (1) NO Speci	an, Puerto I	i? (Specify Yes Rican, etc.)				
COMPLETED	15. DECEDENT'S EDU: (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo retired.)		16b	. KIND OF BUS		STRY		
MP	17. FATHER'S NAME (First, Middle, Last)		Realton				Real E				
N N	Henry T. Newark				18. MOTNER'S NA Agnes	Doyle		Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) Mary J. Harrison (N	liece)	19b. MAILING /	ADDRESS (Street a	nd Number or Rural Hall Drive	Route Numb	cott Ci	n, State, Zip C	vland	21042	
	Mary J. Harrison (Niece) 5006 B-G Dorsey Hall Drive Ellicott City, Maryland 21042 206. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 8 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of genetary, crematory, or other piece) Lorraine Park Cemetery August 15, 1995 Woodlawn, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	rame Park	22. NAME AN	D AOORESS OF FA	CILITY					\dashv
	*E Cia, L	Ditk. J	۸.	1630 E	M. & Russe Idmondson <i>I</i>	Avenue	Catons	ville.	Maryl:		
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CEREBOUA SCULOR ACCIOENT MONTHS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL (PART II. Other significant conditions	e contributing to death but	not reaulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AN CC	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?	
Σ.	DID TOBACCO USE CONTR	PIRLITE TO CALISE OF	DEATH VEG		LINICEDTAL				1	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28	. PLACE OF DEATH		UNCERIAL	N ALA					\dashv
YSIC	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti		OTHER:	5 🗆 Rasidenca	6 Cher	(Specify)				7
ву РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	JRY AT RK? ES 2 NO	28d. DES	CRIBE NOW IP	JURY OCCU	RED		
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify	At home, farm, str	eet, factory, office			ATION (Street a or Town, State)	nd Number or	Rural Rout	e Number,	\exists
COMPLETED		CIAN: To the best of my knowled								nd manner as stated.	
BE C	296. SIGNATURE AND TITLE OF BEHTSPIER	/			29c. LICENSE NUI					onth, Day, Year)	\dashv
TO B	1Xto-			1	0228	309					-
	30. NAME AND ADDRESS OF PERSON WHO		Little 7		or Pkan	Co	LCLMR	is M	ARW	13, FFSS	4
	31. 04 T995 A	1324 CENTARS NAT			0	1		110	U		٦



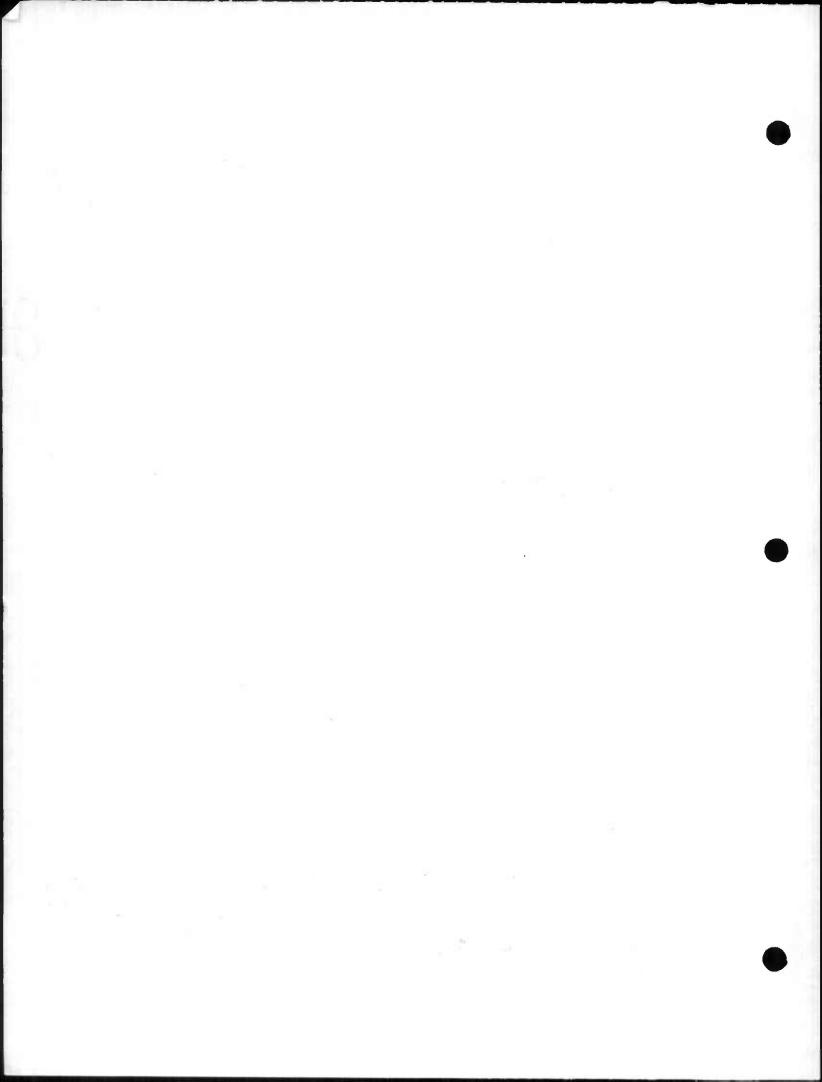
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		02:11:11:07	11 01	DEMIN	2. DATE OF DEATH		3. TIME OF DEATH
,	Patricia Wilm	ore Lindsev	Pavne			August 10,	1995	3:30 Am
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) IF U	ANDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	SIRTHPLACE (State or Foreign Country)
	219-32-2673 9a. FACILITY NAME (If not institution, give s	1 🗆 M 2 💥 F	89 YRS. MON		HOURS MIN.	Feb 14, 190		irginia
ECION	4007 West Forest		95.		imore	AIN	30. COOK11	n/a
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c. CITY, TO	WN DR LOCAT	DN			10d. INSIDE CITY
5	Maryland n	ı/a	Ba1t	cimore				LIMITS?
- 1	10s. STREET AND NUMBER	<i>7</i> G			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
UNERAL	5513 Haddon Avenu	e			21207			USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED			IIC ORIGIN? (Specify Yea o	r No- 14.	RACE - American Indian, Black, White, etc.
1 1	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR C			2X ND Specify	n, Puerto Rican, atc.)	- 1	Specify
2	15. DECEDENT'S EDU	ICATION	Tata DECEMENTS HOLL	AL OCCUPATION	A1	465 VIVIO OF BUG	uree (INDIA)	B1.ack
_	, (Specify only highest grade	e completed)	(Give kind of work of life. Do NOT use reti	done during mo:		16b. KIND OF BUSI	NESS/INDUS!	нт
	8th Grade	College (1-4 or 5 +)		employ	he	Beaut	ician	3.0
J. O.	17. FATHER'S NAME (First, Middle, Last)		DC11	Imp1.0y		ME (First, Middle, Maiden St		
~	William Lindsey				Marv	Davenport		
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOO	RESS (Street a		Route Number, City or Town,	State, Zip Coo	ie)
۲	Bernard Payne		5513 Had	ddon A	venue :	Baltimore,	Maryla	and 21207
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	novel from State	b. PLACE AND OATE OF OIL	SPOSITION (Ne	me of	AUG 20c. LOCA	ATION City	or Town, State
	4 Donation 6 Other (Specify)	A1	rbutus Memo			14 Bal	timore	e County, MD
	21. SIONATURE OF FUNERAL SERVICE LI	D. II.		22. NAME AN	Currence	^{cu™} Nutter F Falls Parkw	unera:	Homes, Inc.
	1 perm	Janken				aryland 21		
П	23. PART I. Enter the diseases, or	complications that cause						Approximata Interval Batween
	IMMEDIATE CAUSE (Final			, ,		•		Onset and Death
-	disease or condition resulting in death)	051	EOM?	100	-11/	S		
		OUE TO (OR AS	A CONSEDUENCE OF):	1		s. ULCE	-	
5	Sequentially list conditions,		A CONSEQUENCE OF:	14	5 0	1600	14	
CERTIFICATION	If any, leading to immediata cause, Enter UNDERLYING	OUE TO (UN AS	A CONSEDUENCE OF):					
5	CAUSE (Disease or Injury that Initiated events	DUE TO (DR AS	A CONSEQUENCE OF):					
	resulting in death) LAST	4						
	DAME II OM - No Miles A - A Miles					Att. 1		
Ä	PART II. Other algnificent condition	EM E	but not resulting in #		causa givan in			24b, WERE AUTOPSY FINGINGS AMILABLE PRIOR TO
MEDIC	11-6	-11010	all a	1101	610//	1 TYES 2	5000	OF DEATH?
	DID TODACCO HEE CONT	PRINCIPLE TO CALICE A	DE DE ATUL VEC I		LINICEDTAI			1 TYES 2 ND
AZ	DID TOBACCO USE CONT 25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE (26. PLACE OF DEATH (C		UNCERTAIL	N L I		
2	EXAMINER?	HOSPITAL:	01	HER:	L day	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF INJURY	28b, TIME OF	28c, INJ	URY AT	26d, DESCRIBE HOW IN.	JURY OCCUR	EO
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	RK? YES 2 NO			
2 Accident Investigation 2 Accident 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Number)								Rural Route Number,
Ĭ	4 Homicide determined	building, atc. (Spi	ecny)			City or Town, State)		
COMPLETED	29a. CERTIFIER Check only	SICIAN: To the best of my kno	wiedge, daath occurred at	the time, date	and place, and due	to the cause(a) and mann	er se stated.	
E	one)							nuse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER A			29c. LICENSE NUI	MBER	29d. DATE SI	GNOD (Moret), Days Jover)
BE	alwa	rela	mu)		7731	1905	18	110/95
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Prin	11)	1 - 1-		7	201010
	2431 N	TARYCA	NU AC	JE,	BALT	MORE	16	2/2/0
	AUG 1 4 1995	32. REGISTRAR'S SIG	J. H	/				



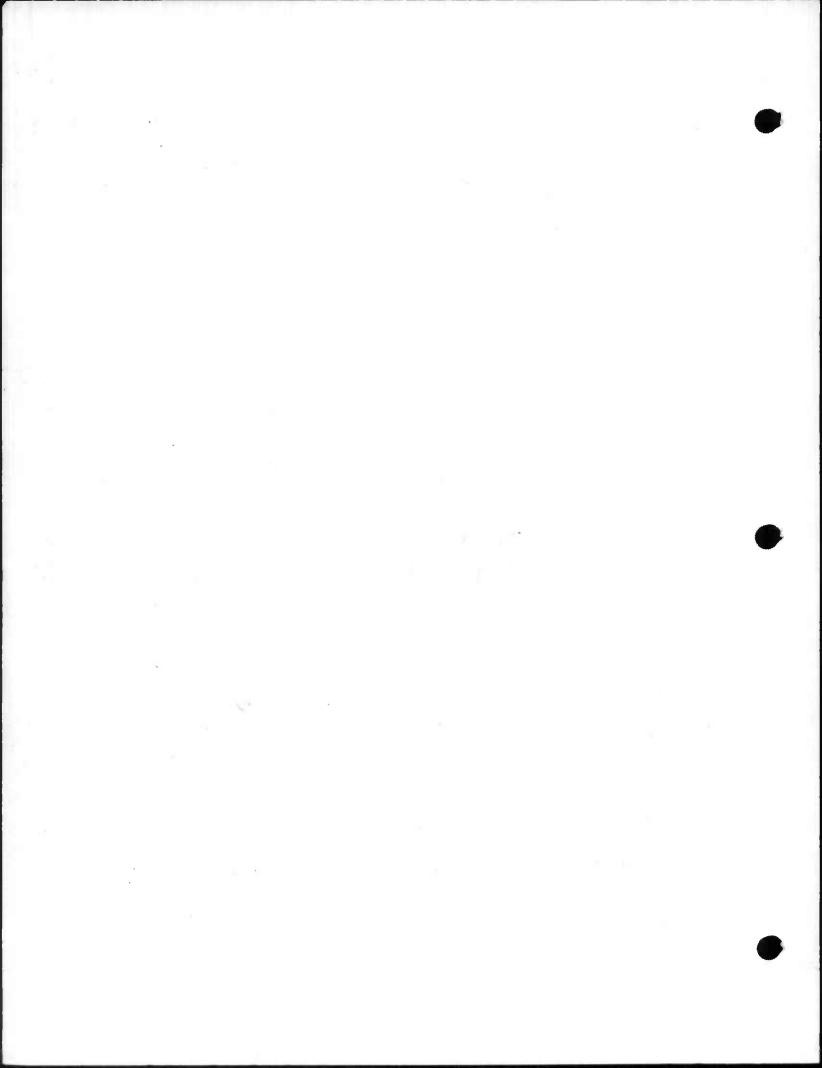
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and heart his death. Page 6 may be retained by the hispitation and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE O	OF DEATH	~ .		3. TIME OF DEATN	_
	Robert Walter				, 1995	EAR	4:25 A	М			
			49 YRS.	MONTHS DAY		Dec.	BIRTH Day, 30	45 N	BIRTHI FOUND	yland	
	9a. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TOV	N OR LOCATION OF D	EATH		9c. COUNTY	OF DE	ATH	
DIRECTOR	Greater Baltimore Medical Center Towson Balt									more	
REC	10a. STATE 10b. COUNTY			Y, TOWN OR LO						10d. INSIDE CITY LIMITS?	
LDI	Maryland Balti	more	Coo	ckeys	111e					1 TES 2 NO	
FUNERAL	Dulaney Gate Co	urt 8			21030			-	S.	HAT COUNTRY? A.	
BY FUN	11. MARITAL STATUS 1	P. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	INCO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					RACE Black, Specify	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUCAT: (Specify only highest gradu con		DECEDENT'S	vork done during	ATION most of working	16b.	KIND OF BUS	INESS/INDUS	TRY	MILTCE	+
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	-)	1			
NO.	17. FATHER'S NAME (First, Middle, Lest)	NA	Chef		18. MOTHER'S NA			arant	-		\dashv
BE C		iaskowski			Agnes		S	obus			
5	19a. INFORMANT'S NAME (Type/Print) Nancy Piaskow	ski	19b. MAILING Dula	aney (et and Number or Rural Gate Cou:	rt 8	Cock	eysvi	11	$e, Ma.^{21030}$	0
	20a. METHOD OF DISPOSITION 1 ABurlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	t from State cemetery	CEAND DATE O	her place)		DATE		CATION — CIE			
Ш	21. SIGNATURE OF FUNERAL SERVICE LICENS	IDII I	aney \	22. NAMI	Mem. All AND ADDRESS OF FA	oury,	-1117	THON	TUNI	Md.	Н
	· Mark CA!	Hinach		1005	Dundall	k Ave	e. Ba	lto.,	Mo	d. 21224	
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused the	line.	ot enter the	mode of dying, auc	h aa cardi	ac or reaple	ratory arrea	t,	Approximate Interval Between	,
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death										7
	DUE TO (OR AS A CONSEQUENCE OF): MITUSTATIC, VENALCEIL (S) 2116									4	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate (OR AS A CONSEQUENCE OF):										
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury	2022								V	
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	NSEQUENCE OF):							1
	PART II. Other aignificant conditions o	ontributing to death but a	ent enculting I	a Ab a condicate	4					1	
ICAL	TART II. Otto algunean conditions o	ontributing to death but h	ot resulting i	n the underly	ing cause given in		PERFOR	WED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						_ }	1 TES 2	NO NO	1	OF DEATH? 1 YES 2 NO	١
ä	DID TOBACCO USE CONTRIB					NA					
PHYSICIAN:		OPPITAL:	PLACE OF DEAT	OTHER:							7
HYS	27. MANNER OF DEATN	Inpetient 2 ER/Outpatien 28s. DATE OF INJURY	28b. TIM(OF 28c.	oma 5 🗆 Rasidenca	_		JURY OCCUR	BED.		4
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJI	JRY	WORK? YES 2 NO						Ì
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, term, s	treet, factory, o	fica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				1	
COMPLETE		N: To the best of my knowledge									1
	29b. SIGNATURE AND TITLE OF CENTREES	On the basis of exemination and	A A Properties	n, in my opinio	29c. LICENSE NUI		nd placa, and		-		4
TO BE	Juthile	Marin			D 982	394		▶ 8	10	Month, Day, Years	
	30. NAME AND ADDRESS OF PERSON WHO CO	MD (SG)	(ITEM 27 TOPO,	MOS S	Suiter	OR	Alo	mn:	ي کاک	204	1
	AUG 1 4 1995 July	32. REGISTRAR'S SIGNATUR	ie L								1





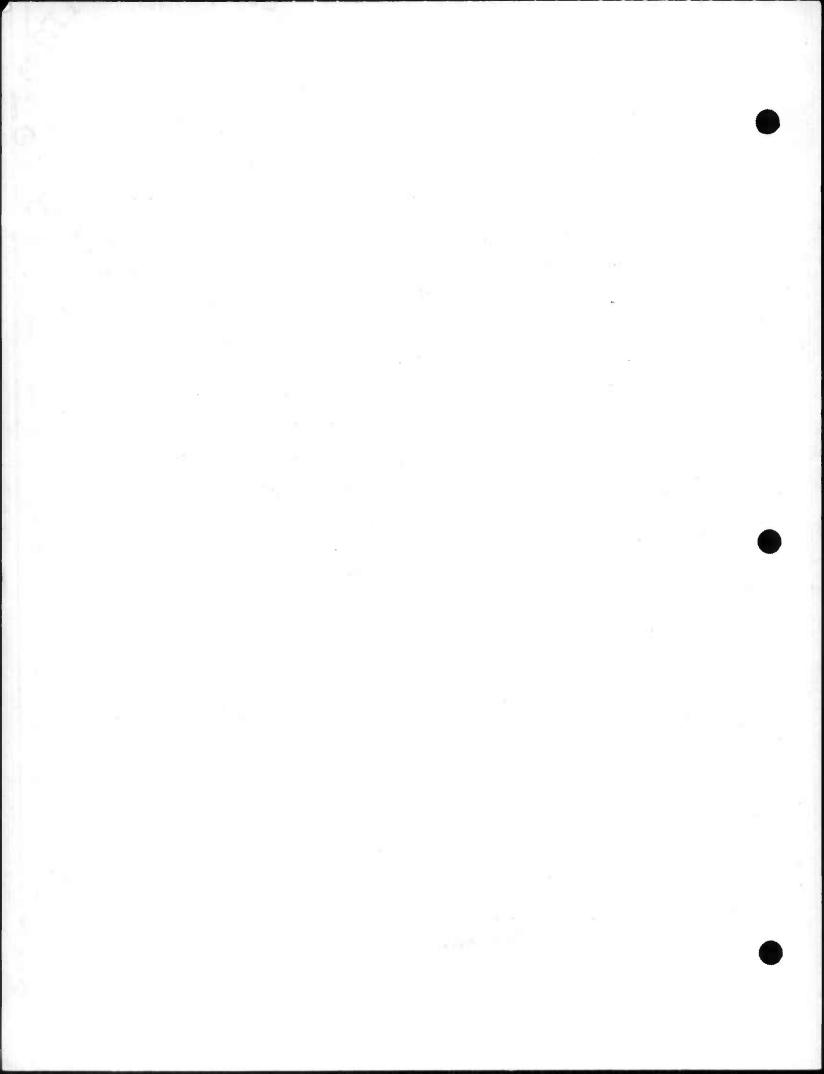
	鱼	5
	2	9
	Nay.	B
5	9	ctor
	306	dire
	٩.	룓
	Seatt	fune
i	ther	the
	SIN	'E
_	2	8
	24	1
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s
,	8	E
	8	b
,	8	an an
ì	2	cia
	cate	ischio.
	certif	guig
	5	ten
1	9	9
1	름	5
	that	P P
)	SE	5
	nba	S US
	W	ğ
	69	has
	Ē	age
	¥.	life
	Sic	Se Ce
ı	Ě	143
	NG F	fter 1
	9	Y.
	E	Ē
	AA	360
	Ö	ā
	M	AL
	32	SE
	¥	2
	F	뿔
	2	2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

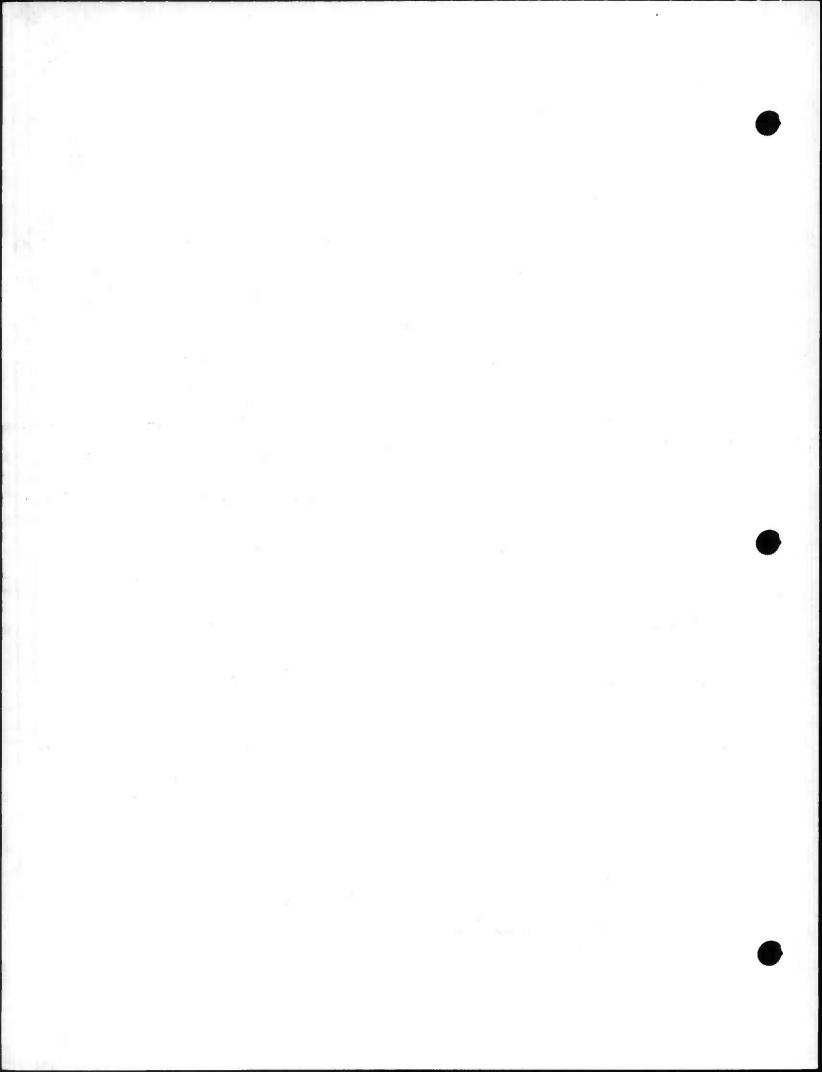
REG. NO.

		REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO).			
		1. DECEDENT'S HAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		NORMA	MAY	1	PRICE				EAR		
		4. SOCIAL SECURITY HUMBER		AGE (In yrs. lest birthday)		UNDER 24 HRS.	7. DATE OF BIRTH		95 03:35 PM M BIRTHPLACE (State or Foreign		
		045 04 5446	1 M 2 F	YRS.		OURE MIN.	(Month, Day, Year)		Country)		
9		215-24-5440	X	67					MARYLAND		
should	- I	9a. FACILITY HAME (If not institution, give at	reet and number)		9b. CITY, TOWN OR L	OCATION OF DEA	ATH	9c. COUNTY	OF DEATH		
2, 3	Ö	NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY									
and the	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
Page	DIRECTOR	IOE. COUNTY		10c. CIT	Y, TOWN OR LOCATION				10d, IHSIDE CITY LIMITS?		
H.			ARUNDEL	GL	EN BURNIE				1 TYES 2 NO		
Ped	¥	10e. STREET AND HUMBER			10f, ZIP	CODE		10g. CITIZEH	OF WHAT COUNTRY?		
burlal-transit permit, Pages	FUNER	249 B WOODHILL DR	IVE		21	1061		11 5			
19	5	11. MARITAL STATUS	12. WAS DECEDENT EN		13. WAS DECEND	EHT OF HISPANI	C ORIGIN? (Specify Ye		RACE — American Indian,		
E B		1 Never Married 2 Merried	FORCES? 1			Cuban, Mexican,	, Puerto Rican, etc.)		Black, White, etc. Specify:		
as the	BY	3 Widowed 4 XXVivorced			Y Comment	KX speemy.			WHITE		
98	B	15. DECEDENT'S EDUC	ATION		USUAL OCCUPATION		16b, KIHD OF BU	SINESS/IHDUST			
for use	H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	work done during most of se retired.)	working	-13 h47 1635				
Pa	1 -1 (10	- Market Land	at							
detached once.	COMP	17. FATHER'S NAME (First, Middle, Last)	NONE	CLERK		MOTHER'S HAM	E (First, Middle, Meiden		ARYLAND		
9 To			7.0		10.						
	8	ALBERT LEONARD TAG	3G				NE MARIE				
5 should notified	2	THE INFORMANT'S NAME (Type/Print)		19b. MAILIHG	ADDRESS (Street and N	lumber or Rural Ro	oute Number, City or Tox	va. State, Zip Coo			
page 5		ALBERT DOUGLAS WO	EHLKE	7535	BALTIMORE	ANNAPOI	TS BLVD	CLEN B	21060		
od to		20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remo	wat from State	20b. PLACE AND DATE (cemetery, crematory or or	OF DISPOSITION (Name o	f		CATION - City			
director, p		4 Donetion 6 Other (Specify)	Nation State		F FAITH CE	M. 8/1	4/1995 OV	ERLEA.	MARYLAND		
tuneral di L examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE		22. HAME AHD A						
funeral		1	115	//)	SINGLET	ON FINE	ERAL HOME	DA			
		/ Cichael	6.00	Man	1 CDCON	TO BYYE	A A		E MD 21061		
d in by the or removal		23. PART i. Enter the diseases, or cannot shock, or heart failure.	omplications that ca	the death. Do r	ot entar the mode of	of dying, auch	as cardiac or reap	iratory arrest			
POE		IMMEDIATE CAUSE (Final	20.00						Interval Between Onset and Death		
		disease or condition resulting in death)	Prasad	ble myo	cardeal	infor	CHIOS		2 days		
completely ial, cremat event, t		i deadily		AS A CONSEQUENCE OF					,		
und com burial, adic en	-	_							į		
0 5	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEDUENCE OF	7):						
physician ne prior b	🧏	cause. Enter UNDERLYING							ĺ		
	面目	CAUSE (Disease or Injury that Initiated events	DUE TO (OR	AS A CONSEQUENCE OF	7):						
Hygie Or Ot	토	reaulting in death) LAST							ĺ		
	CERTII										
음물 글		PART II. Other algnificant conditions		eth but not resulting i	n the underlying ca	use given in P			24b. WERE AUTOPSY FINDINGS		
D 6 3	DICAL	Renal Fall	ue					RMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE		
2 40		Diabetes n	1000:44				1 _ YES 2	NO	OF DEATH?		
been sign. of He	ME				• D vio D ·		/		1 TYES 2 NO		
Dept.	A	DID TOBACCO USE CONTR	IBUIE IO CAUS			JNCERTAIN	4				
certificate has been the State Dept. of 1, or item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPWAL:	26. PLACE OF DEAT	H (Check only one) OTHER;						
he Si	YS	1 TES 2 DIO	1 propetient 2 ER	/Outpetient 3 DOA	4 - Nursing Home 6	☐ Residence 6	Other (Specify)				
this ce with the	РНҮ	27. MAHHER OF DEATH	26a. DATE OF IHJI (Month, Day, Y	URY 26b. TIMI ber) thu		AT :	28d. DESCRIBE HOW I	NJURY OCCUR	ED		
fter this c eath with marked,	84	1 Accident 5 Pending Investigation			M 1 TYES	2 ND					
r deal	Q	3 Suicide 6 Could not be	28e. PLACE OF IH. building, etc.	JURY — At home, farm, a	treet, factory, office		281. LOCATION (Street		Turel Route Number,		
afte 28		4 Homicide determined	bending, etc.	(арвску)			City or Town, State)				
THE FUNERAL DIRECTOR: After filed within 72 hours after death PORTANT: If Item 28 is mar	MPLE	29a. CERTIFIER	AM. To the best of the		wardene same		41.00				
72 H	MP	(Check only one)									
TO THE FUNER of filed within	8	Z MEDICAL EXAMINIST	. On the besie of exami	nation end/or investigation	n, in my opinion, death	occured at the ti	me, date and place, er	nd due to the ce	puse(e) end manner se stated.		
ed w	ш	296. SIGNATURE AND TITLE OF CERTIFIER			290	LICENSE HUMB	ER	29d. DATE SIG	GNED (Month, Day, Year)		
De fil	B	Al Leme	no		l j	2712	15	1 8/	13/95		
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE D	F DEATH (ITEM 27) (Type,				- /)		
X		STEPHEN M. ZEMEL	. M.D. /79	5 AQUAHART	ROAD #20	3/GLEN	BURNTE M	IARYI AN	D 21061		
9			32. REGISTRAR'S		ποπυ, πευ	O) OULIN	DURITE, I	LINILLINIV.	D 41001		
		"AUG1 4"1995" Jul	dudunt	andall							
- 1		0	100						_		



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
SECEDENT'S NAME (Elm) Middle Look	

		REGISTRAR		CERTII	FICATE O	F DEATH	REG. NO	t.		
		1. DECEDENT'S NAME (First, Middle, Lest) REGINALD Marc	.h.11	DE	T.D.		2. DATE OF DEATH AUG. 6	1995 ^{AR}	3. TIME OF DEATH 05:26 A	
		4. SOCIAL SECURITY NUMBER	hall	RE .	7	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
pin		215-84-2040 9a. FACILITY NAME (If not institution, give s.	1 M 2 F	24 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9-25-70	Cou	Maryland	
2, 3 should	DIRECTOR	1300 PARTSH S	The same of the sa		BALTI	OR LOCATION OF DI	EATH	Sc. COUNTY OF	DEATN	
les 1,	EC	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOC	ATION			10d. INSIDE CITY	
permit. Pages		Maryland 10e, STREET AND NUMBER			Baltin				1 X YES 2 NO	
#SE	FUNERAL	1336 N. Mount Sty	reet		1	101. ZIP CODE	1217	10g. CITIZEN OF	WHAT COUNTRY?	
020 physician. burial-transit	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED		ECENDENT OF HISPAI	NC ORIGIN? (Specify Yes	n or No- 14. RA	CE — American Indian, ock, White, etc.	
215-0020 attending physician. ise as the burial-trar	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		ES 2 X NO Specif			Black	
	ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of	S USUAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTRY		
N 0 5	7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	_	0 1	1		
AND the hospital detached to once.	COMPL	7 th 17. FATHER'S NAME (First, Middle, Last)			Lat	porer	090	3106	200	
1 2 2 M	CO	Lamont Reid				14	ME (First, Middle, Maiden			
MAR retained to 5 should notified	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street		elle Stewa Route Number, City or Tow			
M/ e reta e 5 st noti	2	Alma Tucker					Baltimore,		d 21217	
may be or, page		20a, METHOD OF DISPOSITION 1 ☑ Wurlel 2 ☐ Cremation 3 ☐ Remo		PLACE AND DATE	OF DISPOSITION			CATION — City or		
MOR rector, p		4 Donation 5 Other (Specify)	oval from Stata cen	netery, crematory or	other place) Mt 7ior	Cemeter	y 8-14 Ba	ltimore.	Maryland	
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be	1	21. SIGNATURE OF FUNERAL BERNICE LIC	DIE		22. NAME	AND ADDRESS OF FA	CILITY			
- B		· None	9		F/H	D A 10	William D6 W. Nort		n Community	
\$ 5 E 3		23. PART I. Enter the diseases, or o	omplications that cause	d tha death. Do		loda of dying, auc	h as cardiec or respi	iratory arrest,	Approximets	
3 0 B		shock, or haert failure. IMMEDIATE CAUSE (Finsi	Lat only one ceuse on a	ech iina.					Interval Between Onset and Death	
E ≥ # =		disease or condition resulting in death)	Gun	shot 1	Doug O	of	Head			
d within omplete 1, crem, event,		rooding in death)	DUE TO (OR AS	CONSEQUENCE	OF):		· / Coco			
	Z	Sequentially list conditions,								
OX 68 e be execute sician and c infor to buria traumatic	CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (OF):					
O. B. ertificate ing physi- rgiene pri	윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE (OFI:					
eath certification attending mtal Hygie	E	resulting in death) LAST							į.	
DS, P.O. Both death certificate the attending physical Mental Hygiene principally, or other t										
W - 65 - 1	EDICAL	PART II. Other significant condition	contributing to deeth t	out not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	ă						1 XYES 2	□ NO	OF DEATH?	
- 5 5 5 E	Σ	DID TODA COO HEE GOVERN				_			1 X YES 2 NO	
13 Sept 23	Ž.	DID TOBACCO USE CONTI	RIBUTE TO CAUSE C				10		13.	
F # # 5	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:					
SICIAN certific the S	₹	1 JyES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. Til		me 5 Residence	A		RRISH STR.	
O F si fi		1 Natural 5 Pending	Fourth, Por. Year)	IN.	JURY W	IJURY AT PORK? YES 2 M. NO	28d. DESCRIBE NOW II	1 1		
ma after	B	2 Accident Investigation 3 Suicide 8 Could act be	S-6-91 28a. PLACE OF INJURY				281. LOGATION (Street)	shot and Number or Burni	Boute Number	
S after 52	9	4 Homicide 8 Could not be detarmined	building, etc. (Spe-	stree]			Baltimere	1300 Pac	rish St	
OR A DIREC	۳	29a. CERTIFIER 1 CERTIFYING PNYSH	CIAN: To the best of my know			and class and due				
로코오노	COMPLETE		R: On the basis of examination						(s) and menner as stated.	
FUNE Within		296. SIGNATURE AND TIPLE OF CERTIFIER				29c. LICENSE NUN				
王 王 를 2	B	A.	0 01	4	,	O.C.M.		PAUGUS	D (Month, Day, Year) ST 6 1995	
663₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ)	s, Print)					
4		Dr. Chate	-	111"	Penn St	treet, E	Baltimore	, Mary	land 21201	
_ /		AUG141995 1001 Julia.	District Parks	ATURE						



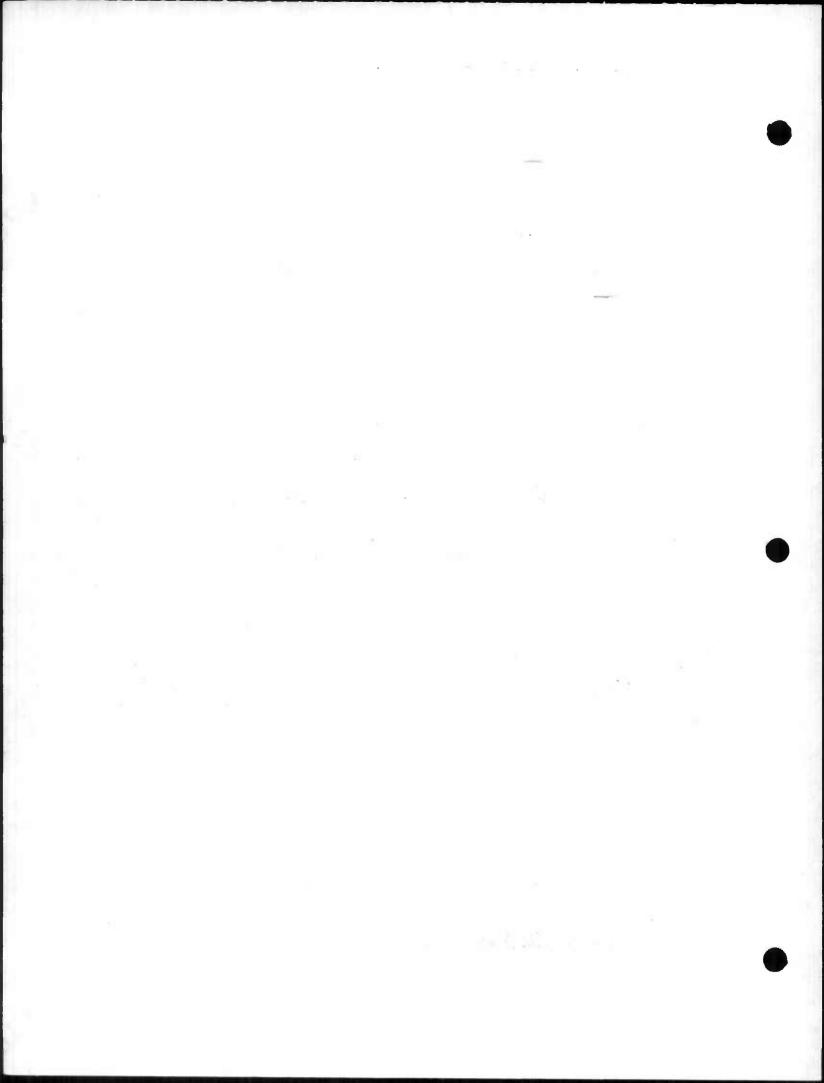
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

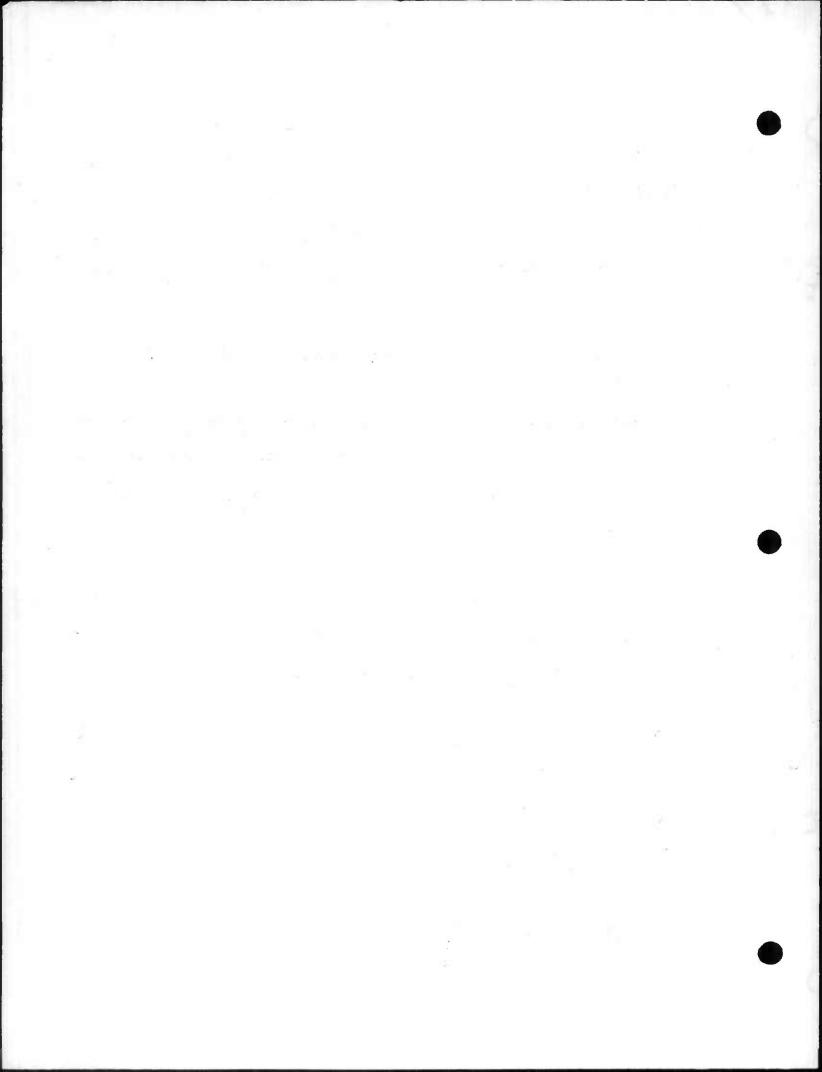
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

	HEGISTHAN		CENTIF	CALE	OF DEA	1.11	REG. NO.		
ì	1. DECEOENT'S NAME (First, Middle, Lest)	essie Mae	Rilev				2. DATE OF DEATH DAY AUGUST 9		
- 1	4. SOCIAL SECURITY NUMBER 5. SEX		rs. lest birthday)	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH	8.8	HRTHPLACE (State or Foreign
ı	220 20 3120 1	2)(X) F 72	YRS.		AYS HOURS	MIN.	May 22, 19	923 V	ountry) Virginia
	9a. FACILITY NAME (If not institution, give struct and r		,				9c. COUNTY		
OHO	Pleasant Living Co	t Cen.	Edgewater Anne Ar			Arundel			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 CIT	Y, TOWN OR I	OCATION				10d. INSIDE CITY
DIRECTOR	Maryland Anne A		ltimo					LIMITS?	
A	10e. STREET AND NUMBER			10f. ZIP COC	E		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	5227 Patrick Henry			21	225		U.S	S.A.	
3	FOR	OECEOENT EVER IN U.					HC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
	IE A	ICES? 1 TYES : ES, GIVE WAR OR DATE			YES 2 X NO		n, Puerto Rican, etc.)		Specify:
ВУ	3 XX Widowed 4 Divorced								White
	15. OECEOENT'S EOUCATION (Specify only highest grade complete:		Se. OECEOENT'S	USUAL OCCU	IPATION ng most of work	ina	16b. KINO OF BUS	INESS/INOUST	RY
<u> </u>		e (1-4 or 5+)	life. Do NOT us	se retired.)			2 27		
COMPLETED	11th		Clerk				Credit	Depar	tment
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MO		ME (First, Middle, Malden		
BE (Jess	e R. Robbi	ns			En	ola V. Trai	mer	
	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or Town		
2	Jessie M. Riley		5227	Patrio	ck Henr	ry Dr	ive Balt	imore,	Md. 21225
	20a. METHOD OF OISPOSITION 1 XBuriel 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)		ACE AND OATE					ATION - CHY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1.00	udon 12		ME ANO AOOR			LOIMOL	., naryrana
	Exuland,	50 Don	us		_		ce Funeral Hwy. Balt		
	23, PART I. Enter the disesses, or complications, or heart failure. List only IMMEDIATE CAUSE (Final disesse or condition resulting in death)	etautitic	Brea	u F		ying, suc	h ss cardiac or reapi		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.								
	PART II. Other algnificant conditions contr	ibuting to death but	not resulting	in the unde	rlying cause	given in			24b. WERE AUTOPSY FINDINGS
EDICAL	Quadreblusca						PERFOR	. /	AMAILABLE PRIOR TO COMPLETION OF CAUSE
									OF OEATH?
Σ	DID TOBACCO USE CONTRIBUTI	TO CAUSE OF	DEATH Y	ES II NO	O III UN	CERTAI	N P		
A	25. WAS CASE REFERRED TO MEDICAL		PLACE OF OEA						
2		PITAL:	2 🗆 504	отнея:			A [] AN - 10 - 11		
PHYSICIAN:		in. OATE OF INJURY	26b. TIM		c. INJURY AT	realdence	6 ☐ Other (Specify) 28d, DESCRIBE HOW II	NULIBY OCCUBI	FO
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	Пмо	264, DESCRIBE NOW I	NJOH! QUCUM	
ВУ	2 Accident Investigation	- DI 105 OF WILLIAM	44.5				201 1 2017 201 /20		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	 PLACE OF INJURY — building, atc. (Specify, 		street, tectory	r, ornea		28t. LOCATION (Street a City or Town, State)	ind Number of P	urai riutte Number,
4	29m. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowled	ige, death occurr	red at the time	, date and plac	e, and due	to the cause(a) and man	ner as stated.	
Ž	(Check only one) 2 MEOICAL EXAMINER: On the	a beals of examination a	ind/or investigation	on, in my opi	nion, death occ	ured at the	time, data and place, an	d due to the ca	use(a) and manner as stated.
	290 SIGNATURE AND TITLE OF CERTIFIER				280 11	CENSE NU	MBED	204 DATE SE	GNEO (Month, Day, Year)
BE	Della IM	D			2	380	158	12/	10/00
2	30, NAME AND ADDRESS OF PERSON WHO COMP	LETEO CAUSE OF OFAT	H (ITEM 27) /5	Print)	- 0	00		1	10/17
	DALTEET SIN	16H 8	10HU		3 HMM	1400	LIS RD	#166	ODENTON
	31. DATE FILEO (Month, Day, Year)	REGISTRAR'S SIGNAT				., . ,			KINGOM
	AUG 1 4 1995	attention for	dall						(11)



		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	E	
		1. DECEDENT'S NAME (First, Middle, Last) Lonnie			C		2. DATE OF CEATN	Y O T OYEA	3. TIME OF DEATN
			J		Smith	~	August	9,199	5 9:59 A M
		4. SOCIAL SECURITY NUMBER	-	(in yrs. last birthday,	MONTHS DAYS	IF UNDER 24 HRS. HOURB MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTNPLACE (State or Foreign puntry)
말		246-22-7283	1 X M 2 D F 73	YRS.			4-13-22		N.C.
3 should	Œ	9a. FACILITY NAME (If not institution, give s			96. CITY, TOWN	OR LOCATION OF OR	EATH	9c. COUNTY O	F DEATN
1, 2,	ECTO	MARYLAND GENERAL	HOSPITAL		BALTI	MORE CIT	Υ		
Pages	E E	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
nit. P	DIR	MD.			BALTI	MORE			1 X YES 2 NO
permit.	FUNERAL	10s. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?
020 physician, burial-transit	N N	1027 Cathedral			ii.	- Jan de	201		S.A.
020 physician, burial-trar	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? XX YES	2 NO	13. WAS DEC	CENDENT OF NISPAN ecify Cuban, Mexica	HC ORIGIN? (Specify Yes in, Puarto Rican, etc.)	or No- 14. R	ACE — American Indian, leck, White, etc.
the part	B	3 Widowed 4 Divorced	1944-1947	ATES	1 TYES	NO Specify	y:	s	pecify:
215-0 attending se as the	ED	15. OECEOENT'S EDUC	CATION	18a. DECEDENT	S USUAL OCCUPATION	ON	16b, KIND OF BUS	INFSS/INDIJETD	Black
212	ET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of	work done during me	ost of working			
D spita	AP.	3 rd		Consti	ction Wo	rker	CONST	tastio	11/
The hospital detached to once.	COMPL	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		7.0
# 8 E	BE (UNK				Ke1	lie Smith		
retained 5 should	2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street		Ploute Number, City or Town	, State, Zip Code,	
	-	Geneva O. Smi	:h	1027	Cathedr	al St.	Baltimore.	Marvla	nd 21201
ORE, e 6 may be ector, page must be		20a. METHOD OF DISPOSITION WX Burtal 2 Cremation 3 Rame	oval from Stata 20b	PLACE AND DATE	OF DISPOSITION (Na			CATION - City o	
		21. SIGNATURE OF PUNERAL SERVICE LIC		Garr	rison For			ing Mil	ls. Md.
ALTIMORE, death. Page 6 may be tuneral director, page i. examiner must be		21. SHOWATONE OF POMERAL SERVICE LIC	INSUE)		22. NAME A	ND ADDRESS OF FA		C Rvo	wn Comm. F/H
- 97	\Box	L M	< (Q		P.A.	1206 W	North Ave.		
SE 3		23. PART i. Enter the diseases, or o	omplications that ceused	the deeth. Do	not enter the mo	de of dying, suc	h as cerdiec or respir	ratory arrest,	Approximate
filled in ton. or re		IMMEDIATE CAUSE (Final	at only one cause on a	ech iine.					Onset and Death
>==		disease or condition resulting in death)	. Cerebro	vascul	ar Acci	dent			2 hours
ompletel d. crema			DUE TO (OR AS A	CONSEQUENCE	OF):				
	N	Sequentially list conditions,							
OX 68 be be executively be be executed or or or or or or or or or or or or or	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (OF):				
ficate physical principle		CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE (NEI-				
h certificate anding physical Hygiene pr	ERTIFI	that initiated events resulting in deeth) LAST	552 10 (611 15 1	CONSCOULAGE	<i>Je j.</i>				
	B		1						
E 4 4 E	AL	PART II. Other algnificent condition					Part i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S = S = C	EDICA	Diabetes,	Seizure, A	denoca	rcinoma	of	1 YES 2		COMPLETION OF CAUSE OF DEATH?
requires that seen signed by . of Health an shows any	M	Bladder						ŀ	1 - YES 2 - NO
AL F ne law n has be Dept.	ÿ	DID TOBACCO USE CONTI				UNCERTAIN	4 🗆		
	💆	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ATH (Check only one) OTHER:				
PHYSICIAN: The this certificate h with the State [PHYSICIAN:	1 TYES 2 NHO 27. MANNER OF DEATN	HOSPITAL: 1 Inpetient 2 ER/Outp		4 - Nursing Nom	e 5 🗆 Residence			
NG PHYSIC fer this ce sath with the marked,		1 Natural 5 Pending	(Month, Day, Year)	28b. Til	JURY WO	RK?	28d. DE\$CRIBE HOW IN	JURY OCCURED	
After death	E E	2 Accident Investigation	28e. PLACE OF INJURY	At home form		YES 2 NO			
ATTENDING ECTOR: After s after death	입	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spec	— At nome, farm,	street, factory, ome		281. LOCATION (Street at City or Town, State)	nd Number or Rui	rel Route Number,
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 Is mai	COMPLET	29a. CERTIFIER							
Z Z Z =	MP	(Check only 1 X CERTIFYING PHYSI	CIAN: To the best of my knowl						
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	8	2 MEDICAL EXAMINE	R: On the basis of axamination	n end/or investigati	on, in my opinion, d	eath occured at the	time, date end place, and	dua to the caus	e(s) and manner as stated.
THE P.	BE	296. SIGNATURE AND TALE OF CHITIFIE!				29c. LICENSE NUN		29d. DATE SIGN	IED (Month, Day, Year)
5 5 3 M	5	20 NAME AND ADDRESS OF SECOND				03	7233	P 08	/11/75
5		30. NAME AND ADDRESS OF PERSON WHO	lunavkah N	M.D. C/	o Marv	Land Ger	neral Hos	pital	
K		31. DATE FILED (Mogth (DOTE)	A bedronter	latte -				r-car	
L Y /		ALICT A TUUS VO	IVAL BY WATER THE PARTY OF THE						1



3. TIME OF DEATH 9:45 pm

DHMH-18 Rev 1/89

August 12, 1995

1 - FOR STATE REGISTRAR

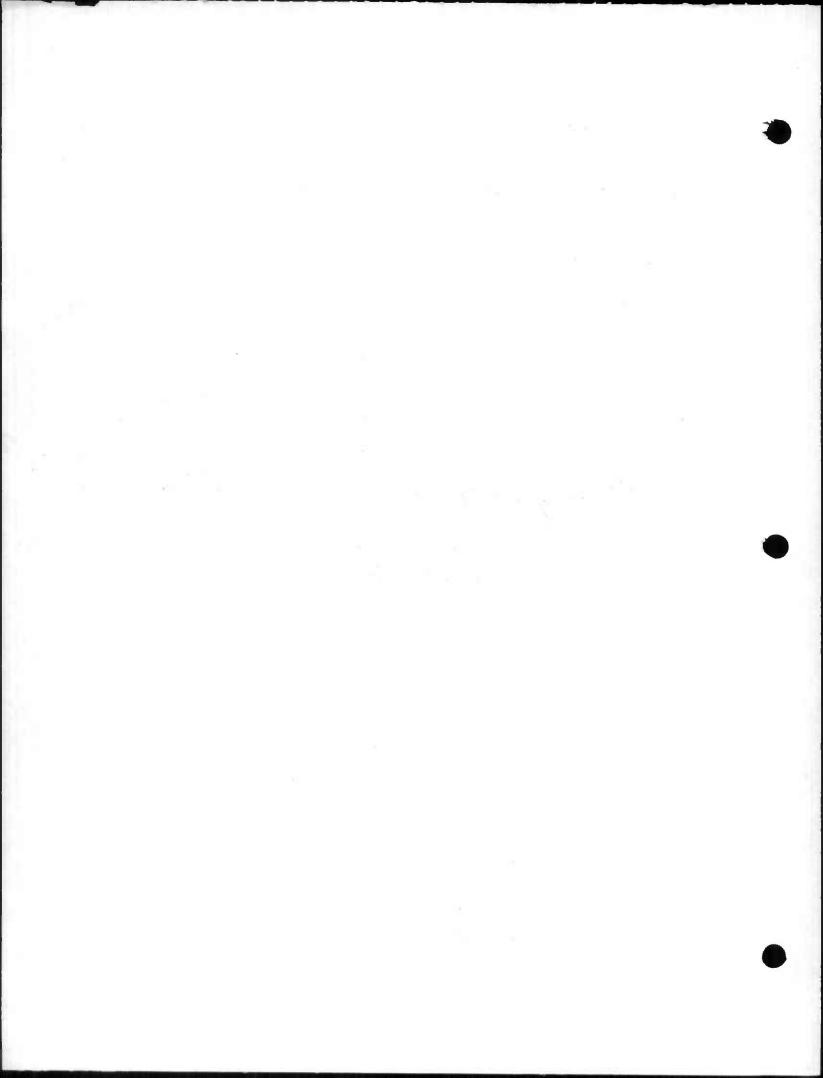
1. DECEDENT'S NAME (First, Middle, Last)

John Henry Smith Sr.

	r
0	
_	
9	
N	
00	
w	
9	
24	
-	
80	
ш	
_	
0	
~	
•	
4	
-	
400	
CO	
0	
ce	
α	
0	
\cup	
13	
\circ	
ш	
Name of	
0	
_	
-	
4	
_	
=	
>	
-	
LL.	
OF	
0	
-	
-	
4	
0	
\circ	
_	
5	
-	
-	
-	
0	

- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR		7	7. DATE OF	BIRTH		. BIRTHPLA	CE (State or Foreign
	218-05-1197	1 🗶 M 2 🗆 F	78	YRS.	MONTHS DAYS	HOURS	MIN.	June	01,	1917	Vi	rginia
	Se. FACILITY NAME (If not institution, give :				9b. CITY, TOWI	N OR LOCAT	ION OF D	EATH			Y OF DEATH	
	Dulaney-Towsor	Nursin	g Cent	er	Т	OWSO	n			Ва	altin	nore
	10a. STATE 10b. COUNT Maryland	N/A		10c. CIT	Y, TOWN OR LOC	-	e					I. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER 6920 Donachie	Road				10f. ZIP COD	-	239		10g. CITIZE	USA	COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		il yes,		en, Mexic	INIC ORIGIN? (an, Puerto Ric fy:		or No 1	Black, WI	American Indian, hite, atc.
	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) 8th	JCATION e completed) College (1-4 or 5+) (4	Give kind of e. Do NOT u	work done during se retired.)	ce 0	pera	ator		Stee		
	Joseph Smith							ane (First, Mid aret				
	19a. INFORMANT'S NAME (Type/Print) Ronald I. & Ph	nillip S			ADDRESS (Street 7 Marl							21212
	20a. METHOD OF DISPOSITION 1XX Buriel 2 Cremetion 3 Ren	noval from State			OF DISPOSITION other place)		· Ω	DATE /16 /0			ity or Town,	State Wn, Md.
	4 Donation 5 Other (Specify) 21. SIGNATULE OF FUNERAL SERVICE LI	CENSEE	ash	Hei	22. NAME	AND ADDR	ESS OF F	ACILITY C	aple	Fun	eral	Service 21215
CERTIFICATION	Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to	OR AS A CONSI	TO POLICE O	lugs	mode of dy	ylng, su	ch se cerdie	c or reapir	atory arre	et,	Approximate interval Batwee Onset and Das 6 MM//
	PERFORMED? AVAIL COMM 1 YES 2 NO OF DI									RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION DF CAUSE DEATH?		
N: ME	DID TOBACCO USE CONT	TRIBUTE TO CA	USE OF DE	ATH Y	ES NO	□ UN	CERTA	IN A			'	YES 2 NO
≤	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL/	CE OF DEA	OTHER:	ne)						
PHYSIC	1 TYES 2 NO	1 Inpatient 2 I		3 DOA	4 Valursing I	INJURY AT	Residence		Specify)	JURY OCCI	URED	
	1 Netural 5 Pending	(Month, O			JURY	WORK?	NO					
ED BY	2 Accidem 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE O	F INJURY — At I atc. (Specify)	nome, term,	atreet, factory, o	ffice			ION (Street a Town, State)	nd Number o	or Rural Rout	Number,
2	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data end place, end due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basts of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.											
	(Check only		xemination and/o	r Investigati	lon, in my opinio	n, death occ	ured at th	ne time, date e	nd place, and	d due to the	ceuse(a) ar	id manner as stated.
TO BE COMPLETE	(Check only	NER: On the basia of ex	DU	0			CENSE N		nd place, en	29d. DATE	SIGNED (Me	onth, Day, Year) t 14,19

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



B.K.S

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	_		REGISTRAR		CI	ERTIF	ICATE C	F DEATH		REG. NO			
	П		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		7	3. TIME OF DEATH
		,	DONALD A. SI	4ETLEY DO	A D A	LVTN	SMITLEY		AUG	UST 9	, 1995	FRASI	2:55 A
			4. SOCIAL SECURITY NUMBER		E (In yrs. lee		IF UNDER 1 YEA	AR IF UNDER 24 HRS.	+	OF BIRTH			ACE (State or Foreign
			212 82 0204	1 🔀 M 2 🗆 F	36	YRS.	MONTHS DAY		(Mont	h, Day, Year)	OEO "	Country)	
용		ļ				Tho.				· 5, I			/land
pinous		~	9e. FACILITY NAME (If not institution, give a				9b. CITY, TOV	VN OR LOCATION OF	DEATH		9c, COUNT	Y OF DEA	тн
2, 3		<u>ō</u>	2808 PARKVIEW	TERRANCE	TERRAC	E	BALT	IMORE CI	TY		N/A		
- ×		DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c CIT	Y, TOWN OR LC	CATION				L	
Š		Ē	Maryland N/			1							Od. INSIDE CITY LIMITS?
Ŧ.		. 1	10e. STREET AND NUMBER	E.			altimor						X YES 2 NO
2	- 1	MA I	2808 Parkview	Tloreson				10f. ZIP CODE					AT COUNTRY?
an.		9 1						21214				S.A.	•
020 physician. burial-transit permit. Pages	- 1	FUNERAL	11. MARITAL STATUS 1 XNever Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. AR	MED	13. WAS	DECENDENT OF HISP., specify Cuben, Mexic	ANIC ORIGIN	1? (Specify Yes	s or No 14	J. RACE -	- American Indien, White, etc.
5-0020 nding physic is the burial		B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR				YES 2 NO Spec		· mount, oracy		Specify:	
Sendin				1			-						White
2121 al or atte		ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(G	ive kind of	Work done during	ATION most of working	16b	KIND OF BU	SINESS/INDUS	TRY	
12 g			Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT u	se retired.)			~			
N depoi	eš	물	10th		C	lerk				Groce	ry Sto	re	
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-tran	once	COMPL	17. FATHER'S NAME (First, Middle, Last)	D-11 G-11				18. MOTHER'S N					
7 A	75	H H		Dallas Smit	ley			E	<i>r</i> elyn	Louis	e Scho	fiel	_d
MARYLAND retained by the hospit 5 should be detached		2	19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and Number or Rura					
≥ 50 m	2	=	Evelyn Smitley		3	8803	- 4th 1	Avenue	Wagn	ers Po	oint, 1	Mary:	land 21226
AE,	t be	1	200. METHOD OF DISPOSITION	21	Db. PLACE	ANDDATE	OF DISPOSITION	(Name of	DAT	E 20c. LO	CATION — CIT	y or Town	. State
0 u o	must		1 XBuriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	Glen	matory or o	ther plece)	rial Park	- 8/	12 61	on Bur	nia	Maryland
ALTIMOR death. Page 6 ma	ě		21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE	010	110.11	22. NAM	E AND ADDRESS OF F	ACILITY				
LT where	examiner	-1	· (? //.//	() 4	~_1	10		rge J. Go					
BALTIMORE, after death. Page 6 may be y the funeral director, page moval.			(Kuna	100	,,,	L	400	1 Ritchie	Hwy.	Ba1t	imore	, Md	. 21225
urs after In by the			23. PART i. Enter the disesses, or shock, or heart failure.	complications that cause List only one cause on	ed tha da	ath. Do	not enter the	mode of dying, su	ch ss cere	disc or respi	iratory srres	t,	Approximate
2 2 0			IMMEDIATE CAUSE (Final										Onset and Death
	#		disease or condition reaulting in death)	a. Multiple DUE TO (OR US	e .	Sta	h and	Cuttin	, , 1	Nona	25		
	event, the		Todatily in deatily	DUE TO (OR AS	A CONSE	DUENCE O	F):		7				
cecuted with and complete or burial, cre		z II		h					U				
X 5 22	or other traumatic	ERTIFICATION	Sequentielly list conditions, if any, isading to immediate										
O.O. BOX n certificate be en inding physician a Hygiene prior to	2	გ	cause. Enter UNDERLYING CAUSE (Disesse or injury	C.									!
. 2 0.2	\$		that initiated events	DUE TO (OR AS	A CONSEC	DUENCE O	F):						
P.O. eath certification attending	5		resulting in death) LAST	d.									!
0 0 0	2	ပ။	PART II OM I - III III										
H = 7	amy Injury,	DICAL	PART II. Other significant condition	in contributing to deeth	but not r	eaulting	In the underly	ying ceusa given i	n Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
SOR that gned by safth an	s am	음Ⅱ								TYES 2	□ NO	CC	OMPLETION OF CAUSE F DEATH?
REC require been sign	SW O	¥ I											YES 2 NO
L REC.	38	z I	DID TOBACCO USE CONT	RIBUTE TO CAUSE	OF DEA	TH YE	S NO	UNCERTA	N 🗆			1 1	
صغو ک	Item 23 show	SICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E OF DEAT	TH (Check only o	ne)					
F VIT. SICIAN: The certificate the State		S I	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out	tpetient 3	□ DOA	OTHER:	forme 5 X Residence	£ □ Othe	= (Specify)			
F Sic	0	PHY	27. MANNER OF DEATH			28b. TIM	E OF 28c.	INJURY AT	-		NJURY OCCUP	RED	
PHYS this			1 Netural 5 Pending	280. DATE OF INJURY (Month, Day, Year)		INJ	URY	WORK? YES 2 NO		/ /	0/11	1	12.6
VISION ATTENDING FECTUR: After s after death		à	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJUR	Y — At bo	253			Suc	YECT	Stack	ell as	12 (4/
STENIEN TEN	28 Is		4 M Homicide determined	building, etc. (Spi	ecify)	Hon		ance.	City	or Town, State)	2802 P	our Ku	18W PERRILL
DIVISION HOSPITAL OR ATTENDING F FUNERAL DIRECTOR: After 1 within 72 hours after death	Item 2	COMPLETED	29e. CERTIFIER							Himor	e Ma		
	=	릴	(Check only 1 CERTIFYING PHYSI	CIAN: To the beet of my know	wledge, de	ath occurre	ed at the time, d	late end place, end du	e to the cau	se(e) end man	ner ee stated.		
NER Thin 7	量	ξ.	24 MEDICAL EXAMINE	R: On the beels of examinati	on end/or I	nvestigatio	n, in my opinior	n, death occured at th	e time, date	end place, en	d due to the c	euse(e) er	nd menner as stated.
THE HOSPITAL THE FUNERAL filed within 72	E	w III	29b. SIGNATURE AND TITLE OF CERTIFIE	3/1 04				29c. LICENSE NU	IMBER		29d. DATE S	IGNED (M	lonth, Day, Year)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	m	Dennis	& Christo 4	0			O.C.N	1.E		▶ AU	GUS	r 9,1995
FFA	-	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITE	1 27) (Type.	Print)						
1			Dennis C	6				et, Bal	timo	ce, M	aryla	nd	21201
(31. DATE FILED (Month, Day, Year)	34 REGISTRAR'S SIG	NATURE					-	-		
141	- 1		AUC 1 4 1995	Valia d'Evalgo	rhand	alle							

DHMH-16 Rev 1/89

the state of the same

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE

	REGISTRAR		CERTIF	ICATE OI	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Bernard	"NMN"	Shell	∋у		2. DATE OF DEATH MONTH AUGUST	11,19	3. TIME OF DEATH 9:45 A M			
	212-03-0672	Ø M 2 □ F 83	In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 22,19	12	BIRTHPLACE (State or Foreign Country) BALTO., MD			
ron	99. FACILITY NAME (# not institution, give street MARYLAND GENERAL H				OR LOCATION OF DE		9c. COUNTY				
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY										
DIRECTOR	MARYLAND BALT	IMORE CITY	10c. CIT		BALTIMORE			10d. INSIDE CITY VLIMITS? 1 1 YES 2 NO			
FUNERAL	722 STAMFORD ROAD				or. ZIP CODE 212.	29	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR ON WW	2 NO	If yes, a	CENDENT OF HISPAN pecify Cuben, Mexica S 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No — 14.	RACE — American Indian, Black, White, etc. Specify: WHITE			
윤	15. DECEDENT'S EDUCATI	ION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDUST	RY			
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12) C 9TH GRADE	College (1-4 or 5+)		rork done during in e retired.) EHOUSEMA				STEEL CO.			
8	17. FATHER'S NAME (First, Middle, Last)				T 40 MOTHER'S MA						
BE C	HOWARD SHELLEY					ME (First, Middle, Maiden ANNA (UNKN	OWN)				
5	190. INFORMANT'S NAME (Type/Print) MR. ROBERT S. BELL					- BALTIMOR		21229			
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		PLACE AND DATE OF		or CORPORATION	DATE 20c. LO	CATION — City TOWSON				
	21. SIGNATORE OF FUNERAL SERVICE LICENS		en.	HUBBA	ND ADDRESS OF FAI	AL HOME, I		VD 01000			
	22 Babal Established							, MD 21229			
	23. PART I. Enter the diseases, or com- ahock, or heart feliure. Liet IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a	CHRON	C H	FART	FAIL	URE		Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST BULMONARY HYPERTENSON OUE TO (OR AS A CONSCOUENCE OF): ASBESTOSI'S DUE TO (OR AS A CONSCOUENCE OF): ASBESTOSI'S DUE TO (OR AS A CONSCOUENCE OF): ASBESTOSI'S DUE TO (OR AS A CONSCOUENCE OF):										
IEDICAL	PART II. Other algnificent conditions co	ontributing to death be	ut not reaulting i	n the underlyi	g cause given in	Part i. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
2	DID TOBACCO USE CONTRIB	LITE TO CALLEE O	E DEATH VE	C CI NO F	7 LINICEDTAIN	1 000		1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL					A DO L					
힐	EXAMINER?	OSPITAL:	26. PLACE OF OEAT	OTHER:							
ΥS		X Inpatient 2 ☐ ER/Outpo	etient 3 DOA		ne 5 🗆 Residence	6 Other (Specify)					
BY PHYSICIAN: M	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	JRY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCUR	ED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	treet, factory, offi		261. LOCATION (Street e. City or Town, State)	nd Number or F	tural Route Number,			
COMPLETED		: To the best of my knowle									
ō I	2 MEDICAL EXAMINER: O	n the beele of examination	end/or Investigation	n, in my opinion,	death occured at the	time, date end place, end	due to the ce	use(e) end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	IBER I	29d, DATE SH	GNED (Month, Day, Year)			
TO BE	Nhe Kolongo	770			892	47	181	11/1995			
	30. NAME AND ADDRESS OF PERSON WHO CO				N Ave	BALTIME	REI	7021201			
	31. DATE FILED (MONTH 1995) (Jalua	Breden lan	alle	·				•			

oTe

HOWARD SHELL.

MR. ROBERT S. BELL

X

.a.H

i D. Dlamon

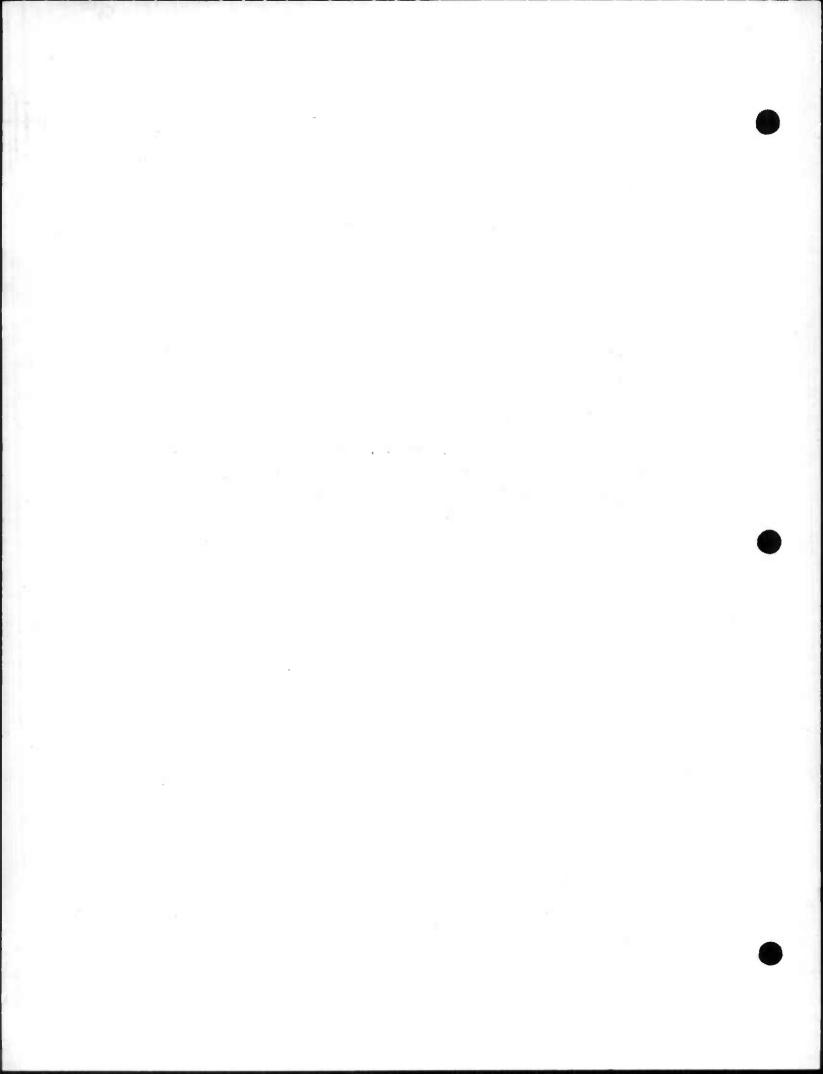
	١
	и,
0	
9	
~	1
00	*
(0)	
Ξ.	
×	
BOX 68760	
\simeq	1
ш	
	4
0	4
٧.	
0	
, P.O.	
ເດົ	1
N OF VITAL RECORDS,	to the said of the said
	1
0	
=	
0	4
()	
	٠
ш	
<u> </u>	
⋖	
-	i
	i
>	
	i
ш,	è
	3
	ż
~	1
=	3
	è
	-
S	à
	ŀ
-	1
DIVISION	2
	ľ
	The same of the same of the same of the same of
	3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH AUG, 3. TIME OF DEATH SANDERS DOLORES 8:40P 10 ,1995 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Morgh, Day, Year) 12-20-2319 1 M 2 KF DAYS HOURS Pages 1, 2, 3 should 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR 10a. STATE 10h, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2 NO permit. 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 10 QUEEN ANNE ROAD 21060 U.S.A. be detached for use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WHITE COMPLETED 16a. OECEDEHT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEOENT'S EDUCATION (Specify only highest grade completed) 16b. KINO OF BUSINESS/IHDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 11TH GRADE HOMEMAKER HOMEMAKING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname)
EMMA LOUISE DECKER JOHN NAFF BE funeral director, page 5 should notified 19a. IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 10 QUEEN ANNE ROAD— GLEN BURNIE, MD 9 CHARLES JOSEPH SANDERS, SR. 21060 Page 6 may be 2 20s. METHOD OF DISPOSITION
1X Burlel 2 □ Cremellon 3 □ Removal from State 20b. PLACEAHD DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must "LOUDON" PARK CEMETERY 8/14 BALTIMORE 4 ☐ Donation 5 ☐ Other(Specify) _ 21. SIGNATURE OF FUHERAL SERVICE LICENSEE examiner 22. HAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. hours after death. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 and completely filled in by the burial, cremation, or removal. medical 23. PART I. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt fallure. List only one cause on a interval Between IMMEDIATE CAUSE (Final Onset and Death Obstructive Pulmonary the disease or condition 10 years event, resulting in death) traumatic CERTIFICATION Sequantisliy list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) 2 the attending physician Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? n signed by the Health and N 1 YES 2 W NO OF DEATH? 1 YES 2 HO t, of h DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES 🗵 NO 🗌 UNCERTAIN 🗆 PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL: OTHER: 1 YES 2 1 NO 1 X Inpatient 2 □ ER/Outpatient 3 □ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 28a. DATE OF IHJURY (Month, Day, Year) 27. MAHHER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW IHJURY OCCURED this 1 K Hatural 5 Pending 1 YES 2 NO BY After death 2 Accident 28e. PLACE OF IHJURY — At home, farm, street, factory, office-building, etc. (Specify) 3 Sulcide 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: / COMPLETED 8 Could not be 4 Homicide detarmined 28 29s. CERTIFIER
(Check only one)

29 MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL D TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER M.D 29c. LICEHSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) N. Morbooddem D46358 ► Aug 10, 1995 30. NAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) NASSER MOUKA DOEM, North Arundel Hosp, 301 Hosp Orive, Glen Burnie, MD

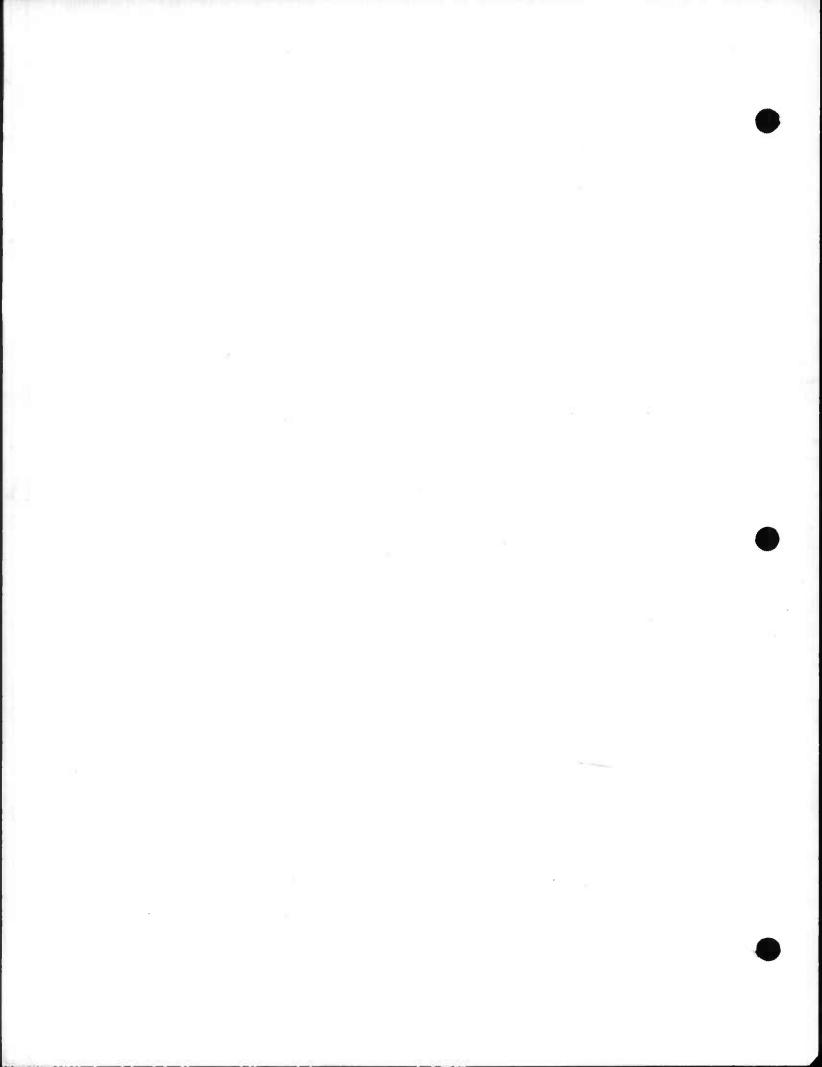
32 HEISTIABLE SELATION



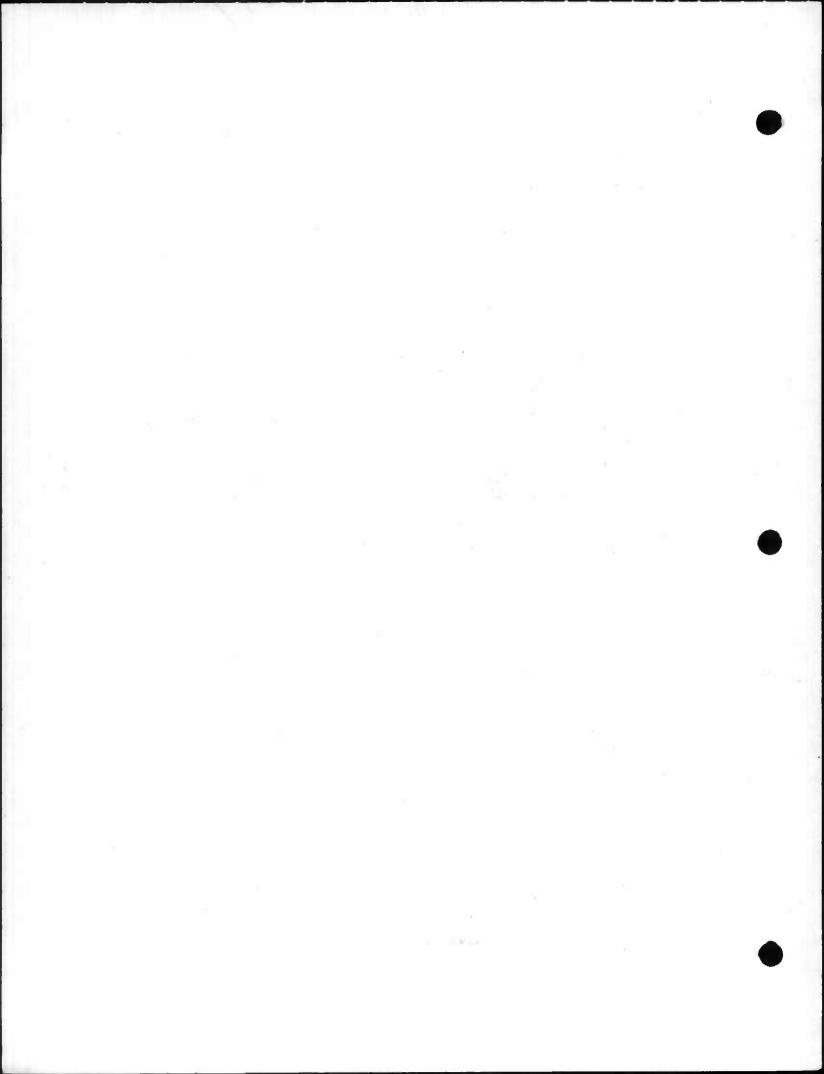
ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-726 8/24/95 t.t

95 24408

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last) RODNEY	DOUGLAS		SMA	RT			3. TIME OF DEATN	
		4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	95 11:50 A M BIRTHPLACE (State or Foreign	
PI		049-66-7463	1 X M 2 □ F 25	YRS.	MONTHS DAYS	HOURS MIN.		1969	Texas	
2, 3 should	E C	9a. FACILITY NAME (If not institution, give s 2619 E. PRESTON				OR LOCATION OF OR		N/A	Y OF DEATH	
-	DIRECTOR	RESIDENCE OF DECEDENT 10+. STATE 10 COUNTY	v	40 - 017	Y, TOWN OR LOCAT					
permit. Pages			ltimore	100. 01	Ва	altimore			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
an. ransit per	NERAL	5424 Channing Roa			101	21229	9		N OF WHAT COUNTRY? USA	
BALTIMORE, MARYLAND 21215-0020 ar death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit val. il examiner must be notified at once.	IPLETED BY FUN	11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Pueno Rican, atc.) 1 YES 2 XMO Specify:			s or No 14	No 14. RACE — American Indien, Black, White, atc. Specify: White	
r atten use as		15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S	USUAL OCCUPATION Work done during more retired.)	ON st of working	16b, KIND OF BU	JSINESS/INDUS	TRY	
MARYLAND 212- retained by the hospital or att 5 should be detached for use rotifiled at once.		Elementary/Secondary (0-12)	College (1-4 or 5+)	Waiter	retired.)		Restaur	ant		
the horder	COMPL	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Surneme)		
MARYL retained by 5 should be notified at	BE	Arnold Erne	est Smart	Robbin Sue Merritt ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
, MAR be retained pe 5 should a notified	٩	Robbin Sue Smart					altimore,			
ORE e 6 may t ector, pag must be		20a. METHOD OF DISPOSITION 1	Met	PLACE AND DATE OF STREET, Crematory or of Crematory	of disposition (Na ther place)	me of	OATE 20c, LC		y or Town, State	
BALTIMORE, nours after death. Page 6 may be of in by the tuneral director, page or removal.		21. SIGNATURE OF FUNERAL SERVICE LIC	Dawn F. M	cDonald	Crema	ation Soc	ciety of M	arylan	d, Inc.	
B. urs after In by the removal		23. PART I. Enter the diseases, or c	complications that caused	tha deeth. Do n	not antar tha mo	da of dying, suci	h ss cardiac or resp	Iratory srres	t, Approximate	
tely fille mation, it, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. NARCOTIC AND	D ALCOHOL		ION			interval Batween Onset and Death	
	2		DUE TO (OR AS A	CONSEQUENCE OF	ን :					
5 70 -	RTIFICATION	Sequentially list conditions, if smy, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
	RTIF	that Initiated events resulting in death) LAST d.								
SS, he at Ments	CAL CE	PART ii. Other aignificant condition	s contributing to death bu	it not rasuiting i	n the undarlying	cause givan in	Part I. 24e. WAS,AN		24b. WERE AUTOPSY FINDINGS	
OC # 55 -	DIC						PENFO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
w requires the been signed pt. of Health 3 shows am	MEDI	DID TOBACCO USE CONTR	DIDLITE TO CALLER OF	DEATH VE	. C No C	1			1 TES 2 NO	
AL has	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		6. PLACE OF DEAT		UNCERTAIN	<u> </u>			
VITA SIAN: The ortificate h	PHYSICIAN	1XXES 2 - NO	HOSPITAL: 1 Inpatient 2 ER/Outpa	itlent 3 🗆 DOA	OTHER: 4 Nursing Home	e 5 🗆 Residence	6X. Mither (Specify)	THER	HOUSE	
ON OF VI DING PHYSICIAN: After this certifica death with the St s marked, or it	ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year) FOUND 8/10/95	F 0 U 10 1 1 1 : 50		URY AT RK? 'ES 2XX NO	26d. DESCRIBE NOW !	INJURY OCCUR	IED	
TSIC TTENDI TTOR: A after de	a	3 Suicide 4 Homicide 6 XX Could not be determined	28e. PLACE OF INJURY - building, atc. (Specif	RESIDEN		1		and Number or 2 2619 E. MD.	PRESTON ST.	
4 7 2 m	COMPLET		CIAN: To the best of my knowle						ause(s) end manner es stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	w II	200 SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NUM			IGNED (Month, Day, Year)	
5 5 30 H	TO B	30, NAME AND EDDRESS OF PERSON WHO	Trul	V. A // V		O.C.M	.E.	AUG	UST 11,1995	
1		MARYDOUTO D	1.0			eet Ra	ltimore	Mare	land 21201	
1		31. DATAUG 1014 1995	1 32 HEISTAR FOR	APIL .	JAMES OF L	ccc, Da	T CTHOTE!	- нату	Tanu ZIZUI	



		1 - STATE REGISTRAR	STATE OF MAR					DEAT		ENTAL HYGIEN			
		1. DECEDENT'S NAME (First, Middle, Last)	W.			mi	. ,			DATE OF DEATH	MY	YEAR !	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER		AGE (In yrs. last	hildholm)	IF UNDER	,	- : NO.50 (ALKUST DATE OF BIRTH		995	6:00 P. M
		219–36–1870	1 (X M 2 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) (Une 30,1)	016	Country)	ACE (State or Foreign
Should		Se. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN OR LOCATION OF DEATH						1916 Nebraska		
60	BO	2012 Norhurst W	lay South					onsvi				ltim	
5 1, 2,	DIRECTOR	RESIDENCE OF DECEDENT											
Pages	IRE	Maryland B	v Baltimore		10c. CIT	Y, TOWN O			٠.				d. INSIDE CITY LIMITS?
permit. Pages	1	10a. STREET AND NUMBER	KITCHIOLE					SVIL					☐ YES 2 🐼 NO
. isi	FUNERAL	2012 Norhurst W	ay South				101.		1228			U.S.	A .
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit netitied at once.	BY	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 XY IF YES, GIVE WAR O	YES 2 NO	IED D		f yes, spe		, Mexican, F	ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No-	4. RACE — Black, W Specify:	American Indian, Inita, etc. White
r attend	9	15. OECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	USUAL OC	CUPATIO	ON st of working		16b. KIND OF BU	SINESS/INDU	STRY	
AND 21 the hospital or detached for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. I	Do NOT us	se retired.)		H or morning	,				
AND the hospi detached	MP	12 17. FATHER'S NAME (First, Middle, Lest)		Na	val	Offic	cer	1111111			Navy		
YLAND 2. by the hospital of the detached for at once.		Walter W. Smith	Sr					7.6		(First, Middle, Melden			
MARY retained b 5 should to	BE	19a. INFORMANT'S NAME (Type/Print)	Dr.	190.	MAILING	ADORESS	/Ciract B					- a-1	21222
	2	Mary C. Smith (Spouse)	20	012	Norh	ırst	Way	Sout	h Catons	ville,	Mary]	land
BALTIMORE, I of death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION 1 General 2 Comments 3 Remote 4 Donation 5 Other (Specify)		20b. PLACE AN OFFICE OF COMME					14,	1995 Cato	ocation — ch onsvil	ty or Town,	state arvland
TIN Page rai dir		21. SIGNATURE OF TURERAL SERVICE LIC	HNSEE	11		22. N	NAME AN	D ADDRESS	S OF FACIL	ITΥ			
		XX. CAM	With	· L						ll C Witz			
# X E 3		23. PART I. Enter the diseases, ahock, or heart failure.	complications that can	ngd the das	ith. Do r	not anter	tha mod	de of dyin	15OII	AVERIUE C	ITONSV.	111e,	Maryland
hin za hou tely filled i mation, or it, the me		IMMEDIATE CAUSE (Float	a. Acute DUE TO (DR A					9					Interval Between Onset and Death
N 8 8 - 6			A-SCV	AS A CONSECU	UENCE OF	7):		3				11	
at par	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQU	UENCE DI	F):						#	
P.O. BOX ith certificate be e tending physician al Hygiene prior to or other traum	S	cause. Enter UNDERLYING CAUSE (Disease or injury	с										
certific nding pi Hygiene	F	that initiated events resulting in death) LAST	DUE TO (DR A	AS A CONSEDE	JENCE OF	7):							
S, P. death c death c attendiental Hy, or	SER	Total III Calling and	d,										
그 음 등 를	CAL	PART II. Other algorificant condition											THE AUTOPSY FINDINGS
S that the ned by lith and any ir	DIC	Parkinson's E	sease, a	Chro	nic	pu	lme	onary	7	PERFOR		CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
w requires the been signed of the ath 3 shows an	MEDI	aspiration				V		1					YES 2 NO
AL R he law re has bee e Dept. o		DID TOBACCO USE CONTR	RIBUTE TO CAUSE					UNCE	RTAIN				
一年 皇帝 曹	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T	OTHER							
or the	1YS	1 YES 2 NO	1 - Inpatient 2 - ER/C	-		4 🗆 Nursi	ing Home			Other (Specify)			
NG PHYS fer this c eath with marked,	ву рь	1 Natural 5 Pending 2 Accident Investigation	26e. OATE OF INJUI (Month, Day, Yes	ar)		M		RK? ES 2		ed. DESCRIBE HOW I	NJURY OCCU	RED	
TTENDI TTENDI TTOR: A after d	ETED E	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJU- building, stc. (S	URY — At hom Specify)	ie, term, s	dreet, facto	ry, offica		26	Bt. LOCATION (Street City or Town, State)	and Number or	Rurel Route	Number,
로보오=	COMPLI		CIAN: To the best of my kr										
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	- 10	29b. SIGNATURE AND TITLE OF CERTIFIER		446		1, 11, 1, 0,	T						
THE THE SE FIELD	BE	110 mil Co.	15	PI	La CI	3 ciam		29C. LICEN	SE NUMBE	31	29d. DATE S	IGNED (MO	onth, Day, Year)
268₹	2	30. NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE OF	OEATH (ITEM			_	2	506	31	-/	191	,/3
1041		A-Alan Reis		5, 5	411		di	Fred	erick	2 Rd. E	Balto	Md	Q Z1229
		AUG 1 4 1995	12. REGISTORES SI	ATUBE									



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should

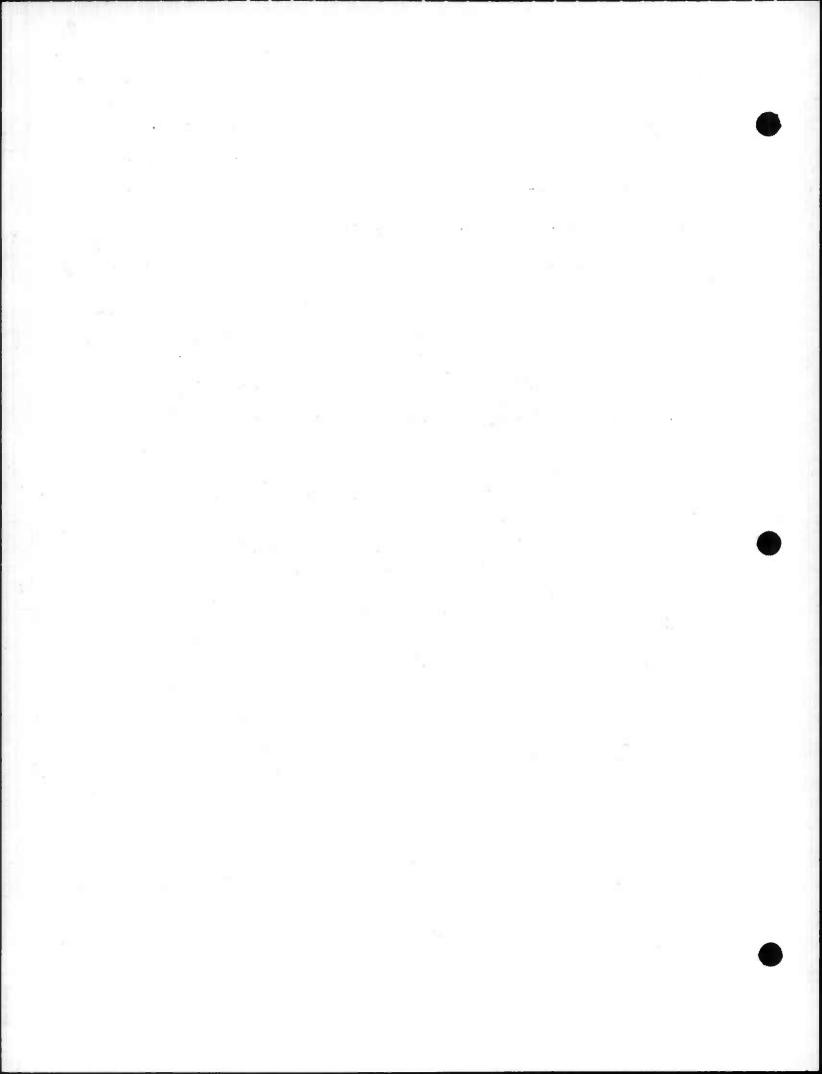
	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTME			MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Leel) PAME LA D. SCALES				2. DATE OF DEATH DAY	95	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 216-62-4621 5. SEX 1 M 2 235 41	VRS. IF UNI		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Aug. 23,19	8. BIRTH Countr	IPLACE (State or Foreign ry) Yland			
TOR	98. FACILITY NAME (If not institution, give street and number) Liberty Medical Center RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Baltimore			9c. COUNTY OF DEATH City				
DIRECTOR	10a. STATE 10b. COUNTY Md. City	10c. CITY, TOW Balt	n or Locatio	N		10d. INSIDE CITY LIMITS?				
FUNERAL	10. STREET AND NUMBER 2109 Chelsea Terrace		101. Z	21216		1 YES 2 NO				
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 1	RMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Spec If yea, specify Cuban, Maxican, Puerto Rican, e							
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL (Give kind of work do its. Do NOT use retired Nursing	ne during most (d.)	of working	166. KINO OF BUSIN					
BE COM	17. FATHER'S NAME (First, Middle, Lest) Philip Lee Brown				ME (First, Middle, Meiden Su BSA, Brown B	rname)				
TO B	190. INFORMANT'S NAME (Type/Print) Medessa Brown				oute Number, City or Town, Baltimore,		23			
	4 Donation 5 Other (Specify) St.	E AND DATE OF DISP trematory or other place Lukes C	cel .		OATE 20c. LOCA 15,1995 Rei	TION — City or To sterstor				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 5 Schlandt		Eckhar		ral Chapel	Ordana	21117			
	23. PART I. Enter the diseases, pr complications that caused the caused the caused the caused the caused the caused the cause or each life immediate cause (Final disease or condition resulting in death)	death. Do not ent ne.	Pu	of dying, such	as cerdiec or respirat	tory arreat,	Approximate interval Between Onset and Death 3 months			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LESPINATORY Facture LIMITED TO (DR AS A CONSEQUENCE OF): LIMITED TO (DR AS A CONSEQUENCE OF): LIMITED TO (DR AS A CONSEQUENCE OF): (I.									
A	PART II. Other aignificent conditions contributing to deeth but not	resulting in the	underlying c	euse given in F	PERFORME	D?	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
V: MEDIC	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE.	ATH YES	№ П	UNCERTAIN	1 YES 2 X		1 Tyes 2 No			
PHYSICIAN:		ACE DF OEATH (Chec	ck only one)		Other (Specify)					
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY	28c. INJUR WORK	AT AT	28d. DESCRIBE HOW INJU	URY OCCURED				
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	nome, farm, street, fo	actory, office		281, LOCATION (Street and City or Town, Stete)	Number or Rural R	loute Number,			
COMPLET	29e. CERTIFIER (Check only MEDICAL EXAMINE ROOT The best of my knowledge, of MEDICAL EXAMINE ROOT The best of examination and/or) and manner as stated.			
TO BE C	Can. SIGNATURE AND TITLE OF CENTIFIEST		21	D45	788 2	9d. DATE SIGNED	(Month, Day, Year)			
		EM 27) (Type, Print)	Beil	1 Hic	Ht BBAL	+ MD	21215			
	AUG 14 1995 Jali Sunder Langue			J						

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68769

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without heart heart heart. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
100	1. DECEDENT'S NAME (First, Middle, Last)				D	2. DATE OF DEATH		3. TIME OF DEATH	_	
- 1	William Theodor		TARKEY			August 10	,1995	7:55 P	М	
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLACE (State or Foreign Country)		
	216-10-0386 9e. FACILITY NAME (If not institution, give stre	1 3 M ² □ F 82	YRS.			May 21, 1		Maryland		
Œ	Franklin Square Ho	,		Baltimo	R LOCATION OF DE	ATH		Y OF DEATH		
CTO	RESIDENCE OF DECEDENT	ODPICAL					Baltimore County			
FUNERAL DIRECTOR	Margaland Daltis	Country	1,000	Y, TOWN OR LOCAT			10d. INSIDE CITY LIMITS?			
LD	Maryland Baltin	more County		altimore	ZIP CODE			1 TYES 2 A NO		
RA	113 Lyndale Avenue	63			21236		U.S	N OF WHAT COUNTRY?		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14.							RACE — American Indian, Black, White, etc.	-		
1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: 1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: Specify: Specify:										
	15. DECEDENT'S EDUCA	- Pi-Car	· PERCENTIE					White	Ц	
ETE	(Specify only highest grade o	College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION work done during most retired.)	IN st of working	Airolar		ufacturing		
APL	8th Grade		Airplane	Mechani	.C	Company	/	uracturing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden			7	
BE (George Lawrence St	tarkey			18.5	vina Critz		G.		
70										
	20e. METHOD OF DISPOSITION	20b.F	PLACE AND DATE O	OF DISPOSITION (Na				v or Town. State	-	
	1 Burlet 2 Cremation 3 Remove 4 Donation 5 Other (Specify) Ent	combment Par	tery, cremetory or of C	emetery		1		, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FAC	CILITY			1	
1	THE A. I	Fala	2	John C	. Miller	, Inc.	mre	Maryland 2120	5	
	23. PART I. Enter the diseases, or co	implications that caused in lat only one cause on asc	the deeth. Do n	ot enter the mod	de of dying, auch	an cardiac or reapi	ratory arres	t, Approximate		
	IMMEDIATE CAUSE (Fine)	A	mia.	A. A.	1 114	-11.		Onset and Death		
	disease or condition resulting in death)	lung ca	new-	Well.	deffere	ticked.	Lyn	and 2,5 m	_	
-	-:	DUE TO (OH AS A	ONSEQUENCE OF	ŋi r	Alt	L11.	11	312	-	
JON JON	Sequentially list conditions,	Sequentially list conditions, Due to contact the control of the control of the conditions of the condi								
T- 0	If any, leading to immediate cause. Enter UNDERLYING									
2		constate	COMPEGUIENCE OF	ut f	ander	/		24		
TIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (ON AS A C	CONSEQUENCE OF	jut f	and			Zy		
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Congratt	CONSEQUENCE OF	jut f	ails	/		24-		
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Congratt	CONSEQUENCE OF	n the underlying	de de la ceuse given in 1	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS		
AL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Congratt	CONSEQUENCE OF	n the underlying	duling	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other algnificant conditions	contributing to death but	t not resulting in			PERFOR 1 YES 2	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	contributing to death but	t not resulting in	s 🗆 NO 🗆		PERFOR 1 YES 2	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death but	t not resulting in	S NO CH (Check only one)	UNCERTAIN	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SENOUTED 280. DATE OF INJURY	t not recuiting in	S NO OTHER: 4 Nursing Home E OF 28c. INJE	UNCERTAIN 5 G Residence (PERFOR	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SENOutpet 20. DATE OF INJURY (Month, Day, Year)	t not resulting in	S NO CHART NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	UNCERTAIN 5	PERFOR 1 YES 2	NO NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other aignificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU 27. MANNER OF DEATH 1. WRITER 5 Pending Investigation 3 Suicide 8 Could not be	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SENOUTED 280. DATE OF INJURY	t not recuiting in	S NO CHART NOTE NOTE NOTE NOTE NOTE NOTE NOTE NOT	UNCERTAIN 5	PERFOR 1 YES 2	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Watural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	Contributing to death but IBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 SEMOUTEST 280. DATE OF INJURY 280. PLACE OF INJURY building, etc. (Specify	t not recuiting in the property of the propert	S NO CHECK only one) OTHER: 4 Nursing Horm E OF 28c. INJURY WOI 1 Y WOI 1 Y Y	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street a City or Town, State)	NJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
ED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in daath) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEWTH 1 Watural 5 Pending Investigation 20 Accident Investigation 3 Suicide 8 Could not be determined	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SEMOUTEST 289. DATE OF INJURY (Month, Day, Year) 289. PLACE OF INJURY – building, etc. (Specify)	t not recuiting in the transfer of the transfe	S NO CH (Check only one) OTHER: 4 Nursing Home E OF 28c. INJU URY WOI 1 Y Y treet, factory, office	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street a City or Town, State)	NJURY OCCUP	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other aignificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 VISTURE S Pending Investigation 3 Suicide S Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	Contributing to death but IBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 SEMOUTEST 280. DATE OF INJURY 280. PLACE OF INJURY building, etc. (Specify	t not recuiting in the transfer of the transfe	S NO CH (Check only one) OTHER: 4 Nursing Home E OF 28c. INJU URY WOI 1 Y Y treet, factory, office	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end mer	NJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in daath) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEWTH 1 Watural 5 Pending Investigation 20 Accident Investigation 3 Suicide 8 Could not be determined	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SEMOUTEST 289. DATE OF INJURY (Month, Day, Year) 289. PLACE OF INJURY – building, etc. (Specify)	t not recuiting in the transfer of the transfe	S NO CH (Check only one) OTHER: 4 Nursing Home E OF 28c. INJU URY WOI 1 Y Y treet, factory, office	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end mer	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in dasth) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DENTH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE NNO, TITLE OF SERTIFIER	Contributing to death but IBUTE TO CAUSE OF 20 HOSPITAL: 1 Inpetient 2 SEMOUTEST 289. DATE OF INJURY (Month, Day, Year) 289. PLACE OF INJURY – building, etc. (Specify)	t not recuiting in the total part of the total p	S NO OTHER: 1 (Check only one) OTHER: 28c. INJURY M 1 Y treet, factory, office of at the time, date n, in my opinion, de	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end mer	NJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in dasth) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DENTH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE NNO, TITLE OF SERTIFIER	Contributing to death but IBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 SEMOutpet 28e. DATE OF INJURY - building, etc. (Specify) IAN: To the best of my knowled: On the basie of examination of	t not recuiting in the total part of the total p	S NO NO NO NO NO NO NO NO NO NO NO NO NO	UNCERTAIN 5	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end mer	NJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE. (Disease or injury that initiated events resulting in dasth) LAST PART II. Other algnificant conditions DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DENTH 1 Watural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE NNO, TITLE OF SERTIFIER	Contributing to death but IBUTE TO CAUSE OF 26 HOSPITAL: 1 Inpetient 2 SEMOutpet 28e. DATE OF INJURY - building, etc. (Specify) IAN: To the best of my knowled: On the basie of examination of	t not resulting in the transfer of the transfe	S NO NO NO NO NO NO NO NO NO NO NO NO NO	UNCERTAIN 5 G Residence JRY AT RK7 ES 2 G NO end piece, and due to the first occurred at the first occurre	PERFOR 1 YES 2 8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street & City or Town, State) to the cause(e) end mer	NJURY OCCUR	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,		



YEAR

1995

9c. COUNTY OF DEATH

UNITED

HOUSING AUTHORITY

20c. LOCATION — City or Town, State

24a. WAS AN AUTOPSY PERFORMED?

1 TYES 2 NO

355

St Agres Hospital, Balt, MD

LAUREL, MARYLAND

n/a

10g. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

2036

BIRTHPLACE (State or Foreign Country)

BALTIMORE, MD

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: BLACK

Y VEIMITS?

STATES

AVENUE

interval Between

Onset and Death

Approximata

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

DF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Dugust 8, 1995

REG. NO.

2. DATE OF DEATH

AUGUST an or enryi SR. B. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
FEB.19,1930 IF UNDER 1 YEAR IF UNDER 24 HRS. 217-24-0283 DAYS HOURS 1 🗓 ЖИ 2 🔲 F 65 YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR ST. AGNE.S HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND n/a BALTIMORE permit. 100. STREET AND NUMBER 1605 FUNERAL 10f. ZIP CODE LORMAN COURT 21217 and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit.

b burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES X NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 X Married FORCES? 1 YES 2 YOU BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 12 th College (1-4 or 5+) POLICE 17. FATHER'S NAME (First, Middle, Last)
ROBERT TAYLOR 16. MOTHER'S NAME (First, Middle, Melden Surname) notified at CARRIE ELEY BE 190. INFORMANT'S NAME (TYPO/PER)
EDITH JONES imber or Bural Route Number, City or Town, State, Zip Code) 21217 2 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama of must MX Buriel 2 Cremation 3 Removal from State MD. NATIONAL 4 Donetion 6 Other (Specify) 8-15 medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.-1101 E. NORTH 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart failure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Final** other traumatic event, the disease or condition Metas tastic Cancer of the Prostate resulting in death) requires that the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 68760 CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 9 PART ii. Other aignificent conditions contributing to death but not requiting in the underlying cause given in Part i. MEDICAL been signed by the any DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL OTHER: OR ATTENDING PHYSICIAN: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) with 1 marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: 4 Homicide 29a. CERTIFIER

(Chack only)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner ee attend. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(e) end menner ee stated. 29c. LICENSE NUMBER BE

MID

MD

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

han, 32, REGISTRAR'S SIGNATURE

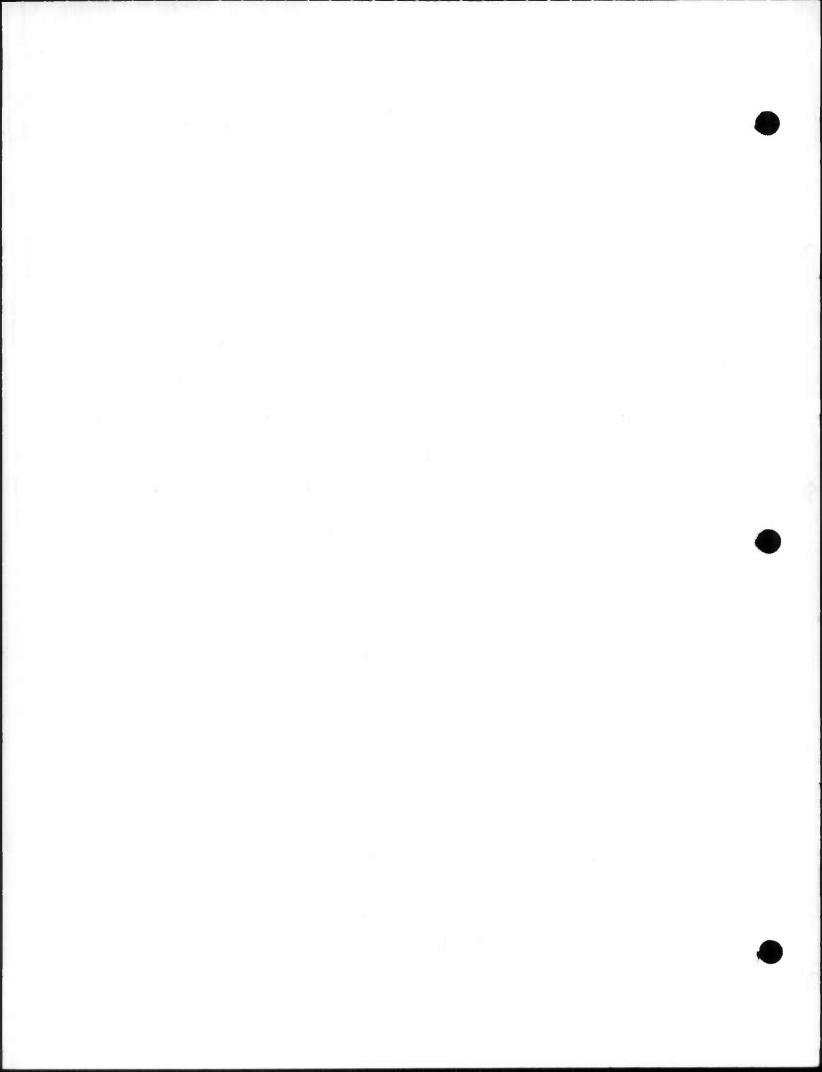
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

2

1. DECEDENT'S NAME (First, Middle, Last)

DHMH-16 Rev 1/89



1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

2

d by the hospital or attending physician.	id be detached for use as the burial-transit permit. Page:		d at once.
ICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the	an and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	urial. cremation, or removal.	ic event, the medical examiner must be notified
4: The law requires that the death certificate be exec	g physici	iene prio	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific	be filed within 72 hours after death with the State Dept. of Health and Mental Hyg	IMPORTANT: It Item 28 is marked, or i

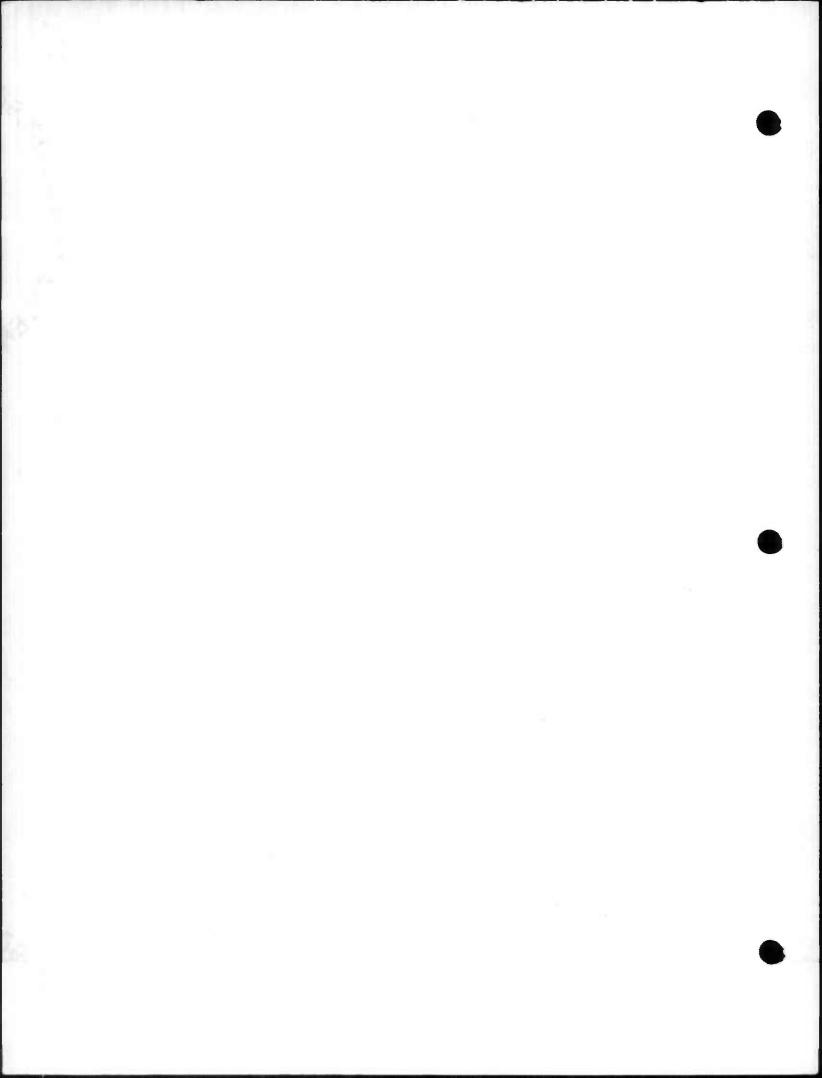
FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 2302 URNER Heven 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 XM 2 - F 220 60 8777 YRS. Maryland 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH street and number) 9c. COUNTY OF DE 8368 2 WATON DIRECTOR Hersul RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Millersville 1 YES 2 THO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 8368 Elvaton Road 21108 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 TES 2 NO Specify: BE COMPLETED BY Specify: 3 Widowed 4 Divorced White 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working title. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Landscaper Self Employed 8th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clyde Turner Joetta 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Turner 8368 Elvaton Road Millersville, Maryland 21108 20a. METHOD OF DISPOSITION
1X Burlet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Cedar Hill Cemetery 4 Donation 5 Other (Specify) 8/11 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Finel **Onset and Daath** disease or condition resulting in death) クロルラ Wound hot DUE TO (OR AS A CONSEQUENCE OF) BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initietad eventa resulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 10 NO OF DEATH? 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 200 50 Shot 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc., (Specify) 3 Sulcide 28f. LOCATION (Str. BE COMPLETED 8 Could not be determined Homicide eme 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, 2 MEDICAL EXAMINER: On the basis of axa 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CERTIFIE

OMPLETED CAUSE OF DEATH (ITEM 27)

45

36

060

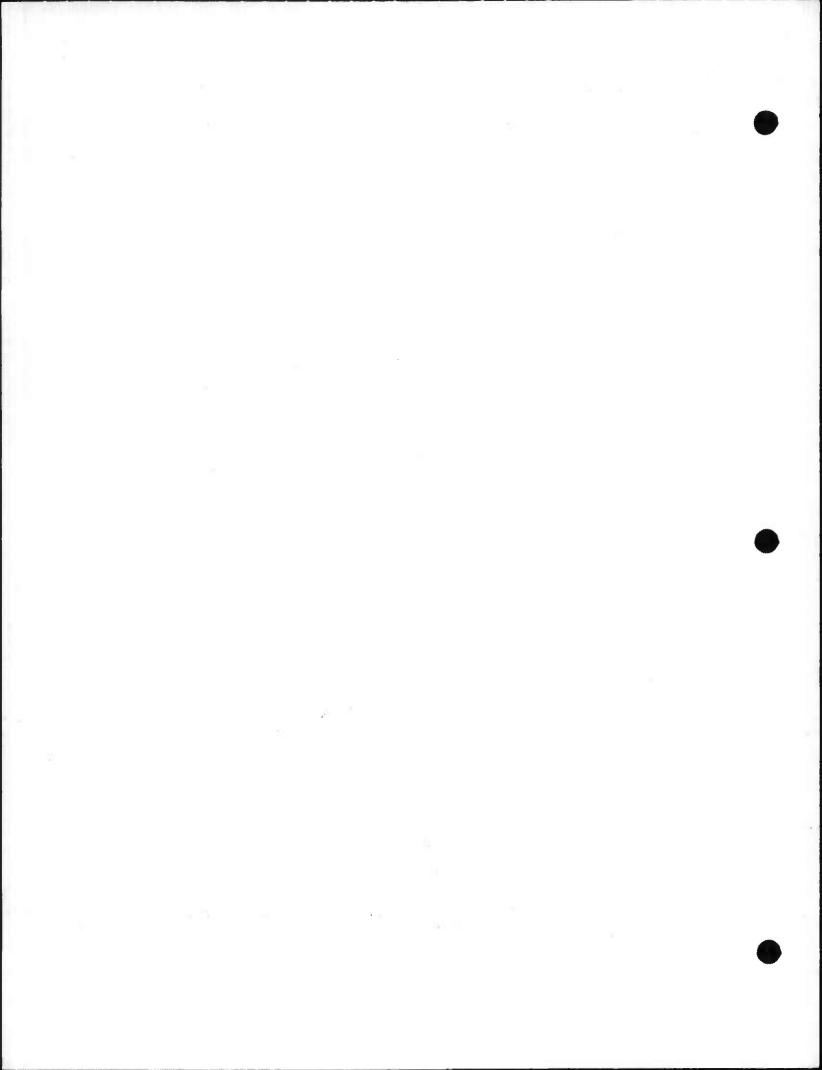


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-ca hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) ROBERT	Durham	THOMAS	2. DATE OF DEATH MONTH DAY			

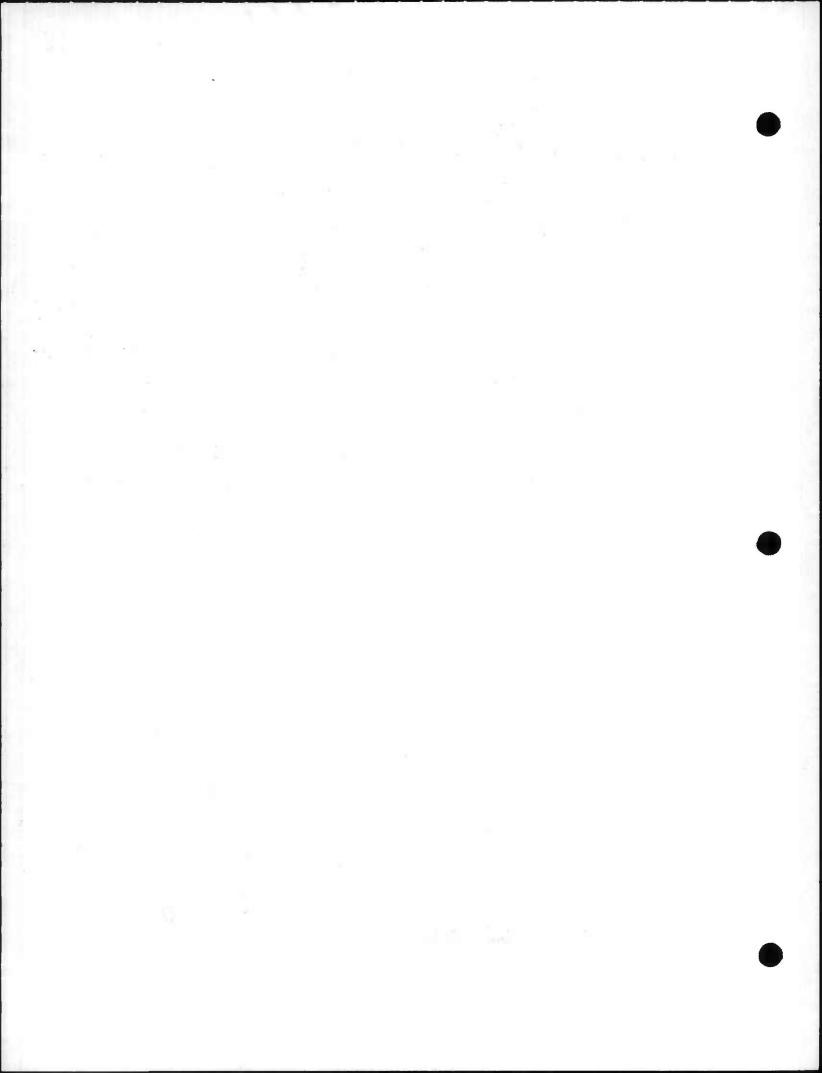
4	ROBERT Durham THOMAS MONTH DAY YEAR								3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday,									9:05 A M		
	220-33-4130				-	MONTHS	DAYS	HOURS MIN.	(Month	, Day, Year)		Country		
	9a. FACILITY NAME (If not institution, give st		Λ	A 34		41 000	O/T/				1941 Virginia			
Œ	UNION MEMORIAL HOSPITAL					96. CITY, TOWN OR LOCATION OF DE BALTIMORE CI					9c. COUNTY OF DEATH			
읝	RESIDENCE OF DECEDENT											n/a		
DIRECTOR	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LO			CATION			10d. INSIDE CITY LIMITS?			
ā	Maryland n/a				Baltimore							1 X YES 2 NO		
¥	10e. STREET AND NUMBER					10f. ZIP			7. ZIP CODE 10g			g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	3000 Vineyard Lane					212						USA		
Ē.	11. MARITAL STATUS 1 Mover Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 ☐ YES			EVER IN U.S	2 XND		13. WAS DECENDENT OF HISPANIC DR			? (Specify Yea	or No —	14. RACE Black,	. RACE American Indian, Black, White, atc.	
À	3 Widowed 4 Divorced IF YES, GIVE WAR OR (AR OR DATES	NATES 1			YES 2 X NO Specify:			Specify:			
	15. DECEDENT'S EDUCATION 188.					DECEDENT'S USUAL OCCUPATION				166, KIND OF BUSINESS/INDUSTRY			Bl.ack	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				(Give kind of work done during most of working life. Do NOT use retired.)				IOU. KIND OF BUSINESS/INDUSTRY					
릴	7th Grade				Electrician				Buster Electric				_	
ğ	17. FATHER'S NAME (First, Middle, Last)								NAME (First, Middle, Maiden Surname)					
BE (Mayroy Thomas				Willnetta Durham									
10 B	19a. INFDRMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
-	Willnett Gibson				3000	Viney	ineyard Lane			imore,	Mar	ylan	d 21218	
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 【Cremetion 3 □ Ramoval from State Cam				CE AND DATE	OF DISPOS	DISPOSITION (Name of		DATE	20c. LOC		City or Tow		
- 1	4 U Donation 8 U Other (Specify) Met				ery, crematory or other place)				Aug 14 Catonsville, Maryland					
	21. SIGNATURE OF HUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral. Ho 2501 Gwynns Falls Parkway									Homes, Inc.				
	Tolor	N	Pack	en		Ba	alti	more, Ma	rylan	d 212	16			
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure. L el	Arterio	se on eech	line.	rdi					atory err	eat,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): DUE TO (OR AS A CONSEDUENCE OF): d.													
ERTIF	that initiated events													
	that initiated events resulting in death) LAS			deeth but n	ot reaulting	in the un	nderlying	ceuse given in	Part I.	24s. WAS AN A	WTOPSY	24b. 1	WERE ALITOPSY FINDINGS	
	that initiated events resulting in death) LAST	nt conditions	contributing to					g ceuse given in	Part i.	24a. WAS AN / PERFORI	MED?	1	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
	that initiated events resulting in death) LAS	nt conditions	contributing to					g ceuse given in	Part I.		MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	that initiated events resulting in death) LAS	nt conditions	a contributing to a	wit	& seiz	ures			_	PERFORI	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL	PART II. Other aignifice Wistory , Ch DID TOBACCO U: 25. WAS CASE REFERRED TO	nt conditions ronic C SE CONTR MEDICAL	contributing to a Alcoholism	JSE OF D	& seiz	ures	NO [2		_	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other algorifice History Ch	nt conditions nonic (a contributing to a	JSE OF D	EATH YI	S I I	NO 🔀		N 🗆	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDICAL	PART II. Other algnifice Was case reference to the state of the sta	ont conditions ronic (BUTE TO CAL HOSPITAL: 1 Inpution 1 2 280. DATE OF I	JSE OF D 26. P ER/Outpatien	EATH YI	TH (Check OTHER 4 Num	Only one) R: sing Hom	UNCERTAIN 5 Rasidence	N 🔲	PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST PART II. Other algnifice Hustory, chromosomers was case reference to examiner? Yes 2 no 27. Manner of Death 1 Natural 5	nt conditions nonic (BUTE TO CAL	JSE OF D 26. P ER/Outpatien	EATH YI	S I I TH (Check OTHER 4 Num	Only one) R: sing Hom	UNCERTAIN 5 G Residence URY AT RKY	N 🔲	PERFORI 1 💆 YES 2 (Specify)	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAS PART II. Other algnifice Hustory, ch DID TOBACCO US 25. WAS CASE REFERRED TO EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 1 2 Accident 3 Suicide 6 6	nt conditions ronic C SE CONTR D MEDICAL	BUTE TO CAL HOSPITAL: Impatient 2 28e. DATE OF 28e. PLACE OF	JSE OF D 26. P ER/Outpetien NJURY (, Ybar)	EATH YI	OTHER 4 Num	NO Sandy one) R: sling Hom 28c. INJ WO 1 1 1	UNCERTAIN 5 G Rasidence URY AT RKY (ES 2 G ND	6 Other 28d. DES	PERFORI 1 💆 YES 2 (Specify)	JURY OCC	CURED	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!	
BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST resulting in death) LAST PART II. Other algnifice Living of the Last Control of	SE CONTR MEDICAL Pending nevestigation Could not be latarmined	BUTE TO CAL HOSPITAL: Input lent 2 28a. DATE OF building, a	JSE OF D 26. P ER/Outpetien NJURY V, Ybar) INJURY — Aitc. (Specify)	EATH YILACE OF DEA	ES TH (Check OTHER 4 Number 19 Numbe	only one) R: sing Hom 28c. INJ WO 1 1 1	UNCERTAIN 5 Rasidence UNY AT RK7 /ES 2 ND	8 Other 28d. DES	PERFORM 1 N YES 2 (Specify) CRIBE HOW IN TIDN (Street ar Town, State)	JURY OCC	CURED Or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!	
BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting resulting in the second resulting in the second resulting resulting resulting in the second resulting r	SE CONTR MEDICAL Pending Investigation Could not be latarmined	IBUTE TO CAL HOSPITAL: 1 Inperient 2 28a. DATE OF I (Month, Day 28a. PLACE OF building, a	JSE OF D 26. P ER/Outpatient NJURY , 'b'ar' INJURY — A' itc. (Specify)	EATH YILACE OF DEA	TH (Check OTHEF 4 Num E OF URY M Street, fact	NO R: only one) R: sling Hom 28c. INJ cory, office	UNCERTAIN 5 Grasidence URY AT RKY (ES 2 ND and place, and due	8 Other 28d. DESt 28f. LOCAl City of	PERFORM 1 N YES 2 (Specify) CRIBE HOW IN TIDN (Street at a Nown, State)	JURY OCC	OURED or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!	
COMPLETED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in death) LAST resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting in the second resulting resulting in the second resulting in the second resulting resulting resulting in the second resulting r	Tonic Conditions Pending Pen	IBUTE TO CAL HOSPITAL: 1 Inperient 2 28a. DATE OF I (Month, Day 28a. PLACE OF building, a	JSE OF D 26. P ER/Outpatient NJURY , 'b'ar' INJURY — A' itc. (Specify)	EATH YILACE OF DEA	TH (Check OTHEF 4 Num E OF URY M Street, fact	NO R: only one) R: sling Hom 28c. INJ cory, office	UNCERTAIN 5 Grasidence URY AT RKY (ES 2 ND and place, and due	8 Other 28d. DES	PERFORI 1 DE YES 2 (Specify) CRIBE HOW IN TIDN (Street are rown, State)	JURY OCC	or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ute Number, and manner as stated.	
BE COMPLETED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAS' PART II. Other algnifice Nuture	Tonic Conditions Pending Pen	IBUTE TO CAL HOSPITAL: 1 Inperient 2 28a. DATE OF I (Month, Day 28a. PLACE OF building, a	JSE OF D 26. P ER/Outpatien NJURY y, Year) INJURY — A itc. (Specify) my knowledge amination and	EATH YILACE OF DEA	TH (Check OTHEF 4 Num E OF URY M Street, fact	NO R: only one) R: sling Hom 28c. INJ cory, office	UNCERTAIN 5 G Rasidence URY AT RK7 (ES 2 G ND and place, and due eath occured at tha	8 Other 28d. DES 28f. LOCA City of	PERFORI 1 DE YES 2 (Specify) CRIBE HOW IN TIDN (Street are rown, State)	JURY OCC	or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 S YES 2 NO	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	That initiated events resulting in death) LAS' PART II. Other algnifice Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer? Was a case reference to examineer to examinee to examine the examineer to examine the	Dending Pendin	BUTE TO CAU HOSPITAL: 1 Inpatient 2 28a. PLACE OF building, a	JSE OF D 26. P ER/Outpatien NJURY (x, Year) INJURY — A itc. (Specify) my knowledge amination and M D E OF DEATH (EATH YILACE OF DEA	TH (Check OTHEF 4 Num E OF URY M street, fact ad at the ti on, in my o	only one) R: asing Hom 28c. INJ WO 1 1 1 Norry, office	UNCERTAIN 5 GRasidence URY AT RK7 (ES 2 ND and place, and due eath occured at tha 29c. LICENSE NUM	8 Other 28d. DES	PERFORM 1 N YES 2 (Specify) CRIBE HOW IN TIDN (Street at a Nown, State) Perform and place, and	JURY OCC	or Rural Ro	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 See YES 2 NO ute Number, and manner as stated. Month, Day, Year) 1 12, 1995	



1	,
O	
S	
92	
100	
Ø	
Ó	
_	
BOX	
_	
O	
\sim	
œ	
_	
<u>Ф</u> .	
О.	
~	
•	
щ	
DS, P	
40	
U)	
_	
2	
_	
RECORI	
\sim	
c)	
щ	
m	
_	
OF VITAL	
_	
ď	
_	
-	
_	
-	
F	
-	
$\mathbf{\mathcal{C}}$	
_	
Z	
$\overline{}$	
.	
VISION OF	
a	
00	
_	
-	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) MICHAEL THURSTON 2. DATE OF DEATH MONTH G 12 1995 3. TIME OF DEATH 3. TIME OF DEATH	м
pin		SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, West) 7. DATE OF BIRTH Month, Day, West) 7. DATE OF BIRTH Month, Day, West) 7. DATE OF BIRTH Month, Day, West) 7. DATE OF BIRTH Month, Day, West) 7. DATE OF BIRTH Month, Day, West)	
. 2, 3 should	DIRECTOR	96. CITY, TOWN OF LOCATION OF DEATH 96. COUNTY OF DEATH BALTO PESIDENCE OF DECEDENT	
83		10a STATE 10b COURTY	\Box
mit. Pag		nd Dalto NA	
physician. burial-transit permit. Pages 1,	FUNERAL	3606 Clitman Rd 21244 U.S.A	
है है	В	12. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. Specify: 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.)	,
r attend use as	0	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	-
spital o	COMPLET	(Specify only highest grade completed) Elementary/Secondary (0-12) Color (1-4 or 5+) Manutactuer Tech. Foctor + Gamble	
be der	ш	17. FATHER'S NAME (First, Middle, Last) James A. Thurston 18. MOTHER'S NAME (First, Middle, Maiden Surname) Dovis Smith	
be retained ge 5 should e notified	TO B	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Momber, City or Touring State, Zip Code) 196. MAILINO ADDRESS (Street and Number or Rural Route Momber, City or Touring State, Zip Code) 196. MAILINO ADDRESS (Street and Number or Rural Route Momber, City or Touring State, Zip Code)	4
6 may ctor, pa		20f. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Colpetery, crematory of Order place) Colpetery, crematory of Order place) Colpetery, crematory of Order place)	
Page Il dire		21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	$\overline{}$
2 2 7		MARCH F/H-WEST 4300 WABASH AVE	
E 3 & a		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.	
O DO E		IMMEDIATE CAUSE (Final	
		disease or condition resulting in death) a. Castrointestinal Lemonhage 1 day	
		DUE TO (OR AS A CONSEQUENCE OF):	\dashv
ecuted and con burial,	z		
. 8 " 0 =	은	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	\neg
	8	cause. Enter UNDERLYING CAUSE (Disease or Injury	
	CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF):	\neg
# 5 T 0		resulting in death) LAST	
he death the atte Mental	0	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDING	
y in	EDICAL	PERFORMED? AVAILABLE PRIOR TO	S
S age s	0	1 YES 2 TNO COMPLETION OF CAUSE OF DEATH?	
9 9 6	Σ	1 YES 2 NO	- 1
law lept 23	PHYSICIAN:	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 28. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	_
PHYSICIAN: The lar this certificate has with the State Deg	SC	EXAMINER? HOSPITAL: OTHER:	\dashv
certifice	H	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Medidence 8 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED	4
		1 Natural 5 Pending (Month, Dey, Year) INJURY WORK?	- 1
After death	BY	2 Accident Investigation 28a PLACE DE IN HIGY At home from short for small for the state of the	\dashv
after 28	COMPLETED	4 Homicide determined City or Town, Stete)	
AL OR AL DIRECTOR POURS	P	29e. CERTIFIER (Check only 1 Z CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner se stated.	
	ON I	One) 2 MEDICAL EXAMINER: (In the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end menner se stated.	-1
E FU M with		296. SIGNATURE AND TITLE OP CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	\dashv
TO THE HOSPI TO THE FUNE be filed within	TO BE	Howard Navort, M.D. D15552 ► \$14/95 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITEM 27) (Fore Print)	
		Howard Saintz, M.D. 21 Crossronds Dr. Ste 415 Quines Mills, Md	
		AUG 1 4 1995 Jan 22 BEGISTMAN'S SIGNATURE	



burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
R ATTE	RECTO	urs afte	3ш 28
IAL O	AL DI	72 hor	H ite
TO THE HOSPIT	TO THE FUNER	be filed within	IMPORTANT:

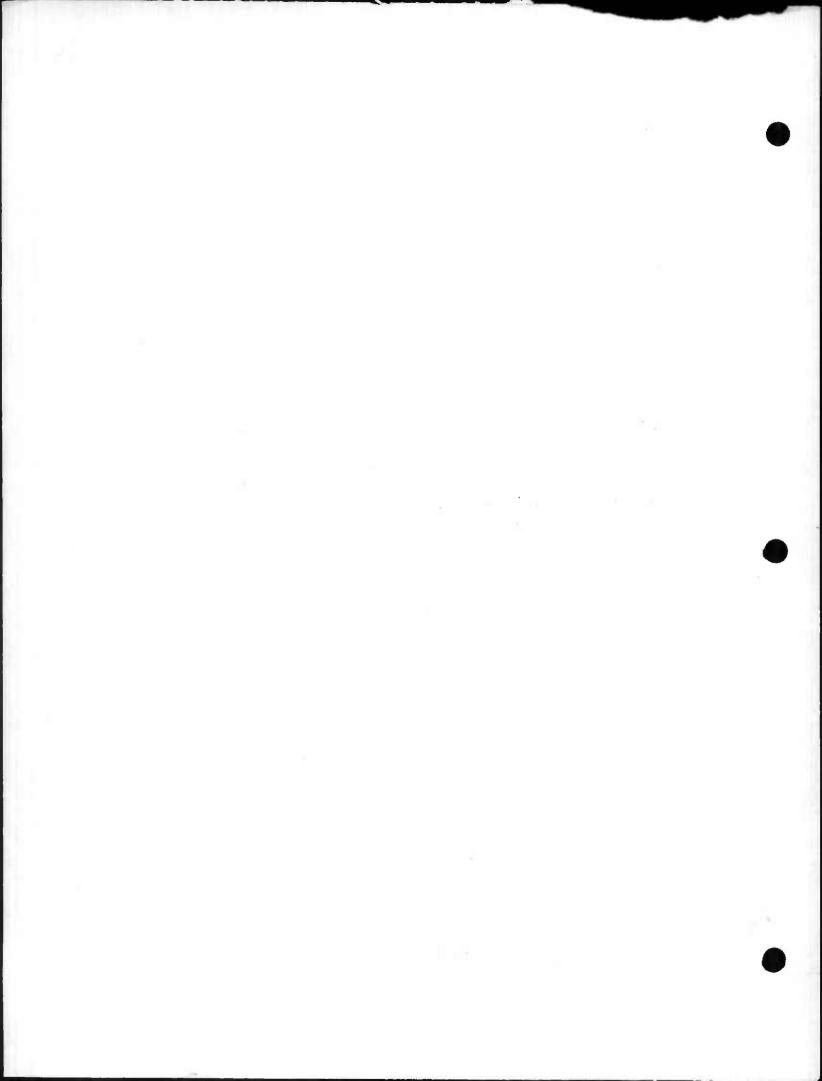
1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

URIJAH NEAL UNGER

2. DATE OF DEATH MONTH
AUGUST 11

	1. DECEDENT'S NAME (First, Middle, Last)	A.F.	HNOED						MONTH	OF DEATH	Y	YEAR	3. TIME OF DEATH
	URIJAH NE	UNGER						AUGUST 11 1995				3:55 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 D F	8. AGE (in yrs. last		IF UNDER 1	DAYS	HOURS	PI 24 HRS.	(Month, Day, Year) Country)			PLACE (State or Foreign	
	216-25-1775	YRS.					AUG.	16,19			ÝLAND		
œ	9a. FACILITY NAME (If not institution, give st				9b. CITY,				EATH			T MACE	
DIRECTOR	1191 GRANVILLE	ROAD			BA	LII	MORE				BALI	IMOR	(E
EC.	10e. STATE 10b. COUNTY	-		10c. CITY	, TOWN OR	LOCAT	TION						10d, INSIDE CITY LIMITS?
	MARYLAND BALTI	MORE		BAL	TIMO	RE							1 YES 2 XNO
AL	10e. STREET AND NUMBER					10	. ZIP COD						HAT COUNTRY?
FUNERAL	1191 GRANVILLE						212				US		2
5	11. MARITAL STATUS 1 X Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED	H.	yes, sp	ecify Cub	en, Mexico	an, Puerto R	? (Specify Yea licen, etc.)	or No-	14. RACE Black	American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	YE9	2 X NO	Specif	fy:			Specif	WHITE
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATR	DN		16b.	KIND OF BUS	INESS/IND	USTRY	***************************************
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	His.	ve kind of w Do NOT use	rork done du a retired.)	uring mo	ost of work	ing					
APL	1		ST	UDEN	Γ					EDUCAT	ION		
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S N	AME (First, A	fiddle, Meiden			
BE (DAVID	N.	UNGER					NDRE				BUTCH	IER
2	19a. INFORMANT'S NAME (Type/Print)					,				er, City or Town			04007
	DAVID N. UNGER							RUAD		IMORE,	MARYL CATION —		
	1 M Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	ovel from Statu	20b. PLACE A	matory or of	her place) LUTHE	ERAI	N CEI	METE	RY 8/				ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	2/12			22. N	AME A	ND ADDRI	ESS OF F	ACILITY LINE D	AL HOM	E D /	1	
	Hilary Sta	lings J	r										21122
	23. PART I. Enter the diseases, or of shock, or haart fallure.				ot enter t	the mo	de of dy	ying, aud	ch aa card	llac or reapl	ratory arr	eat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition												
	disease or condition resulting in death) a. Copputs Wrest										monte		
		DUE TO	(OR AS A CONSEC	DUENCE OF	7):								
ON	Sequentially list conditions, Due to (or as a consequence of):											-	
Ä	if any, leeding to immediate cause. Enter UNDERLYING	. 1	retarta	ab									GMU
Ĕ	CAUSE (Diseese or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):)								GMU 13ean
CERTIFICATION	resulting in death) LAST	d	Kehnr	Mist	ma								1 geon
	PART II. Other aignificant condition	a contributing to	daeth but not r	aculting i	n tha uno	dariyin	g ceuse	given ir	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1						OF DEATH?
1.4	DID TOBACCO USE CONT	RIBUTE TO CA	USE OF DEA	TH YE	S N	10 [UN	CERTAI	IN 🗆				
A	25. WAS CASE REFERRED TO MEDICAL			E OF DEAT				1					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		ne 5 0	Residence	8 🗆 Othe	r (Specify)			
PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, L		28b. TIM	E OF URY	W	JURY AT DRK?		28d. DES	CRIBE HOW I	NJURY OC	CURED	
BY	2 Accident Investigation	28 PLACE (OF INJURY At ho	me term s		1 🗌		_ NO	281 1.00	ATION (Street a	and Mumber	or Pural F	Onute Number
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined		etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	in soi, racio	, om				or Town, State)	and Indinabel	Of Figral F	ioute rumbai,
P	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the beat of	l my knowledge, de	ath occurre	d at the tir	me, dat	e and plac	e, and du	e to the cau	use(s) and mer	mer as stat	ed.	
OM	000) 2 MEDICAL EXAMINE	R: On the basis of e	examination end/or	Investigatio	n, in my op	olnlon,	death occ	ured at th	e time, data	and place, an	d due to th	ne ceuse(s	e) end menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	m.1	,	•		29c. LR	CENCE NI	IMBER ()	1	29d. DAT	E SIGNED	(Month, Day, Year)
TO B	- Cu		1/1Wh	1)		- 4		103	00	>	811	4/95
۴	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	HITER M			R		NG R	OAD B	ALTIMO	RE . M	ARYI	AND
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		111			111			,."		
	AUG1 4 1995	the drawds	orharlet										



1		-	FOR STATE REGISTRAR
Г	_	_	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

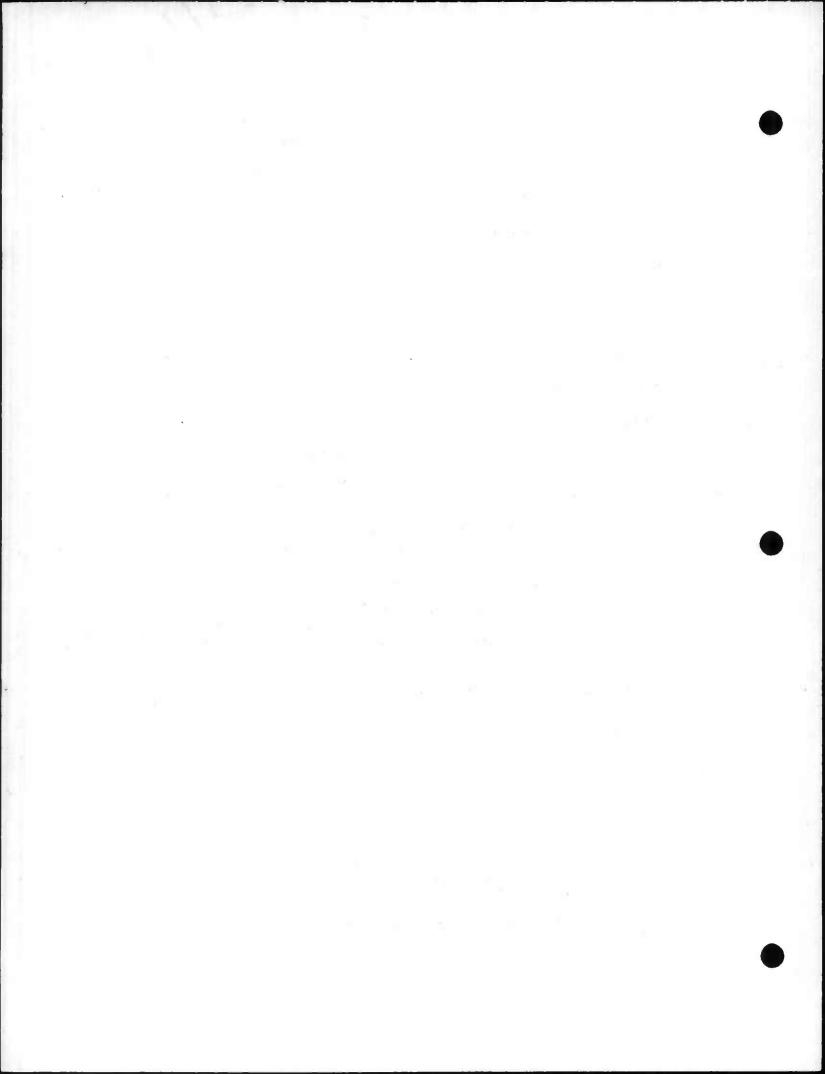
		REGISTRAR		CERTII	FICATE O	F DEATH		REG. NO).				
		1. DECEDENT'S NAME (First, Middle, Last)	and phil		1710	~ 4.34	2. DATE	OF DEATH	AY Y	YEAR 3.	TIME OF DEATH		
		504.0 5.000.00		ip Caes			AU6		2 1	195	10:15 A "		
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday	MONTHS DAYS		(Month	OF BIRTH		Country)	ACE (State or Foreign		
P		144-20-8324		78 YRS.			Dec.	27,	1916 N				
3 should	æ	9e. FACILITY NAME (If not institution, give s	,			OR LOCATION OF D	EATH		9c. COUNT	Y OF DEAT	Н		
€,	CTOR	Stella Maris Hos	pice		Towson				Balti	more			
Pages 1,	Ü	106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CI											
2	2	Maryland Balt:	imore	Pa	rkville						LIMITS?		
permit.	AL	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE		T COUNTRY?		
n. ansit	FUNERAL	8800 Walther Boule	evard #2308			21234			U.	S.A.			
-0020 ing physician. the burial-transit	5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS D	ECENDENT OF HISPA specify Cuben, Maxics	NIC ORIGIN	? (Specify Ye	-	L RACE	American Indian, hite, atc.		
0 5 5 6 5	ВУ	3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D WW II	ATES		ES 2 NO Specif		mouri, wice,		Specify:			
S S S	ED	15. DECEDENT'S EDU			S USUAL OCCUPA	TION	166	KIND OF BU	SINESS/INDUS		hite		
2727 al or att	E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind or life. Do NOT	work done during :	most of working	100.	KIND OF BU	SINESS/INDUS	THIT			
2 g 2	립		+ vears	Urologi	cal Sur	reon	Me	edical					
the hose detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)		000000	COL DOL	18. MOTHER'S NA			Sumeme)				
# 84 F	ш	Raphael P. Viscio	li			Gilda			Bernas	chi			
retained 5 should	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Stree	t and Number or Rural	Route Numb						
5 5 5	-	Mrs. Rose E. Visc	ldi	8800	Walther	Blvd. #2.	308,	Balti	more,	MD 2	1234		
L. Page 6 may be real director, page 9		20a. METHOD OF DISPOSITION 1 Buriel 2 Coremation 3 Rem	ovel from State Can	PLACE AND DATE	OF DISPOSITION /	Neme of	DATE		CATION - CIT				
- 00 -		4 Donation 5 Other (Specify)	[Gi	reenmoun	t Crema	tory Aug.	14	14 Baltimore, Maryland					
ALIIN death. Pag tuneral di i. examiner		22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Inc.											
× - 2 @	ш	hous &	regel Dogot			York Road				212	12		
# >F 3		23. PART I. Enter the diseases, of a shock, or heart failure.	complications that cause List only one cause on e	d the death. Do	not enter the n	node of dying, auc	h as card	lac or reap	iratory srrea	t,	Approximate		
		IMMEDIATE CAUSE (Finel		out mig.							Interval Between Onset and Death		
ation a		disease or condition resulting in death) s. LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF):											
9 9 9 6			DUE TO (OR AS A	A CONSEQUENCE (OF):								
UA 567 but the executed with sician and complete rior to burial, cren traumattic event	NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING. CAUSE Chicago or labitor.											
or clan	ξ												
ertificating phy glene p	띮	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF);								
. o bt >	CERTIFI	resulting in death) LAST	d										
the death the atte the atte		PART II. Other algnificant condition	a contributing to death h	uit not moulting	In the content of		Sect 1						
1 20 4	EDICAL	TANTI II. Other algranicalit condition	e contributing to death b	out not resulting	in the underly	ng cause given in	Part I.	24s. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS MLABLE PRIOR TO		
3 6 6 6							-	1 TYES 2	NO		MPLETION OF CAUSE DEATH?		
2 2 2 5	Σ	DID TOBACCO USE CONTI	DIBLITE TO CALISE O	E DEATH V	EC T NO I	T INICEDIAN				1 (YES 2 NO		
he law has be bept.	AN:	25. WAS CASE REFERRED TO MEDICAL	KIBUTE TO CAUSE C	28. PLACE OF DE			и Ц Т						
SICIAN: The Certificate I the State I, or Item	SICI	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		OTHER:				U.	_			
SICIA Certification	È	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. Til	ME OF 28c. II	NJURY AT			HOSPICE				
ATTENDING PHYSICIAN: The law ECTOR: After this certificate has b s after death with the State Dept.	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	JI.		YORK? YES 2 NO							
NDING R: After r: death		3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, term,	street, fectory, of	lice			and Number or	Rural Route	Number,		
OR ATTENDING DIRECTOR: After hours after death tem 28 is ma		4 Homicide determined					City to	r Town, Stete)					
	MPLET	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the beat of my know	ledge, death occur	red at the time, da	te end place, end dua	to the caus	ee(e) and mer	ner ee stated.				
HOSPITAL FUNERAL WITHIN 72	0 1		R: On the beele of examination								d manner ee stated.		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	В	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI					onth, Day, Ybar)		
To the hospit to the funery be filed within 7	0 8	Kondall (tauleu	een.	\supset	D25	64-3	>		2/15			
	- 1	30. NAME AND ADDRESS OF PERSON WHO											
		Kendall R. Faul	kner M.D.	2300 D	ulaney	Valley	Rd.	Tows	on, M	D 21	204		
	- 1	31. DATE FILED (Month, AUG 1 4	9952. RECHATRAR'S STA	ATORE									

Acces 1

DIVISION OF VITAL RECORDS, P.O. BOX 68760

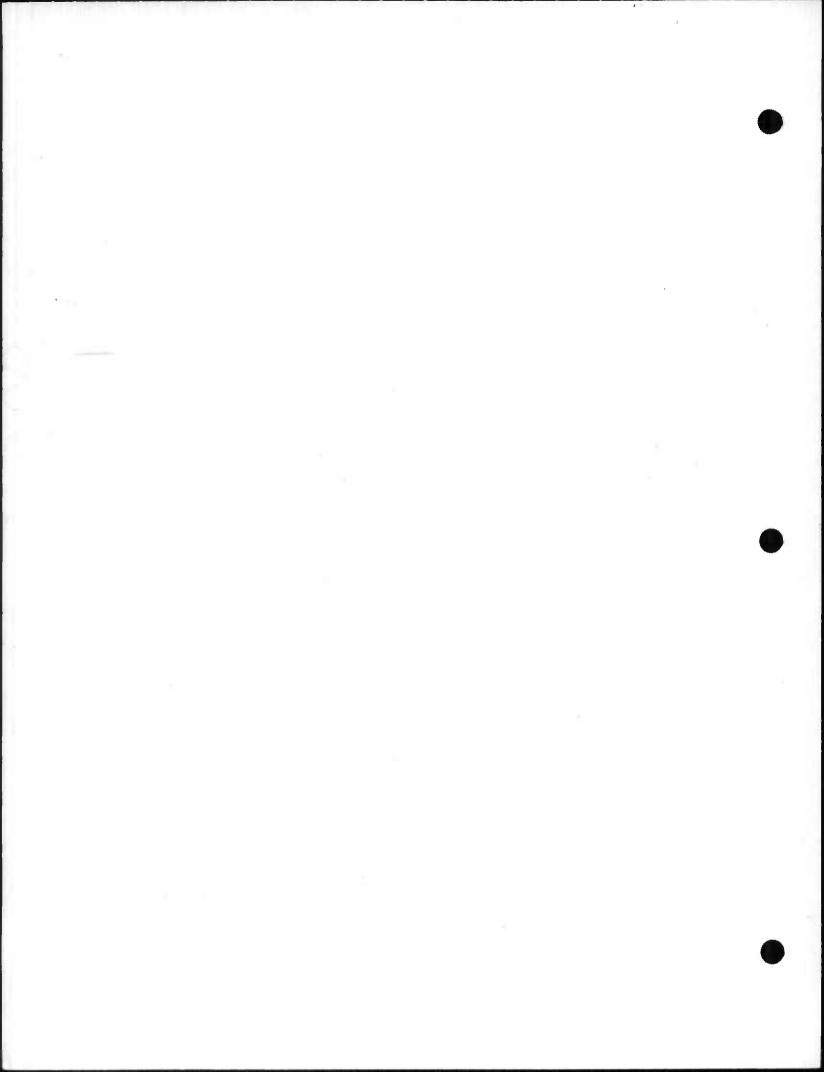
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ICALE	- 01			H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, L								2. DATE OF			, YEAR	3. TIME OF DEATH
	Margaret Mary								Augus	st 9,	1995 3:30 P. M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER		IF UNDER		7. DATE OF I			8. BIRTHPLACE (State or Foreign Country)	
	215-12-8963	1 🗌 M 2 💢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. 2		920		vland
	Be. FACILITY NAME (If not institution, g	ive etreet and number)		9b. CITY,	TOWN C	R LOCATIO					NTY OF D		
R	7107 Greenwood	Avenue				time							re County
Ĕ	RESIDENCE OF DECEDENT	riveriae			IMI	CHIL	ле_				Dal	LHIL	re county
H	10a. STATE 10b. CO	JNTY		10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
□	Maryland Bal	timore Cour	nty	E	Balti	more)					4.	LIMITS?
AL	10e. STREET AND NUMBER				-	101	ZIP CODE				10g. CIT	IZEN OF A	WHAT COUNTRY?
FUNERAL DIRECTOR	7107 Greenwood	Avenue					21206					S.A.	
Z	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.1				C ORIGIN? (S	naeltu Vaa			
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2 X	NO	1 1	f yes, sp	ecify Cuber	n, Mexican	, Puerto Ricar	i, etc.)	Of NO-	Biaci	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF TES, GIVE W	IN ON DAILES		Ι,	U YES	2 XNO	Specify:				Whi	te l
	15. DECEDENT'S	EDUCATION	16a. Di	ECEDENT'S	USUAL OC	CUPATIO	ON .		16b. KIN	o OF BUS	NESS/INI	MISTRY	
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)			live kind of v	work done o	luring mo	st of working	g	Total roll	0 01 003	IIVE 937 IIV	JOSINI	
굽	12th Grade	College (1-4 or 5+)		memak	er					m Ho	ma		
8	17. FATHER'S NAME (First, Middle, Last)		1201	itaitus	CI.		40 14071		IE (First, Middl				
	Eugene Michael						14.00		e M. S		-		
BE	190. INFORMANT'S NAME (Type/Print)	DI1.13											
2	and the second s	l ogles							oute Number, C				7 02 00 6
	Richard R. Vopa		1/.	10 / G	reen	WOOC	Ave	nue,	Baltı	more	, Ma	ıryla	nd 21206
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 1	Removal from State	20b. PLACE	AND DATE O	of DISPOSI	ITION (Na	me of		OATE	20c. LOC	ATION —	City or To	wn, State
	4 Donation 5 Other (Specify)		Holy	Redee	mer (Ceme	etery	8/.	12/95	Bal	timo	re,	Maryland
	21. SIGNATURE OF TUNERAL SERVICE	ELICENSEE					D ADDRES						
A		~ C = E	1		Jo.	hn C	Mi.	ller	, Inc.	7.1.2		2.6	1 1 01006
\dashv	22 BADY I Fotos the discount				04.	10 F	етат	r Ro	ad, Ba	iltim	ore,	Mar	yland 21206
- 1	23. PART I. Enter the diseases, shock, or heart failu	re List only one cous	e on each line	eath. Do n	ot enter	the mo	de of dyli	ng, auch	as cardiac	or reapir	atory an	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel	1.	7 /	7	1		21	-/-	-				Onset and Death
	disease or condition resulting in death)	. Acw	6 C	no	lia	65	-ve	u					Sudden
ŀ		DUE TO (C	OR AS A CONSE	OUENCE OF	F):	1							1 -41
Z	Sequentially list conditions.	- of ongs	eslive	He	ast	-fr	ail	we	و				Moules
ĔI	If any, leading to immediate	- ane to to	OR AS A OSHSE	OVENCE OF	T):	7	46						
2	CAUSE (Disease or injury	(affector	af K	29	uzg	nla	elie	2-		. 1			years
<u>u</u>	that initiated events resulting in death) LAST	DUE TO IC	OR AS A CONSE	QUENEE OF	7:	5	1			A			4
	I resulting in delith) LAST		sola	20/10	2 (2	220	2601	1650	Pelo	1 1	150	a Ce	16100 85
ERT		Atture	200								-		- Fears
CERTIFICATION		a Atterna	to all had and				-						Jears
	PART II. Other algolificent condi	d. Allona contributing to d	death but not i	reaulting i	n the un	derlying	ceuse g	iven in P	Part I. 24a	. WAS AN A		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		d. Allene to on the state of th	death but not i	reaulting i	n the un	derlying	ceuse g	iven in P			MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	PART II. Other algorificant condi	wingr	7	> =	1	derlying	ceuse g	iven in P		PERFORM	MED?	246.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algorificant condi	entricul	lar 1	Seal	5			Iven in P	10	PERFORM	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other aignificent conditions of the property of the p	entricul NTRIBUTE TO CAU	JSE OF DEA	Seal	5 S 🗆 N	10 🗆			10	PERFORM	MED?	246.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other algorificent condi	entricul NTRIBUTE TO CAU	JSE OF DEA	TH YE	S N Check of	NO ently one)	UNC	ERTAIN	10	PERFORM	MED?	246.	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other aignificent conditions to the property of the property of the property of the part of the property of the part	NTRIBUTE TO CAU	JSE OF DEA 28. PLACER/Outpetient 3	TH YE	S N H (Check of OTHER 4 Nurs	NO inly one) in the same of t	UNCI	ERTAIN	1 [PERFORM YES 2	NO NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2 28a. DATE OF 19 (Month, Day	JSE OF DEA 28. PLAC ER/Outpetient 3	TH YE CE OF DEAT	S N H (Check of OTHER 4 Nurs	NO I	UNCI	ERTAIN	10	PERFORM YES 2	NO NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the property of the p	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2 28a. DATE OF W. (Month, Day)	JSE OF DEA 28. PLAC ER/Outpetient 3 NJURY (Year)	TH YE DOA	S N H (Check of OTHER 4 Nurs E OF URY	inly one) I: Ing Home 28c. INJt WOI 1 Y	UNCI	ERTAIN sidence 6	Other (Sp. 28d. OESCRIE	PERFORM YES 2	NO JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2 26e. DATE OF 8 (Month, Day) on 28e. PLACE OF building, et	JSE OF DEA 28. PLAC ER/Outpetient 3 NJURY (Year)	TH YE DOA	S N H (Check of OTHER 4 Nurs E OF URY M	inly one) I: Ing Home 28c. INJt WOI 1 Y	UNCI	ERTAIN sidence 6	1 [PERFORM YES 2 Incity) HE HOW IN.	NO JURY OC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the property of the property of the property of the part of the property of the part	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAC 28. PLAC ER/Outpetlent 3 NJURY (Year) INJURY — At ho tc. (Specify)	TH YE DE OF DEAT	S N N'H (Check a OTHER 4 Nurse E OF URY M	inity one) i: ling Home 28c. INJi WOI 1 Y	UNCI	ERTAIN sidence 8	Other (Sp. 28d. OESCRIE	PERFORM YES 2 WES 2 WES 2 WES 2 WES 3 WES 3 WES 3 WES 4 WES 3 WES 4 WES 4 WES 4 WES 5 W	NED?	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAV ER/Outpetient 3 NJURY (, Year) INJURY — At hoto, (Specify)	TH YE OF DEAT	S N N H (Check of OTHER 4 Nurse E OF URY M Nurse treet, facto	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN sidence 6	Other (Sp. 28d. DESCRIE	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAV ER/Outpetient 3 NJURY (, Year) INJURY — At hoto, (Specify)	TH YE OF DEAT	S N N H (Check of OTHER 4 Nurse E OF URY M Nurse treet, facto	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN sidence 6	Other (Sp. 28d. DESCRIE	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other algnificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2 26a. DATE OF B (Month, Dey On 28a. PLACE OF building, et HYSICIAN: To the best of m RINER: On the bests of-excert	JSE OF DEA 28. PLAV ER/Outpetient 3 NJURY (, Year) INJURY — At hoto, (Specify)	TH YE OF DEAT	S N N H (Check of OTHER 4 Nurse E OF URY M Nurse treet, facto	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN saldence 6 NO and due to	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2 26a. DATE OF B (Month, Dey On 28a. PLACE OF building, et HYSICIAN: To the best of m RINER: On the bests of-excert	JSE OF DEA 28. PLAV ER/Outpetient 3 NJURY (, Year) INJURY — At hoto, (Specify)	TH YE OF DEAT	S N N H (Check of OTHER 4 Nurse E OF URY M Nurse treet, facto	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN sidence 6	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the condition of	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAC ER/Outpettent 3 NJURY — At hot. (Specify) INJURY — At hot. (Specify) my knowledge, de	TH YE OF DEAT DOA 28b. TIMI INJ THE PROPERTY OF THE PROPERTY O	S N (Check of OTHER 4 Nurse E OF URY M Arrest, factor of the time, in my op	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN saldence 6 NO and due to	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the part of t	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAC ER/Outpettent 3 NJURY — At hot. (Specify) INJURY — At hot. (Specify) my knowledge, de	TH YE OF DEAT DOA 28b. TIMI INJ THE PROPERTY OF THE PROPERTY O	S N (Check of OTHER 4 Nurse E OF URY M Arrest, factor of the time, in my op	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN saldence 6 NO and due to	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the condition of	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAC ER/Outpettent 3 NJURY — At hot. (Specify) INJURY — At hot. (Specify) my knowledge, de	TH YE OF DEAT DOA 28b. TIMI INJ THE PROPERTY OF THE PROPERTY O	S N (Check of OTHER 4 Nurse E OF URY M Arrest, factor of the time, in my op	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN saldence 6 NO and due to	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other aignificent conditions of the condition of	NTRIBUTE TO CAU HOSPITAL: 1 Inpetient 2	JSE OF DEA 28. PLAC ER/Outpettent 3 NJURY — At hot. (Specify) INJURY — At hot. (Specify) my knowledge, de	TH YE OF DEAT DOA 28b. TIMI INJ THE PROPERTY OF THE PROPERTY O	S N (Check of OTHER 4 Nurse E OF URY M Arrest, factor of the time, in my op	nity one) I: Ing Home 28c. INJ WOI 1 Y Pry, office	UNCI	ERTAIN saldence 6 NO and due to	Other (Sp. 288. LOCATION City or Ton the cause(a) me, data and	PERFORM YES 2 Activ) BE HOW IN N (Street error, State)	JURY Octor as stated due to the	CURED or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FIVERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached too use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. or Heatth and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL D	be filed within 72 ho	IMPORTANT: If its

	FilmG, 726, item #16b, 8	/14/95	cyw, per f.	h.	90 6	4415				
	1 - FOR STATE OF MARYLAN		MENT OF HEALTH AND	MENTAL HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Last) 1. DOVOTHY L. Wate	20°	J. J. J.	2. DATE OF DEATH MONTH	0-95	3. TIME OF DEATH				
	212-78-7515 1□ M X⊠ F	39 YRS. MO	TUNDER 1 YEAR IF UNDER 24 HRS. HTH8 DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APR. 5, 19	56 BALTIMORE, MD					
TOR	9a. FACILITY NAME (If not institution, give street and number) BAYVIEW HOSPITAL RESIDENCE OF DECEMENT	91	BALTIMORE	CITY	9c. COUNTY OF	n/a				
DIRECTOR	MARYLAND 10b. COUNTY n/a	10c. CITY, T	OWN OR LOCATION BALTIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER 1423 HOMESTEAD STREET		101. ZIP CODE 21218		UNITED	STATES				
ВУ	11. MARITAL STATUS 1 NARITAL STATUS 1 NARITAL STATUS 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 X No	13. WAS DECENDENT OF HISPA II yes, specify Cuban, Mexic 1 YES 2 7 NO Spec	en, Puerto Rican, etc.)	Bla	CE — American Indian, lick, White, etc.				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Give kind of work life. Do NOT use re	done during most of working		SINESS/INDUSTRY (at	hospital)				
BE CON	17. FATHER'S NAME (First, Middle, Last) CLARENCE WATERS		18. MOTHER'S N	AME (First, Middle, Meiden DRED DAVI	Surneme)					
10	190. INFORMANT'S NAME (Typo/Print) MILDRED WATERS	196. MAILING AD 1423	homestead s	Roune Number, City or Tow t., baltimo	n, State, Zip Code) Ore, MD	21218				
	20e. METHOD OF DISPOSITION 1 \(\text{XM} \text{Yrlei 2} \) Cremation 3 \(\text{Remcval from State} \) 4 \(\text{Donation 5} \) Other (Specify)	ACE AND DATE OF D	MEMORIAL PARK		RBT., MA					
	21. SIONATURE OF FUNERAL SERVICE LICENSEE		WM. C. MARC	ACILITY						
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure List only one ceuse on each IMMEDIATE CAUSE (Final disease or condition resulting in death)	ne death. Do not in line.	enter the mode of dying, sur	embol	us	Approximata Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions contributing to death but if RESTRICTIVE LUNG CLISEAS DIDITOBACCO USE CONTRIBUTE TO CAUSE OF E	DSS160 DEATH YES	Gabolie Qud Sepsis □ No □ UNCERTAI	PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetie		Check only one) THER: Nursing Home 5 Residence	8 Other (Specify)						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TIME OF	F 28c. INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED					
	2 Accident investigation 3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — building, stc. (Specify)	At home, term, stree	it, factory, office	281, LOCATION (Street & City or Town, State)	and Number or Rural	Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER On the basic of examination en					(e) and manner as stated.				
TO BE C	EN SIGNATURE AND TITLE OF GORTIFIER SWYGAMME POWERS - BERMUN	dez,	MD. 29c, LICENSE NU	MBER 46627	29d. DATE SIGNE	(Month, Day, Year) -10-95				
	30 NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF DEATH SUZU NNC DUNCE DEATH	ezm	O Baltomo	4940 P	asteri	Avenue				
	AUG1 4 1995 32. RUGISTRAP'S SIGNATU	Redall		7		,				

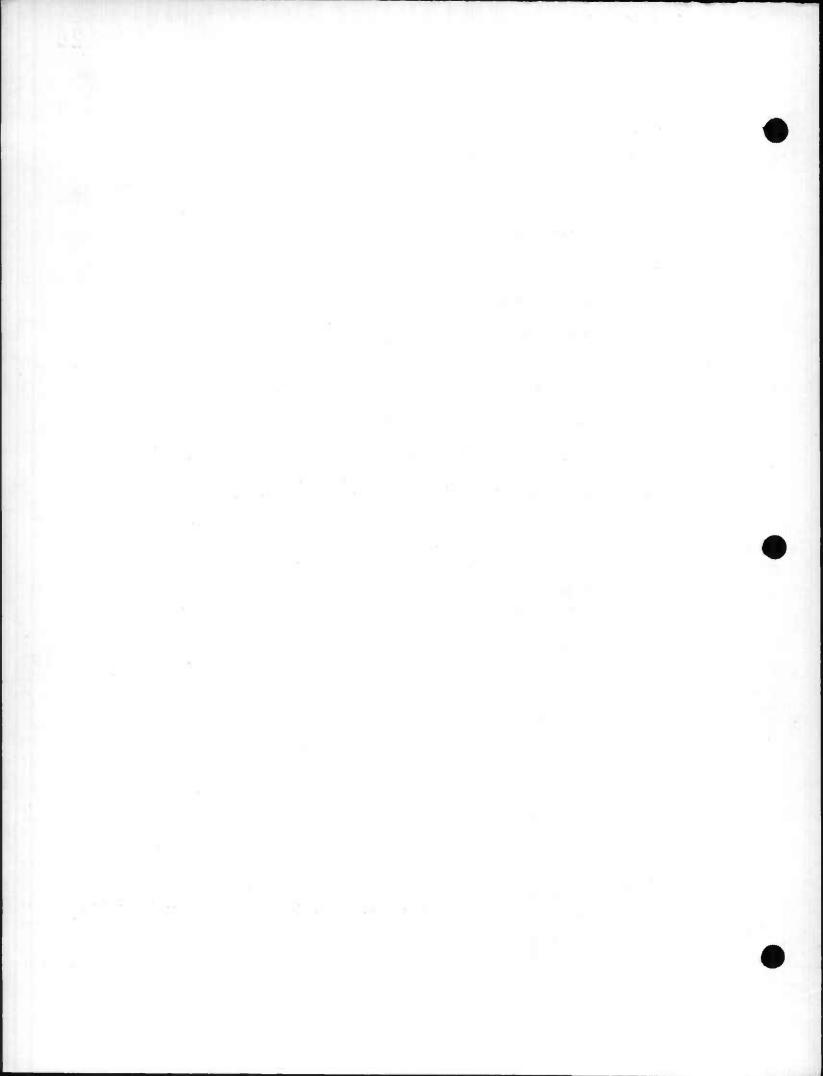


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an ormpletely filed in by the floating by the retained by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It fem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					MENTAL	HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)	LIAMS							of DEATH	, 199	9 ^Y 5 ^R	3. TIME OF DEATH 0755 A M
	4. SOCIAL SECURITY NUMBER 213 76 5069	1 □ M 2 🔀 F 33	yrs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	May	25, 19	62	Mar	yland
TOR	1217 RACE STREI									DO I		ESTER
DIRECTOR	10a. STATE 10b. COUNTY	chester	chester Cambridge							10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🌠 NO		
FUNERAL	100. STREET AND NUMBER 1217 Race Street				101	216				-	S.A	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 XNO		If yes, sp		n, Mexica	n, Puarto I	77 (Specify Yes Rican, etc.)	or No-	14. RACE Black Speci	E — American Indian, k, White, etc. ify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT L	work done use retired.)	during mo	ON st of worldr	ng	16b	Own Ho		USTRY	
	8th 17. FATHER'S NAME (First, Middle, Lest) W	villiam Amlar	Home 1	Makei		18. MOTI			Widdle, Maiden S	Surname)		
TO BE	19e. INFORMANT'S NAME (Type/Print) William Amland		196. MAILIN						ber, City or Town			21061
	20e. METHOD OF DISPOSITION 1 X Burtel 2 Cremation 3 Remo	oval from State 20b.	PLACE AND DATE Hery, crematory or Edar Hi	LI CE	mete	ery		8/1	.6 Ba1		re,	Maryland
	21, SIGNATURE OF FUNERAL SERVICE LIC		fer-						uneral Balt			
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Snoke 'mhals DUE TO (OR AS A	ch line.						dac or respi	ratory arm	est,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE: (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL C	PERFORMED? 1 (X YES 2 \subseteq NO										MARLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1. YES 2 NO	
IAN:	DID TOBACCO USE CONTI		F DEATH Y				CERTAI	N□				
YSIC	EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		-	rsing Hon		asidence	8 🗆 Othe			011070	
ву Рн	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 8/12/95	28b. TI	JURY	W	DURY AT DRK? YES 2 D	X NO		SCRIBE HOW II		,	rumed
	2 🔀 Accident Investigation 3 🗀 Sulcide 8 🗀 Could not be 4 🗀 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	At home, farm	, atreet, fac	ctory, offic	in .		City	or Town, State)	1217	Race	57-
COMPLETED	Check only	CIAN: To the best of my knowlers: On the bests of exemination										a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIED	R	10			29c. LIC	ENSE NU	MBER				D (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON WH	4 4	ATH (ITEM 27) (Tvs	oe, Print)	rec		C.M		ro M			T 13,1995
				n St	ree	U, E	oalt	. тио:	re, M	атАт	and	21201
	AUGI 4 1995	22. REGISTRAR'S SIGNA	14									



YEAR

Baltimore

S.A.

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 X YES 2 NO

Approximate Intarval Between

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 TNO

Onset and Death

S. BIRTHPLACE (State or Foreign

Maryland

2:00 PM

2. DATE OF GEATH

MARIE 08 7. DATE OF BIRTH
(Month, Day, Year,
April 20 WENNAGEL 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 🗌 M 2 💢 F YRS. 219-26-2871 90 1905 Page 6 may be retained by the hospital or attending physician. all director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH DIRECTOR Stella Maris Hospice Towson 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland N/A Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Walther Ave 21214 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 2 X NO Il yes, specify Cuben, Mexicen, Puerto Rican, etc.) BY 1 YES 2 X NO Specify: 3 Widowed 4 Divorced ETED 15. DECEOENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Secretary State of Maryland 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 7 Joseph Eberhardt Katherine Will BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Mary Carol Gonce Same as 10e pe 20e. METHOD OF DISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Baltimore National Cemetery 8/15/95 Balto. other traumatic event, the medical examiner 21. SIGNATUREYOF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY the funeral Leonard J. Ruck Funeral Home, Inc. 5305 Harford Rd. Balto. Md. 21214 hours after death. 1 Konald or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. hysician and completely filled in by prior to burial, cremation, or remo IMMEDIATE CAUSE (Final disease or condition resulting in death) ONGESTIVE HEART FAILURE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, MEDICAL CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 6 the atten 23 shows any injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY this certificate has been signed by with the State Dept. of Health and 1 - YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 💢 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) ltem . EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF GEATH 28e. DATE OF INJURY 28 is marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural INJURY 1 YES 2 NO BY After a 2 Accident Investigation 28e. PLACE OF INJURY — At home, 1erm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 4 🗌 Homicide tem 29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. THE HOSPITAL OF THE FUNERAL DIFFER MITTER TO THE FILE THE = 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner es stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 200 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

Amended Item #4, 8/2/95, bam Cecil County
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		C	ERIIF	ICALI	E OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Caleb Kirk Brok	0.77						2. DATE O		no E	YEAR	TIME OF OEAT	
- 3												10:15am	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	ist birthday)	IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE Of	BIRTH Day, Year)		8. BIRTHPL Country)	LACE (State or For	reign
	280 -08 -8520	1 🔀 M 2 🗌 F	77	YRS. MONTHS DAYS HOURS MIN.						Mary	land		
	9e. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY	, TOWN	OR LOCATION OF DE				TY OF OEA		
2	119 Reynolds Ave				Ris	ing	Sun			Ced	cil		
K	RESIDENCE OF DECEDENT												
Ä	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION				1	Od. INSIDE CITY	
5	MD Ce	cil		Ri	sing	Sur	1					LIMITS?	NO
닉	10e. STREET AND NUMBER						f. ZIP CODE			10a. CITI		AT COUNTRY?	
8	119 Reynolds Av	0				2	21911				SA		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVED IN II C A	DMED	12		ENDENT OF HISPAN		M				
	1 Never Merried 2 X Merried	FORCES? 1	YES 2			If yes, sp	ecify Cuben, Mexice	in, Puerto Ric		or No-	Black,	 American India White, etc. 	ın,
BY	3 Widowed 4 Divorced	WWII	WAR OR DATES			1 YES	2 NO Specify	y:		-	Specify:		
	15. DECEDENT'S EDU			ECEDENT'S	HOUAL O	OCUPATION		400	IND OF BUS	1	whit	e	
	(Specify only highest grade	completed)	(0		work done		ost of working	100, 1	JAD OF BU	SINE SS/IND	USTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5 -	+)			000			to Do	. 1	- h		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Parts	Man	agei	_		to De	_	surb		
		10 1					18. MOTHER'S NA			Sumeme)			
8	Caleb Coddington	Brokaw					Louisa						
2	19e. INFORMANT'S NAME (Type/Print)		1				and Number or Rural i			n, State, Zip	Code)		
	Dorothy Brokaw			119 R	eyno	1ds	Ave Risi	.ng Su	n MD	219	11		
	20e. METHOD OF DISPOSITION 1 [XBuriel 2] Cremation 3] Rem	oval from State	20b. PLACE	AND DATE	OF DISPOS	SITION /N	eme of	DATE	20c. LO	CATION —	City or Town	ı, State	
	4 Donation 6 Other (Specify)		Aug	1 199	5 Br	ookv	view Ceme	tery	Ris	ing !	Sun M	D	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	10				ND ADDRESS OF FA						
	*	14	11	1			Foard F					1011	
	23. PART I. Egter the diseases, or		10	11/1	011	11 8	. Queen	St. R	ising	Sun	MD 2		
	shock, or heart feliure.	Liet only one cau	ee on each lin	e. /	ibt enter	the mo	ae or aying, suc	n ss cardii	ic or respi	ratory sm	est,	Approxima Interval Be	
	IMMEDIATE CAUSE (Final		1/0	1		0						Onset and	Death
	disesse of condition resulting in desth)	s,	Un	alle		Ley	kemia					4mm	the
		DUE TO	(OR AS A CONSE	EOUENCE O	F):								
×	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								
2	CAUSE (Disesse or Injury	C											
불	that initisted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
H	resulting in death) CAST	d											
	PART II. Other significent condition	as contributing to	deeth but not	resulting	in the ur	nderivie	a cause alven in	Part i	4s. WAS AN	ALITODEY	1 245 4	VERE AUTOPSY FIN	NOWOO
EDICAL						racity iii	g copes given in		PERFOR		A	MAILABLE PRIOR 1	TO
ă								-	YES 2	NO NO		OF DEATH?	AUSE
E											1	YES 2 N	10
ż	DID TOBACCO USE CONT	RIBUTE TO CA						N					
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEA									
PHYSICIAN:	1 TES 2 NO	1 Inpatient 2	ER/Outpatient	3 🗆 DOA	4 Nur		ne 5 Residence	8 Other	Specify)				
اک	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	JURY AT	28d. DESC	RIBE HOW I	NJURY OCC	URED		
	1 Natural 5 Pending 2 Accident Investigation	(morkii, E	ay, reary	l in	M		YES 2 NO						
BY	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At b	ome, farm,	street, tac	tory, offic			ION (Street a	and Number	or Rural Rou	rte Number,	
E	4 Homicide determined	building,	atc. (Specify)					City or	Town, State)				
<u>w</u>	29e. CERTIFIER												
COMPLETED	(Check only												
<u>ō</u>	2 MEDICAL EXAMINE	:H: On the beele of a	xamination end/or	investigation	on, in my o	opinion, d	leath occured at the	time, date a	nd place, en	d due to th	e cause(e) s	and manner as st	sted.
ш	296. SUBHATURE AND TITLE OF CERTIFIES	H					29c. LICENSE NUM	WBER		29d. DATE	E SIGNED (A	Jonth, Day, Year)	
0 8											195		
임	30. NAME AND ADDRESS OF PERSONNINH	O COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type	, Print)								
	Neil Taylor Ri	sing Sun	MD										
Ì	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										
	JUL 31 1995 A	alis, attendes	or Randall										
				-									Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

5 Pending Investigation

8 Could not be determined

1 Natural

2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

2

	FOR 1 - STATE	STATE OF I	MARY AND	/ DEPAR	TMENT OF	HEALTH AND	MENTA		E	5 6	24423	
AL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) JOE ARTHUR ALEXANDER Jr. 4. SOCIAL SECURITY NUMBER 220-76-1662 1XXM 2 = F 39 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF D RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE'S NEW CARROLLE NO. 10c. CITY, TOWN OR LOCATION NEW CARROLLE NO. 10c. CITY NEW CARROLLE NO. 10c. CITY NEW CARROLLE NO. 10c. CITY NEW CARROLLE NO. 10c. CITY NEW CARROLLE NO. 10c. CITY NEW CARROLLE NO							REG. NO. 1. DATE OF DEATH DAY YEAR JULY 24, 1995 1. TIME OF DEATH 15:15 IF. 1. TIME OF DEATH OF DEATH OF DEATH DAY YEAR JULY 24, 1995 1. SHITTHPLACE (STIME OF FOR DEATH PLACE) 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 1. TIME OF DEATH DAY YEAR JULY 15:15 IF. 2. TIME OF DEATH DAY YEAR JULY 15:15 IF. 2. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 3. TIME OF DEATH DAY YEAR JULY 15:15 IF. 4. TIME OF DEATH DAY YEAR JULY 15:15 IF. 4. TIME OF DEATH DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5. DAY YEAR JULY 15:15 IF. 5.				
COMPLETED BY FUNERAL	7613 Riverda. 11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12) 1.2	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES	ECEDENT'S Give kind of 6. Do NOT u	USUAL OCCUP work done during se retired.)	specify Cuban, Mexic (ES 2 NO Speci	NIC ORIGI an, Puerto lly:	U.S.A. IGIN? (Specify Yes or No— rio Rican, etc.) 14. RACE — Arm Black, White, Specify: Caucati 16b. KIND OF BUSINESS/INDUSTRY Apartments			- Americen Indien, White, etc.	
TO BE CO	17. FATHER'S NAME (First, Middle, Last) JOE Arthur Ale 19a. INFORMANT'S NAME (Type/Print) JOE A. Alexande 20a. Vietno of Disposition 12. Signature of Funeral Service Challes Challes	er, Sr.	20b. PLACE	19. MOTHER'S NAME (First, Middle, George Anne 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Cl. 7613 Riverdale Rd #107 New PLACE AND DATE of DISPOSITION (Name of July 28, OATE PLACE, Cermetory or other place) 22. NAME AND ADDRESS OF FACILITY Lee 6633 Old Alexandria						e Smith (, City or Town, State, Zip Code) EW Carrollton M 20c. LOCATION — City or Town Suitland Mar Funeral Home,		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, Dr heart feiture. List Dnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): L. Liver Circle 5/3 OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Between Onset and Death		
PHYSICIAN: MEDICAL C	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN EXAMINER? 1 YES 2 NO 1 OTHER: 1 POPULATE: 1 POPULAT							24s. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1	

М

29c. LICENSE NUMBER

OCME

29d. DATE SIGNED (Month, Day, Year)

JULY 25, 1995

28t. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as atsted.

28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)

ation end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner se stated, 29b. SIGNATURE AND TITLE OF CERTIFIER

1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

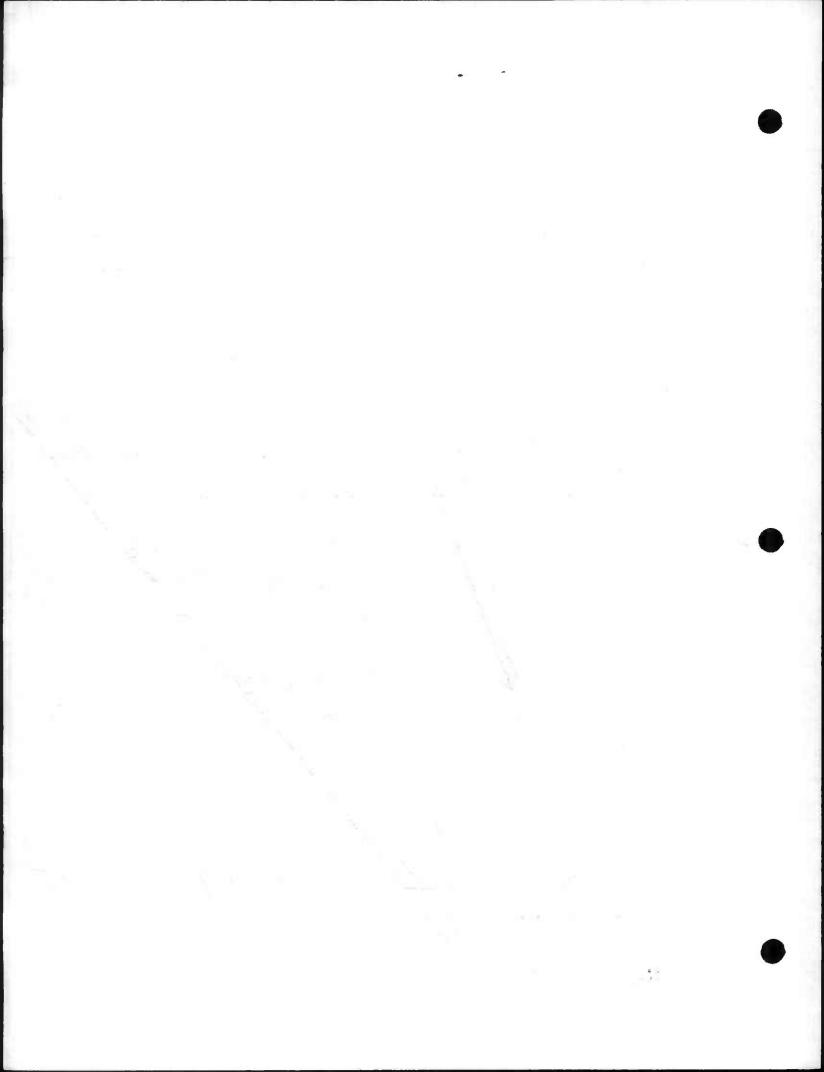
31. DATE FILED (Month, Day, Year)
AUG 0 1 32. REDISTRAR'S SIGNATURE
July d'Audron Randell

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exhours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND		HYGIENE REG. NO.			100			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH				
	ELOISE DYSON	ARCHBAL	D			JULY	30, 1	995 YEAR	1:30	Рм			
	4. SOCIAL SECURITY NUMBER 215-44-8770 80. FACILITY NAME (If not institution, give s	MARCH	ate of Birth Month, Dey, Year) RCH 22,1895 8. BIRTHPLACE (State of Incompty) MARYLAND										
DIRECTOR	ST. MARY S HOSPI			LEONAR	DTOWN	EATH		ST. M					
REC	10a. STATE 10b. COUNTY	,	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CIT	TY			
	MARYLAND ST. 100. STREET AND NUMBER	MARY'S		EONARDT	OWN ZIP CODE		1.	LIMITS? 1 X YES 2 NO					
ER/	109 CEDAR LANE				20650			U.S.A.					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 X NO PATES	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 (X NO Specif	an, Puerto Rica	specify Yes or	r No— 14. RACE Black Speci	E — American Inc. k, White, etc. hy:	ilen,			
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Give kind of v	USUAL OCCUPATIO	ON st of working			BUSINESS/INDUSTRY					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	workER				GOVERNMI REVENUE		CE			
	17. FATHER'S NAME (First, Middle, Last)	DVOON			18. MOTHER'S NA								
8	JOHN SAMUEL 190. INFORMANT'S NAME (Type/Print)	DYSON	405 4444 414		MARY E								
2	JEAN BURCH		Rt.	3 Cedar	Lane,		Town, State, Zip Code) Atown, MD 20650						
	20a. METHOD OF DISPOSITION 1	oval from State	LD FIELD	DE DISPOSITION (Na Liber place SEPISCO	PAL CEM.	8/2	HUGHI	TION — City or To	wn, State	AND			
	Commention S Removal from State Campaton of other place Camp												
	BENJAMIN M. W	ATTHEWS M-O	0658	P.O.	BOX 156	ERAL H WALDOR	E, MAI	RYLAND 2	20604				
	23. PART i. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due 10 on AS A	d the deeth. Do neach lina.	ot enter the mo	manau	th as cardiac	or respirat	tory arrest,	Approxin Interval I Onset an	Between			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	(0)	CONSEQUENCE OF	MH	Ton.	y S	S	2	yb.	21			
AL C	PART II. Other aignificent condition	e contributing to death is	ut not resulting i	in the underlying	ceuse given in	Part I. 24	. WAS AN AU		WERE AUTOPSY	FINDINGS			
MEDIC/		(1919/	sal	This	my	201 .	PERFORME		AWAILABLE PRIOF COMPLETION OF DF DEATH?				
						_			1 YES 2	200			
AN	DID TOBACCO USE CONTR	RIBUTE TO CAUSE O	PLACE OF DEAT	S NO	UNCERTAIL	N 🔲			11/				
SICI	EXAMINER?	FIOSPITAL:		OTHER:	400	• E • ii				. 9			
PHYSICIAN:	27. MANNER OF DEATA	28e DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c, INJU	5 Residence			JRY OCCURED					
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MORRI, Day, Year)	INJ	M 1 Y	ES 2 NO								
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, ferm, street, factory, office 28s. LOCATION (Street and Number or F												
COMPLETE		CIAN: To the best of/my know							end menner ee	ntated			
BE CC	2° MEDICAL EXAMINER: On the semination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey. Year)												
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	ATH (ITEM 27) /Tura	Print)	10	641	7	7-3	1-7	5			
	JAMES P. JARBOE N	1.D. / MEDICA	AL ARTS E		RT. 5 &	CEDAR	LA. I	LEONARDI	OWN, MI)			
	31. DATE FILED (Month / Def., Year) AUG 0 / 1995	PEGISTRAR'S SIGN	Randall	.,·									
	- /	4/						12	DHMH-1	8 Rev 1/89			

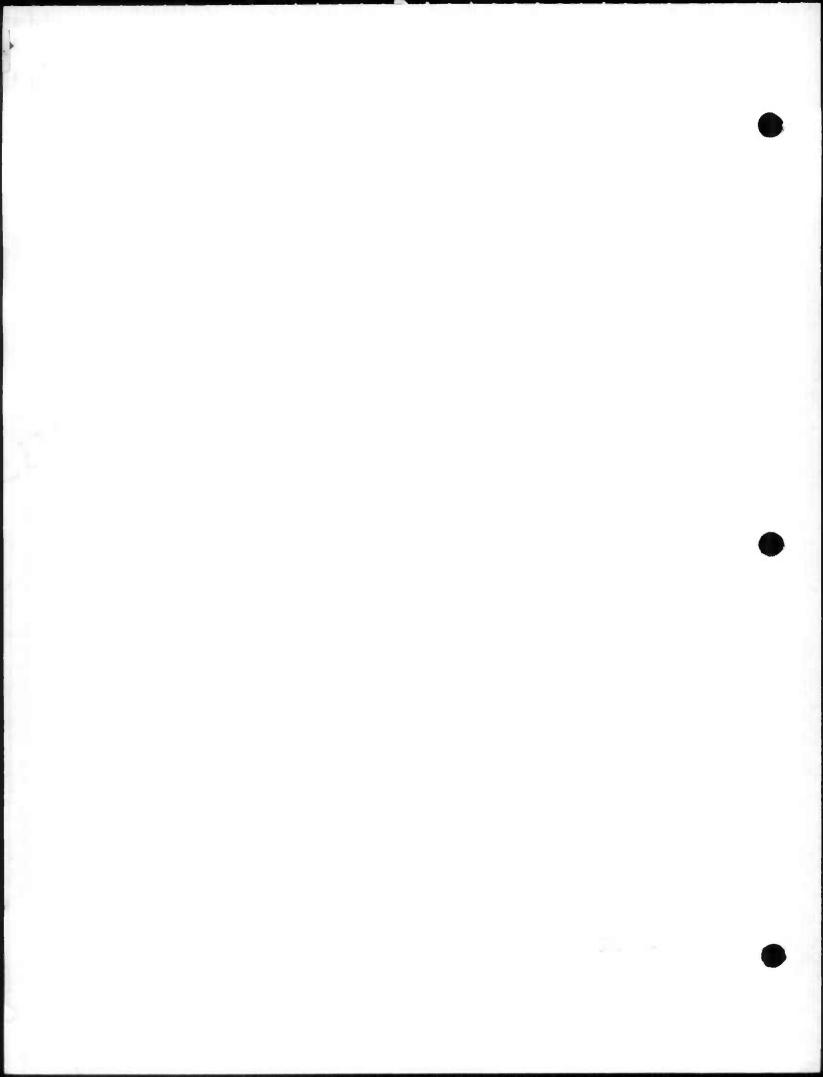


DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TS hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	REG. N	0.					
	1. DECEDENT'S NAME (First, Middle, Last)		3. TIME OF DEATH										
	Catherine Ole	en Allison	n			July 25,	1995	YEAR	6:00 P.M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign			
	214-09-4668	1 □ M 2 汉 F	□ M 2 13(F 74 YRS.			HOURS MIN.	Sept. 19.	1919	Countr	ryland			
	9e. FACILITY NAME (If not institution, give st	Irset end number)			9b. CITY, TOWN	OR LOCATION OF D		JNTY OF D	4				
l Œ	11 W. Baltimore S	Street			Hager				hing				
DIRECTOR	RESIDENCE OF DECEDENT												
1	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWH OR LOC				10d. INSIDE CITY Y LIMITS?				
	Maryland W	Vashington	n		Hager	stown				TYES 2 NO			
¥	10e. STREET AND NUMBER				3	of. ZIP CODE		10g. CIT	TIZEN OF W	HAT COUNTRY?			
E E	11 W. Baltimore S	Street				217 40		A					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify	14. RACE	- American Indian,				
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WA	IR OR DATES	10	1 Tyes, s	S 2 NO Speci	nn, Puerto Rican, atc.) /y:		Speck	White, etc.			
						Λ				White			
臣	15. DECEDENT'S EDUC (Specify only highest grade	DITION completed)	(Gi	ive kind of	USUAL OCCUPAT	ION lost of working	16b. KIND OF E	USINESS/IN	DUSTRY				
l m	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 25	Do NOT us			079						
2	8			TICK	et Take		Theat						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Ticket Taker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)													
Charles Olen Hurd Mary Emaline Brown													
2	19a. INFORMANT'S NAME (Type/Print)	_					Route Number, City or T			nd 21740			
	Virginia Myer	S	4	OT A	ermont	Avenue	Hagerstow	n, Ma.	гутаг	Id 21/40			
	20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 3 Remo	ovel from State	20b. PLACE A	ND DATE	OF DISPOSITION (A	lame of		OCATION -					
	Rose Hill Cemetery //28 Hagerstown, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	D		Gera	NO ADDRESS OF FA	nich 30'	5 N. F	otom	ac Street			
	Duscol. 11	mundo	Sh			al Home				Maryland			
	23. PART I. Enter the discesses, or c	omplications that	caused the de	eth. Do r						Approximata			
	shock, or heart fellure. L IMMEDIATE CAUSE (Final	List only one caus	e on each line						,	Interval Between Onset and Death			
	disease or condition resulting in death) a. Congestivis Harast Payllure Wanth												
-	- Ischaus Heart Minas												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
K	cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO ((OR AS A CONSEC	DUENCE OF	F):								
토	resulting in death) LAST	4											
DICAL	PART II. Other eignificant conditions	s contributing to d	death but not n	eaviting i	n the underlyle	ig ceuse given in		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
ă							1 _ YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?			
W										1 YES 2 NO			
	DID TOBACCO USE CONTR	EIBUTE TO CAL	JSE OF DEA	TH YE	S NO [UNCERTAIL	N 🗆		- 1				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLAC	E OF DEAT	H (Check only one)							
S	1 □ YES 2 ☑-NO	1 Inpetient 2	ER/Outpatient 3	DOOA	OTHER: 4 Nursing Hor	ne 5 Tesidence	6 Other (Specify)						
1	27. MANNER OF DEATH	28a. DATE OF II (Month, Day	NJURY (. Year)	26b. TIM	E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OC	CURED				
ВУ	1 Netural 5 Pending 2 Accident Investigation	(,,,			YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At hor	me, ferm, s	Rreet, factory, offi	De .	28f. LOCATION (Street	t and Numbe	r or Rural R	oute Number,			
TED	4 Homicide determined	adviding, as	to (opocity)				City or Town, Stell	9)					
=	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the heat of a	ny knowledne de	th occurr	ed at the time, dat	and place and due	to the cause(e) and m						
1 1 1	(Check only one) 2 MEDICAL EXAMINER									and manner as eleted			
≥													
COMPLET	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Month), Day.												
		6-		DE(45) 1/16/75									
8	Su					10214	57	1	126	195			
ш	30. NAME AND ADDRESS OF PERSON WHO ABDY WATER				Print) AK 1-1	1 AV6	HAGER	STOC) 2-6 SN.	mn			
8	Su		OF DEATH (ITEN		Print) DAKLH	1 AVE	HAGER	stock) 2-6 J.W.	mn			



BALTIMORE, MARYLAND 21215-0020

8s 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

29b. SIGNATURE AND TITLE OF CERTIFIES

HOWE

1995

Ε.

AUG

31. DATE FILED (Month, Day, Year)

-/W

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BE

2

95 24426 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KENNETH NULTON ALLING AUGUST 1995 7:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Dec. 13, 1917 127-03-4233 1 M 2 | 1 YRS. Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Williamsport Nursing Home Williamsport Washington RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10a, CITIZEN OF WHAT COUNTRY? 1400 Hamilton Blvd. 21740 **USA** 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) school teacher education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Alling Edna BE Nulton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Claire H. O'Connell 11719 Mockingbird Lane Hagerstown, Maryland 21742 20g, METHOD OF DISPOSITION
1 A Buriel 2 Cremetion 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION - City or Town, State Str. Faul Str Lutheran Cenetery 8/9 4 ☐ Donation 5 ☐ Other (Specify) Uniontown, Maryland 21. MONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition resulting in death) UROSEPSIS 5 DAYS DUE TO (DR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ADVANCED ALZHEIMER'S DEMENTIA 1 - YES 2 X NO OF DEATH? 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO YOUNCERTAIN PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 X NO 1 Dipatient 2 ER/Outpatient 3 DOA Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 ND BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) end manner ea stated.

> 154 NORTH ARTIZAN STREET, WILLIAMSPORT, MD 21795 REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

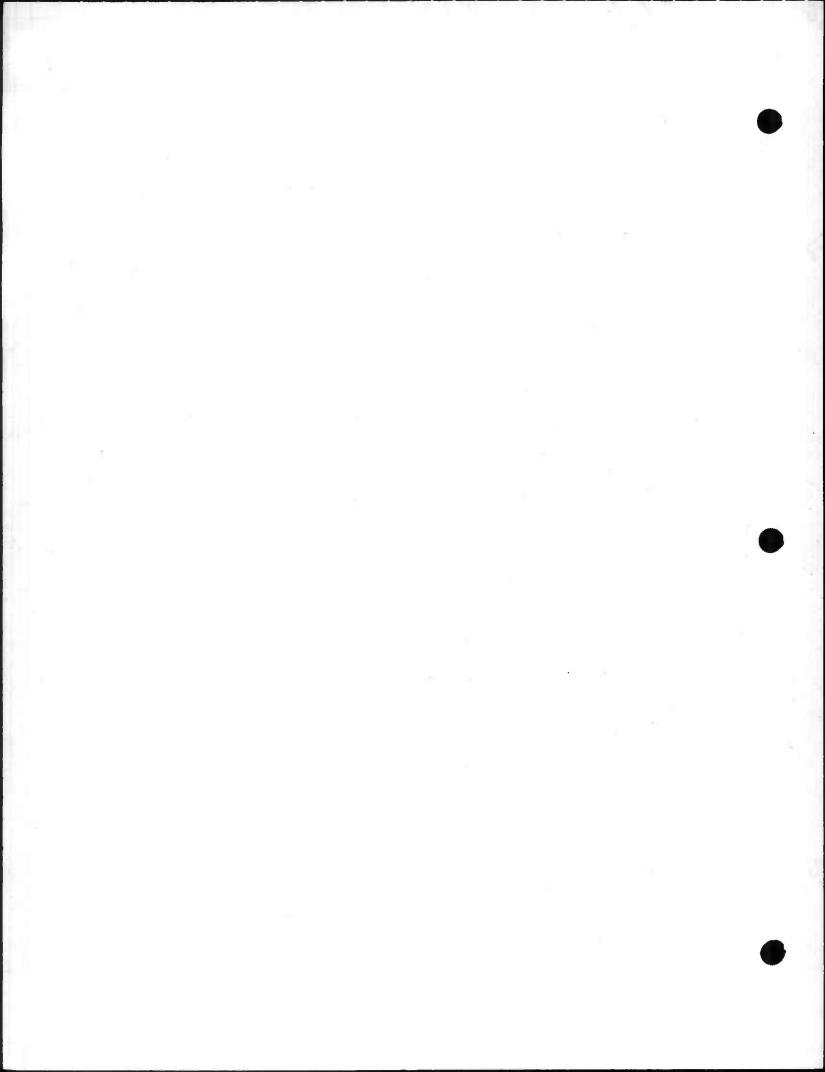
33700

2 MEDICAL EXAMINER: Dn the beals of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) end manner as started.

1995

29d. DATE SIGNEO (Month, Day, Year)

AUGUST 7.

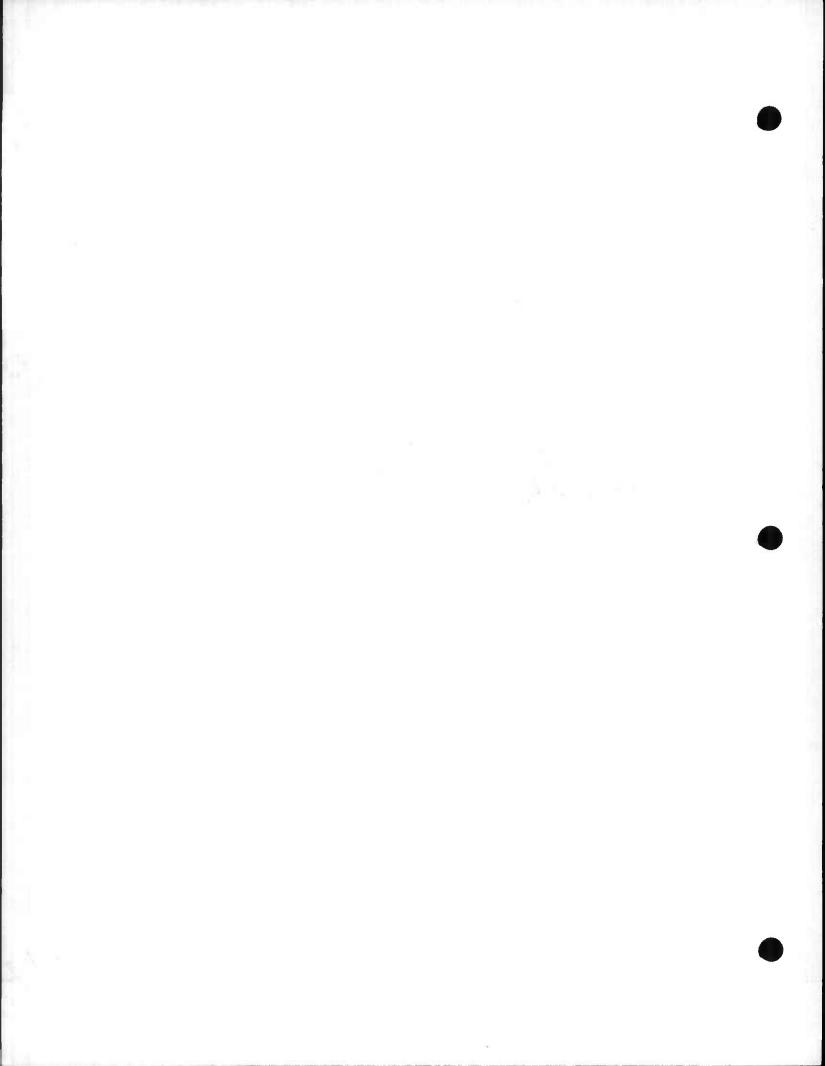


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

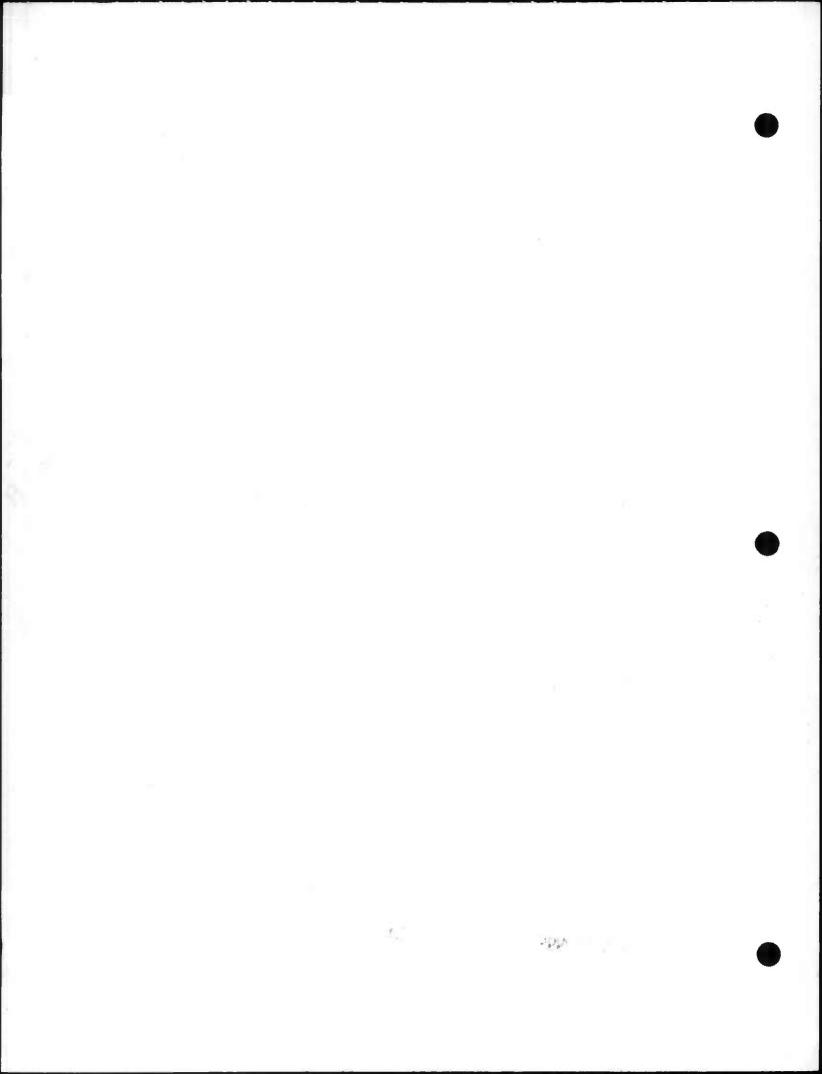
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF REGISTRAR	MARYLAND /	DEPAR' ERTIFI	TMENT OF H	EALTH AND DEATH		GIENE I. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)	2. DATE OF DEA		3. TIME OF OEATH						
		ar Alle	4			July	28, 199			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 № M 2 □ F	8. AGE (in yrs. les	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y Aug. 20	H ser)	BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (if not institution, give street and number)	58	THS.	OL CITY TOWN O	R LOCATION OF D		, 1937	Virginia		
E I	5 Spring Way		ļ	SE CIT, IOWA C	Conowin			Y OF DEATH Lecil		
DIRECTOR	RESIDENCE OF DECEDENT					90		ECII		
E	10e. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	Maryland Harfo	ra			lavre de	Grace		1 YES 2 NO		
FUNERAL	720 Ontario S	treet		100	717 - 1072	078	10g. C112E	USA		
2	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. AF			ENDENT OF HISPA	NIC ORIGIN? (Spec		4 RACE — American Indian		
ВУ Е	IF YES, GIVI	1 YES 2 1	NO		2 NO Speci	nn, Puerto Rican, el ly:	(c.)	Black, White, etc.		
ED	15. DECEDENT'S EDUCATION	- 1959	CEDENTO	JSUAL OCCUPATION				White		
Ē	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	(G	ive kind of w	ork done during mo:	st of working	16b, KIND C	F BUSINESS/INDUS	STRY		
AP.	11	3 4)	1	Welder			Boi	ler Maker		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, N	faiden Sumame)			
BE	James Henry Alley					a Mae Ta				
	190. INFORMANT'S NAME (Type/Print) Tina Y. McCarter	19					or Town, State, Zip Co			
	20a METHOD OF DISPOSITION	20h DI 405		oring Wa		wingo, M		21918		
	1 Startel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	out wiety, cre	matory or of	er place) - In in ial	Gardens	8/1/95	e. LOCATION — CH	r, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSIE	160)	_/	22. NAME AN	D ADDRESS OF FA	CILITY				
	1 × 1 × 1 / 1	100	76				Funeral Abingdon	Home, P.A.		
	23. PART I. Enter the diseases, or complications to	nat caused the da	ath. Ďo no	ot anter tha mo	de of dying, suc	th as cardiac or	respiratory arres	t, Md. 21009		
	shock, or heart failure List only one c	suse on each line						Intarval Between Onset and Death		
	disease or condition resulting in death)	Δ.	120.							
		O (OR AS A CONSE	DUENCE OF	:	7	0				
NO O	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING	o (on the historia)	DOLLINGE OF	,						
IFI	that Hittleton events	O (OR AS A CONSE	DUENCE OF	*						
E	resulting in death) LAST									
AL C	PART ii. Other significant conditions contributing	o death but not r	esuiting in	the underlying	cause given in	Part i. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
						PE	RFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MED						[''' '	ES 20 NO	OF DEATH? 1 YES 2 NO		
ž	DID TOBACCO USE CONTRIBUTE TO C	AUSE OF DEA	TH YES	NO 🗆	UNCERTAIL	N 🗆				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLAC	_	(Check only one) OTHER:						
YSI	1 YES 2 NO I Inpetient 2	☐ ER/Outpatient 3	□ DOA	4 - Nursing Home	-	6 Other (Specify				
	27. MANNER OF OEATH 1 Natural 5 Pending 28a. DATE (Month,	Day, Year)	28b. TIME INJU	RY WOI	RK?	28d. OEŞCRIBE I	IOW INJURY OCCUP	REO		
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE	OF INJURY — At ho	me, farm, at	m 1 1 1	ES 2 NO	281 LOCATION /S	Treat and Number or	Rural Route Number,		
TEO	4 Homicide determined buildin	g, etc. (Specify)		,,		City or Town,	State)	The House Hornow,		
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, de	ath occurred	at the time, date	and place, and due	to the cause(e) an	d manner se steted			
OM	one) 2 MEDICAL EXAMINER: On the beals of									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI	MBER	29d. DATE S	HGNED (Month, Day, Year)		
TO B	hud John X	MO			D-1111	5	Þ 7	-31-95		
F	No 1 T 1 T	USE OF OEATH (ITE	M 27) (Type, I	Print)	D	0	,			
	31. DATE FILED (Month, Day, Year) 32. REGISTI		~VSex	459	Kis	ine Sun	W9 8	219//		
ı	AUG 01 1995 Julia d	PAR'S SIGNATURE	1.11			0				
	100 0 1 1000 Jane 10	WARRY - NOW	an							



L	E	
)	9	
DALLIMOR	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 m	P. D. Stephen Despite the second from the state of the st
	-	i
1	eath	
ò	D 10	
	aff	
	Our	1
	G.	200
	-	3
5	#	100
Þ	5	i
2	age .	0
ŏ	9	7
<	8	1
)	0	1
٥	Cath	1
	i i	
•	93	+
_	ath	4
Ô	b	
3	ě	44
Ę	that	4
ζ.	83	-
í	-5	-
2	5	-
	APP.	4
	he	1
-	=	4
▶	A	4
	Sic	-
DIVISION OF WITHE RECORDS, F.O. BOX 66/60	天	4
	9	-
)	S S	44
5	E	c
	A	E.
-	8	2
1	J	
	Z Z	40
	SS	SAL
	王	6
	-	- 6

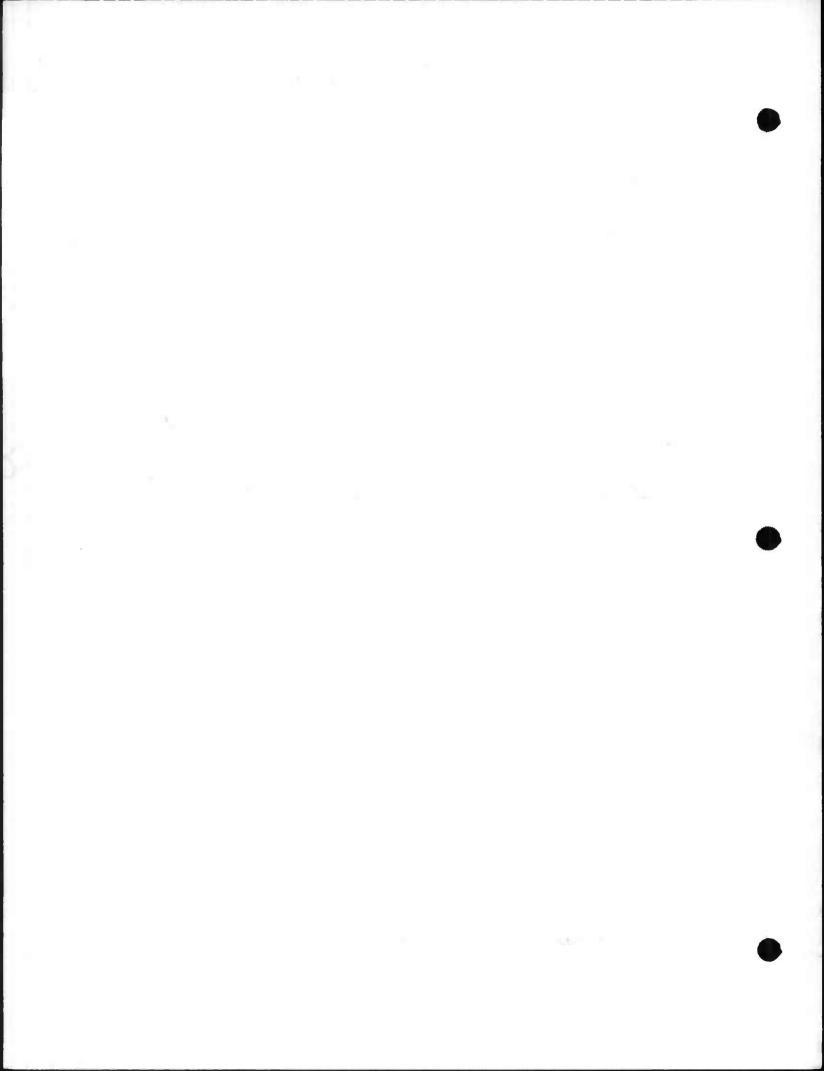
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Lest) ROBERT			MONTH								
	4. SOCIAL SECURITY NUMBER 217-78-8896	1 ☑ M 2 □ F 37	(In yrs. lest birthday) 7 YRS.	APPEL F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Apr 1		58	Country)			
10R	An a. FACILITY NAME (If not institution, give atreet and number) Memorial Hospital Cumberland Allegany											
DIRECTOR	10a. STATE 10b. COUNTY MD Allec		10c. CIT			1.70	1. INSIDE CITY LIMITS? YES 2X NO					
FUNERAL	10e. STREET AND NUMBER		1 Cui		Of. ZIP CODE			10g. CITIZE		COUNTRY?		
BY FUNE	15700 Apple Hill 11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 TYES, GIVE WAR OR DA	2 V NO	13. WAS DE	21502 CENDENT OF HISPA specify Cuban, Mexic is 2 M NO Speci	en, Puerto Ri	(Specify Yes		Black, W Specify:			
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPAT rork done during n e retired.)	JPATION 16b. KIND OF BUSINESS/IND ng most of working					ite		
OMPLETED	12 17. FATHER'S NAME (First, Middle, Last)		Pipefi	tter	AME (First, Mi		ailroa Sumame)	d				
TO BE	Robert F. Appel Georgette (nmn)											
ust be no	Robert F. Appel 11310 Drake Road SE: Cumberland, MD 21502 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) DATE 20c. LOCATION — City or Town, cemetery, cremetory or other place)											
medical examiner must be notified at once. TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACT OF THE PROPERTY OF FUNERAL SERVICE LICENSEE ACT OF THE PROPERTY OF FUNERAL SERVICE LICENSEE Cumberland, MD 21502											
2	23. PART 1. Enter the disease, or complications that caused that death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GLIOBLASTOMA, FRONTAL LOBE Approximate interval Between Onset and Death 8 years											
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
SICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY PERFORMED? AM SETZURE DISORDER.									RE AUTOPSY FINDING: ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
AN: MEC	DID TOBACCO USE CONTR					N 🗆			1 [YES 2 NO		
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEAT	OTHER:	me 5 🗆 Residence	6 □ Other	(Specify)					
D BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	M 1 🗆	JURY AT ORK? YES 2 NO	26d. DESC	RIBE HOW II	NJURY OCCUP	RED			
2 2	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Speci	— At home, larm, s	treet, lactory, offi	ca	281. LOCAT City or	TON (Street a Town, State)	nd Number or	Rural Floute	Number,		
필월		2 AN: To the best of my knowledge. On the basis of examination							ause(a) and	I manner ag stated.		
TO BE COI	296. SIGNATURE AND TITLE OF CERTIFIER	J. Somera, L. D 14865 July							IGNED (Mo	141, Day, Year)		
-		Memorial Hos	pital Me	in the same of the	ldg. Cum	berlar	nd, MD	21502	2			
	31. DATE FILED (Month, Day, Year) AUG 0 1 1995	32. PEGISTRAL'S SIGNA	ATURK ATURK									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Anuncet 196, 7/38/95, M.S. Allegany Co.
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH											
	CHARLES RICHARD ABE ULY 26. 1995 8:08 A.M											
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign											
	201-24-7324 TM 2 F 63 YRS. MONTHS DAYS HOURS MIN. MAY 2,1932 WEST VIRGINIA											
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	SACRED HEART HOSPITAL CUMBERLAND ALLEGANY											
E	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
8	MARYLAND ALLEGANY CRESAPTOWN 1 X YES 2 NO											
A	104. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY?											
FUNERAL	14200 WALTER DRIVE 21502 U.S.A.											
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 1 Never Merried 2 Married 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, atc. 14. RACE — American Indian, If yea, specify Cuban, Mexican, Puerto Rican, etc.)											
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: WHITE											
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY											
ᇦ	Elementery/Secondary (0-12) College (1-6 or 5-c) life. Do NOT use retired.)											
COMPLETED	12 PIPEFITTER CSX RAILROAD											
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)											
BE	ELMER ADAM ABE HAZEL RUTH O'BRIEN											
2	19a. INFORMANT'S NAME (TyperPrint) HILDA ABE 19b. MAILING ADDRESS (Street and Number or Rurel Route Number, City or Town, State, Zip Code) P.O. BOX 97 - PINTO, MD \$\frac{1}{2}\frac{1556}{5}\frac{1}{6}\frac\											
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of ACCUSTON - City or Town, State											
	1 (X Burlet 2 Cremetion 3 Removet from State Commetery, cremetory or other place) 4 Donation 5 Other (Specify) RESTLAWN MEML. GARDENS 7/29/75 LAVALE, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE - UP CHURCH FUNERAL HOME, P. A. 20.2. CREENE ST. CHARLES AND ADDRESS OF FACILITY GEORGE - UP CHURCH FUNERAL HOME, P. A.											
\dashv	202 GREENE ST., CUMBERLAND, MD 21502 23. PART I. Enter the diseases, or combilications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory strest, Approximate											
	snock, or haert failure. List only one cause on each line.											
- 1	IMMEDIATE CAUSE (Fine) disease or condition											
ŀ	resulting in deeth) II. Due TO (OR AS A CONSEQUENCE OF)											
_	Com College Parage											
CERTIFICATION	disease or condition resulting in deeth) II. Contact Ongrhyshman / humle Indicate One of the conditions, it is one of the conditions, it is one of the conditions, it is one of the conditions											
S	cause. Enter UNDERLYING											
Ē	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):											
FI	reaulting in death) LAST											
ō	PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying ceues given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
DICAL	PERFORMEO? AMAILABLE PRIOR TO											
ă	1 YES 2 BO COMPLETION OF CAUSE OF DEATH?											
Σ	1 YES 2 NO											
A	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
2	EXAMINER? HOSPITAL: OTHER:											
PHYSICIAN: ME	1 YES 2 1 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Realdence 6 Other (Specify) 27. MANNER OF DEATH 288. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO											
	Natural 5 Pending (Month, Day, Year) INJURY WORK?											
B	2/ Accident investigation 28s PLACE OF INJURY — At home form street factory office.											
COMPLETED	4 Homickle determined building, etc. (Specify) building, etc. (Specify)											
٦	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.											
M M	(Check only one) 2 MEDICAL EXAMINEF: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
BE	221244 July 26, 1995											
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	Jesus Tan, M.D Frastburg Plazz - Frastburg MD 21532											
	31. DATE FILEO (Month, Day, Year) Par REGISTRAR'S SIGNATURE											
IJ	JUL 28 1995 Julie Bawaleon Randall											

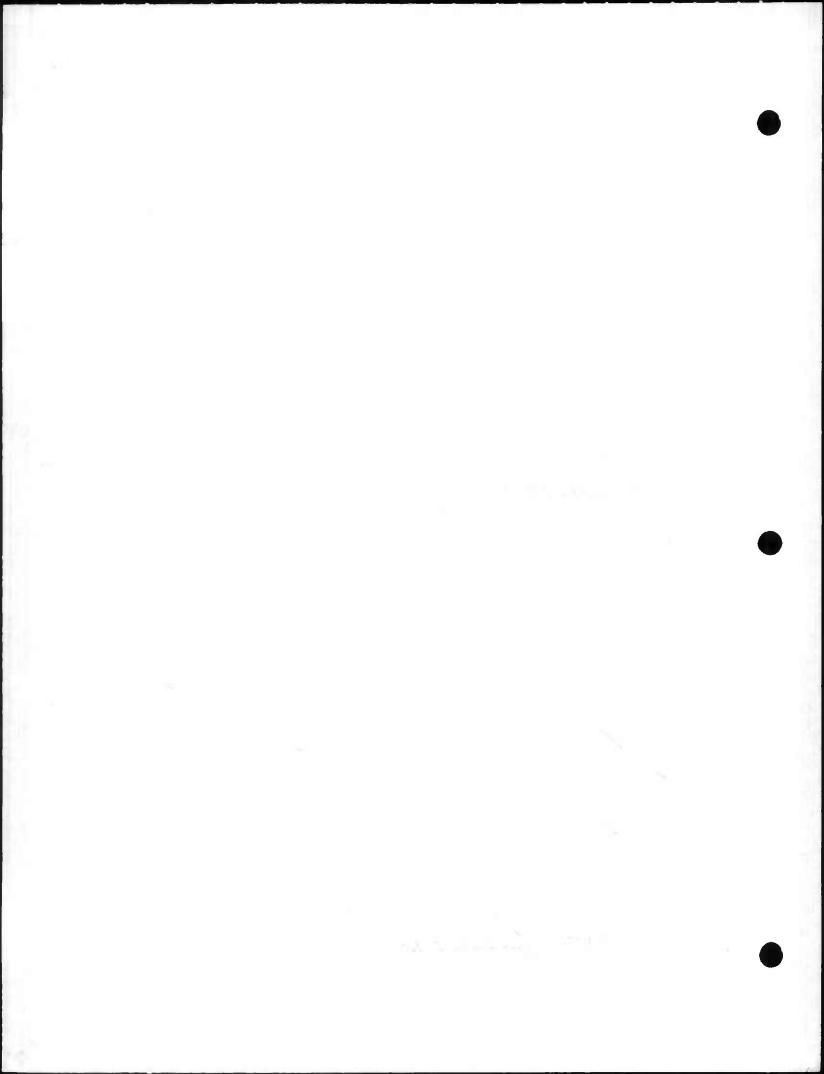


1 - FOR STATE REGISTRAR

	1 1	1. DECEDENT'S NAME (Firs					A CITAC				MONT	E OF DEATH	/A	YEAR	3. TIME OF DEATH
		PAULINE SLEMONS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lea					ASHMEAD				July 19, 1995				1:30 p
		214-10-810		5. SEX 1 □ M 2 √ F	6. AGE (In yrs. la	YRS.			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Fo Country)		IPLACE (State or Foreign y)	
should		9a. FACILITY NAME (If not is			97	THO.	9b. CITY, TOWN OR LOCATION				October 30, 1897				ryland
n	E .				,				bury		EATH			icom	
. 2,	СТОВ	RESIDENCE OF DECEDENT												100	
Sages	DIRE	10e, STATE	10b. COUNT			10c. CIT	Y, TOWN O		TION						10d. INSIDE CITY LIMITS?
permit. Pages	1	Maryland 100. STREET AND NUMBER		rcester			Berlin								1 YES 2 NO
	RAL	#9 Bay St. 10f. ZIP CODE 10g. CITIZEN OF WHAT C USA													
DZO physician. burial-transit	FUNER	11. MARITAL STATUS		12 WAS DECEDED	NT EVER IN U.S. A										
DZO physic burial		1 Never Married 2	Married	FORCES?	YES 2 WAR OR DATES	NO	н	yes, sp	ecify Cubi	en, Mexica	n, Puerto	N7 (Specify Yes Rican, etc.)	or No—	Bleci	E — American Indian, k, White, etc.
9 8	B	3 X Widowed 4 Divi	orced	IF TES, GIVE	WIN ON DAIES		'	☐ YES	2 K) NO	Specify	v:			Whi	
r attend use as	윤		CEDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON pet of worki	ina	161	. KIND OF BUS	INESS/INC		
fal or	LET	Elementary/Secondary (College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use retired.)									
AND the hospit detached	COMPLE	9				iouse	keepe	er							
of the pe der		17. FATHER'S NAME (First, M		or Darko					HILL TO SERVICE STREET			Middle, Maiden			
MAKYLAND retained by the hospit 5 should be detached notified at once.	B	Joshua Holloway Parker Mary Emily Riley 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
MARY retained to 5 should	일	Amy Brittingham 323 N. Main St., Berlin, MD 21811													
		20a. METHOD OF DISPOSIT	TION		20b. PLACE		_			, 502	DAT	_	CATION -	City or To	eno State
ath. Page 6 may by neral director, page		1X Burial 2 Cremetic 4 Donation 8 Disease		noval from State	cemetery, cn	ematory or o									y, MD
. Pag ral dir		21. SIGNATURE OF FUNERO	L SERVICE LI	CENTIFE		30113	22. N	AME AN	ND ADDRE	SS OF FA	CILITY		Darr	5541	,, 110
death. Pag death. Pag funeral di l. examiner		MAXX	11.	40 01 h	him							Home			
after after by the moval	\vdash	23. PART I Enter the d	liseases, or	complications the	et coused the de	eeth. Do	not enter t	50 I	Snow	J Hil	. I Ro	l., Sal	isbu	ry,	MD 21801
24 hours after d filled in by the ion, or removal.		shock, or h IMMEDIATE CAUSE (Fir	eart reliure.	List only one csi	use on each line	B.							atory str	est,	Approximats interval Between
4 1 5 0		disease or condition	nai	(rigest	we	- 16	112	1:	Fri.	Pus	KQ			Onset and Death
ompletely i. cremati		resulting in desth)		B. DUE TO	(OR AS A CONSE	OUENCE O	F):	-01		/ 000	-				
	z	Conventable Not on a state	•	b	V										
e be execute sician and c rior to burist	E	Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
0 = 50	2	CAUSE (Disease or inju		c		11.2									
certificate ding physi tygiene pri	E	that initiated events resulting in desth) LAS	т	DUE 10	(OR AS A CONSE	QUENCE O	F):								
L = 5 = 0	CERTIFICATION			d											-
4 5 7 7 5	CAL	PART if. Other eignifice	ent condition	ns contributing to	death but not	resulting	in the und	derfying	g csuse (given in	Part I.	24s. WAS AN A		24b.	WERE AUTOPSY FINDINGS
signed by Health any	EDIC										_	1 YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires seen sign of Healt	ME										_ [1 YES 2 HO
	ä	DID TOBACCO U		RIBUTE TO CA	USE OF DEA	TH YE	S 🗆 N	10 [UNC	ERTAIN	1 🗆				
N: The law icate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	26. PLA	CE OF DEAT	OTHER:			/					
SICIAN: The Certificate the State	IXS	1 YES 2 NO		1 Inpatient 2		-	4 🗆 Nursi	ng Hom	_	esidence	8 🗆 Othe	e (Specify)			
ままます。 大き	РНҮ		Pending	28m. DATE OF (Month, D	Pay, Year)	28b. TIM	E OF 2		RK?	7.1.1	28d. DES	CRIBE HOW IN	JURY OCC	CURED	
After death	B	• 🗆 •	Investigation	28e, PLACE C	OF INJURY — At he	me ferm s	tireet factor		/ES 2 [_ NO	201 1 00	ATION (Count o	and Advances and	0	
28 after:	TED		Could not be detarmined	building,	etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	Allest, lactor	ry, orne			City	ATION (Street as or Town, State)	na Number	or Hurai H	oute Number,
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	iu I	29a. CERTIFIER	TIEVINO PHYS	ICIAN: To the heat of	- Learning of the second			- 444							
로 로 로 드	COMPL			ICIAN: To the best of ER: On the basis of a											and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If		29b. SIGNATURE AND TITLE			,	_						- Indiana			
	BE	(Sein	an	- 1/	1/1	40	1/		ZVE. LICI	ENSE NUM) U.	٦	DATE	1/2	11/65
283	유	30. NAME AND ADDRESS OF		- '	SE OF DEATH (ITE	M(27) (Type.	Print)				170	J		40	7/75
		403 Quincy						. В	enja	min	н. м	eyer	((410)	749-8906

32 REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



(68760
BOX
P.O.
RECORDS,
RECO
OF VITAL
OFV
DIVISION
2

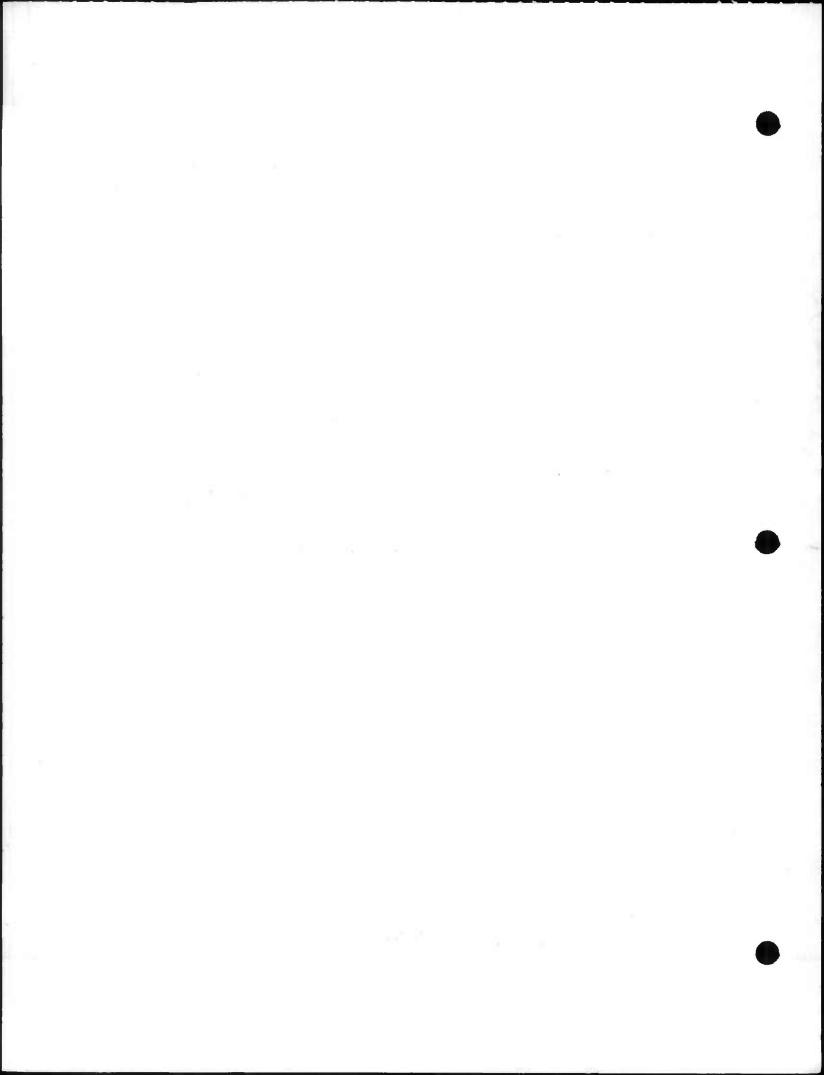
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

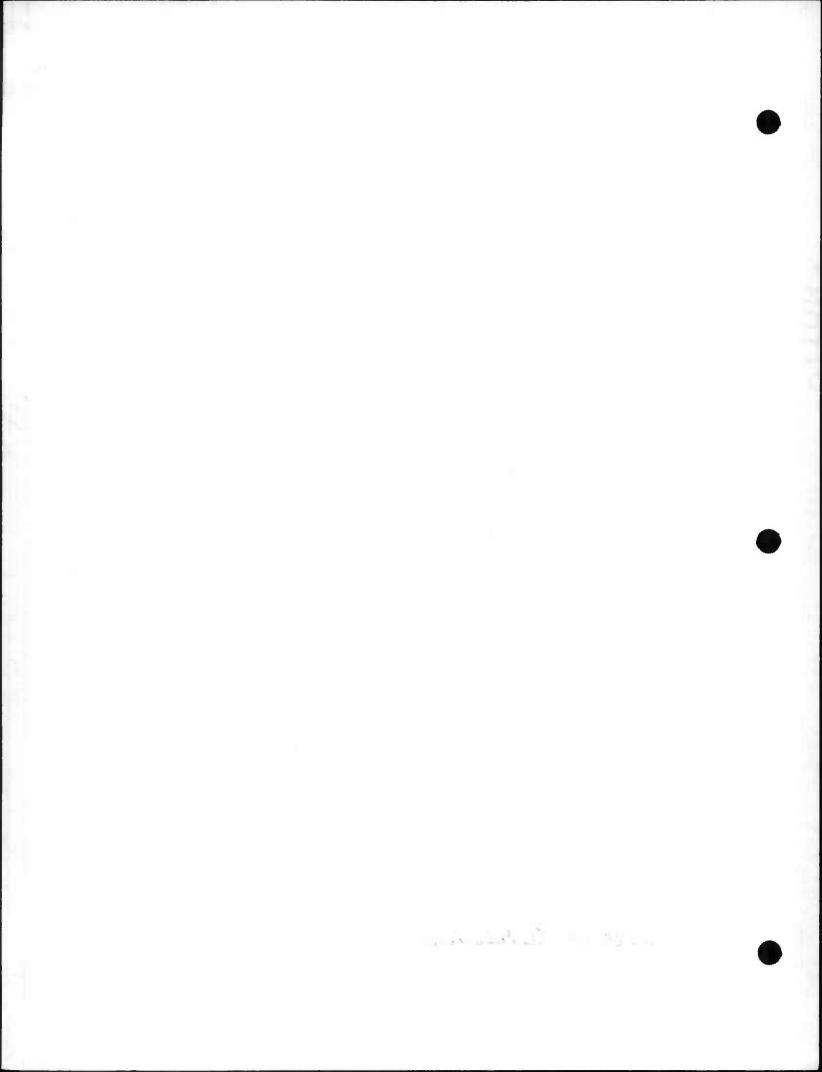
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 7										7	HEG. NO.					
3	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR JULY 18, 1995												YEAR	3. TIME OF DEATH		
	JULY 18,													16:48 P M		
	4. SOCIAL SECURITY NUME					UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.		7. DATE OF BIRTN (Month, Day, Year)		8, BIRTH Countr	IPLACE (State or Foreign			
	220-26-3369	1 X M 2 - F	7.0		YRS.				lur	Y 24, 1	918	BERL:	IN, MD			
_	9a. FACILITY NAME (If not in				9b.	. CITY, TO	WN OR LO	ATION OF	DEATN		9c. COU	INTY OF O	EATH			
6	ATLANTIC		AL HOSPI	TAL		В	ERLI	N	WC					R		
ច្ឆ	RESIDENCE OF DEC	10b. COUNTY				10c. CITY, TO	OWN OR L	OCATION						10d. INSIDE CITY		
DIRECTOR	MARYLAND	WORCE			BERLI								LIMITS?			
ا بـ	10e. STREET AND NUMBER	WORCE	SIEK			DEKLI	IV	10f. ZIP (ODE	-		I 40- CIT	TITEN OF W	1 YES 2 NO		
RA	10/20 1001571077													THAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	ILAGUL	12. WAS DECEDEN	IT EVER IN I	IS ARME	FD	12 446			ANIC OR	IGIN? (Specify Yea	USA	44 8465	- A		
ᄄ	1 Never Married 2 🖵		3 2 NO If)			s, specify C	uben, Mexi-	cen, Puer	rto Ricen, etc.)	OF NO-	Black	RACE — American Indian, Black, White, atc.				
à	3 Widowed 4 Divo	proed	W TES, GIVE V	MAN ON DAIL	ES		'	TES 2 X	NO Spec	ony:			Speci	SpecifyWHITE		
COMPLETED		EDENT'S EDU		18a. DECE	DENT'S USU	AL OCCU	PATION	.75		16b. KIND OF BUS	SINESS/IN	DUSTRY				
<u> </u>	Elementery/Secondary (0	y highest grade 0-12)	College (1-4 or 5	+)	life. D	kind of work On NOT use ret	done durin tired.)	g most of w	orking							
릴	8			1	FARM	IER					AGRICUL	TURE		. 1		
ő l	17, FATNER'S NAME (First, M	fiddle, Last)				· ·		18. MOTHER'S NAI								
BE	JAMES H. A	YRES				ALICE COFFIN										
	19e. INFORMANT'S NAME (7	Type/Print)		19b. l	MAILING AO	ORESS (St	eet and Nu	nber or Runi	I Route N	lumber, City or Town	n, State, Zi	p Code)				
임	HILDA S. AY	RES			_ 10	630 A	SSAT	EAGUE	ROA	о, в	ERLIN,	MARY	LAND	21811		
	20e. METNOO OF OISPOSIT		rumi from State	20b. P	LACEAN	D DATE OF DI	SPOSITIO	N (Name of					City or To-			
	4 Donation 5 Other			ST	• PA	UL S	CEME'	TERY	7,	/22/	95 BERL	IN,	MARYI	LAND		
	21. SIGNATURE OF FAMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY															
	HASTINGS FUNERAL HOME, SELBYVIL												77777	E. DE 19975		
	23. PART I. Enter the d	iseases, or o	omplicetions the	t ceused t	the deet	th. Do not e	enter the	mode of	dying, su	ch es c	erdiac or reapi	ratory ar	rest.	Approximate		
	shock, or h	eart failure.	List only one ceu	ise on eac	ch line.							,		interval Between		
	IMMEDIATE CAUSE (Final disease or condition												Onset and Death			
- 1	resulting in death) 81. COUSC ONLY / MM / 2 DUE TO (OR AS A CONSEQUENCE OF):															
- 1	Sequentielly list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):															
RTIFICATION		Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
5	cause. Enter UNDERLYING															
	thet initieted events															
CER	resulting in deeth) LAST															
- 11	PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS															
EDICAL								PERFORMED?				AMALABLE PRIOR TO COMPLETION OF CAUSE				
<u>ה</u>											1 TYES 2	NO		OF DEATH?		
Σ	DID TORACCO LI	SE CONITE	DIDLITE TO CA	LISE OF	DEATL	U VEC I			ICEDTA	IN LED				1 TES 2 NO		
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 2 28. PLACE OF DEATH (Check only one)															
PHTSICIAN:	EXAMINER?	F-90/5/171	HOSPITAL:			OT	HER:		0.414	• /7 -						
	27. MANNER OF DEATH		28s. DATE OF	INJURY		28b. TIME OF		Nome 5 L		-	ther (Specify) DESCRIBE NOW II	LIURY OC	CUREO			
		Pending	(Month, D	ay, Year)		INJURY		WORK?		1	524011152 11011 II		OUNLO			
2	2 0 444	Investigation	28e. PLACE O	F INJURY —	- At home	, farm, street				28f. LOCATION (Street and Number or Rural Route Number,						
		Could not be determined	building,	atc. (Specify)	')					0	ity or Town, State)			, and the state of		
COMPLETED	29a. CERTIFIER (Check only Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.															
ž														No. and a second control of		
3	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.															
ן מ	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month), Dey, Year)												(Month, Day, Year)			
5	30 NAME AND ADDRESS OF	11Wh 26/18/97														
	Lobert															
	9733 31. DATE FILEO (Month, Day,		AWEY 32 BRGISTRA	DICV B'S SIGNATI			1.5	erli	ا , ل	N)						
	31. DATE FILEO (Month, Day, Year) 32. RPGISTRAT'S SIGNATURE										ì					
	JUL	NT 133	J													



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH													THE OF DEATH	
	ELEANOR	P	I				MONTH DAY YEAR			AR 3.	9:35 p				
	4. SOCIAL SECURITY NUM	BER	5. SEX	ANTON SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 Y				IE LINDE		July DATE OF 1				A	
	181-20-43	328	1 DM 2 AF 68			MONTHS DAVE MOURE			MIN.	(Month, Da	y, Year)	1926 Pennsylvan			
	9a. FACILITY NAME (If not in	natitution, give s	struet end number)			9b. CITY	(TOWN 6	OR LOCAT	ION OF DEAT				c. COUNTY OF DEATH		
CTOR	107 C. St.							City	TON OF BEAT	••		lores	-	•	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY														
DIRE	Maryland	Maryland Worester						TION Y						INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER		Δve.		101. ZIP CODE 21842						10	U.S.	ZEN OF WHAT COUNTRY?		
鵥	11. MARITAL STATUS	LOGIS ?	12. WAS DECEDER	T EVER IN U.S.	ARMED	12				OBICINA (6	nasity Yes as t			American Indian.	
TO BE COMPLETED BY FI	1 Never Married 2 3 Widowed 4 Divo	YES 2 [2 NO If yes, specify Cuben, M					Puerto Rica	n, etc.)		Specify: White				
	15. OEC (Specify onl	EDENT'S EDU ly highest grade	CATION completed)	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON and worki	ina	16b. KiN	O OF BUSINES	SS/INOUST	INOUSTRY		
	Elementary/Secondary (I	1	College (1-4 or 5	+)	Homema	se retired.)	duing mo	os or work	···y						
	17. FATNER'S NAME (First, M								e, Maiden Surni	ame)					
	Joseph P.								nna Mi		r				
	19e. INFORMANT'S NAME (C		19b. MAILING	ADDRESS	S (Street a	and Numbe	r or Rural Rou	rte Number, C	City or Town, Ste	ite, Zip Cod	ie)		
	Thomas E.								Berli	n, M	2181				
	20a, METHOD OF DISPOSIT 1 Burlet 2 W Cremetto 4 Donation 5 Other	20b. PLAC	PLACE AND DATE OF DISPOSITION (Name of the Control					7/26		ocation — city or town, State est Chester, PA					
	21. SIGNATURE OF FUNERA	LEUVICE LIC	CENSEE			22.			SS OF FACIL		1 Ch	7			
	Clark	W.					519	Phi	erg me lagelr	moria bhia B	ike (Jer Jilm.	. DE	19809	
	23. PART I. Enter the d ahock, or h	liseases, or o	complications the	t caused the	death. Do	not enter	the mo	de of dy	ring, such a	na cardiac	or reapirato	ry arreat,		Approximate	
	IMMEDIATE CAUSE (FIR		List only one can	A A									i	Onset and Deatt	
	disease or condition resulting in death)	→	ww	lles	nota	MW	M	a	uno	con	emm	n			
			DUE TO	(OR AS A CONS	SEQUENCE O	F):									
ON	Sequentially list condit		b	IOR AS A CONS	SECUENCE O	F)·									
CATION	If any, leeding to imme cause. Enter UNDERLY	ING	_		PEGGENGE G	,,.							į		
F	CAUSE (Disease or Injury that Initiated events OUE TO (OR AS A CONSEQUENCE OF):														
CERTIFI	reaulting in death) LAS	ST C	d												
	PART II. Other aignifica	nt condition	a contributing to	death but no	t requiting	la the un	el a el cim		chus is De	- L			1		
MEDICAL				dedili bat ilo	t resulting	m the un	ideriyiri	g cause i	given in Pa	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE		
											1 TYES 2 NO				
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN											1 🖪	YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO		NIBOTE TO CA		ACE OF DEA			1 0140	LKIMIN						
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		5 MR	asidence & [Other (So	acthr)				
≟ ∥	27, MANNER OF OEATH		28e. DATE OF	INJURY	28b. TIME OF 28c. INJURY AT					28d. OE\$CRIBE NOW INJURY OCCUREO					
ВУ Р		Pending Investigation	(Month, D	ray, rear)	M 1 YES 2 NO				□ NO						
	3 Suicide 6	street, factory, office				281. LOCATION (Street end Number or Rural Route Number, City or Town. State)									
ETE	4 Homicide Signature (Specify) Signature (Specify) A City or Town, Stete)														
COMPLE		(Check only 1 CERTIFYING PRYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.													
	AND CONSTINUE AND VISTO OF PERSONS														
8	29c. LICENSE NUMBER 29d. DATE SIGNED (Monty, Day, Year)													(y. Day, Year)	
	F1 - 1/1	PERMIT AND						D /	111			//	1/4/	75	
임	30. NAME AND ADDRESS OF		O COMPLETED CALL	SE OF OEATH (1)	TEM 27) /7/04	Print)			703	0 /			2 11	13	
2	30. NAME AND ADDRESS OF		O COMPLETED CAU	SE OF OEATH (IT	IEM 27) (Type	Print)	(14	78.42.5)//	4	Suy	CXAL	M	m	



Pages 1, 2, 3 should

permit.

0	Atth
RECORDS, P.O. BOX 68760	executed
6	2
O. B(requires that the death certificate
S, P	death
Ö	the
SH	that
RECC	requires
_	WE
Z	The
DIVISION OF VITAL F	PHYSICIAN:
/ISION	L OR ATTENDING PHYSICIAN
5	8
_	HOSPITAL

in and com to burial, o

attending physician ntal Hygiene prior to the death certificate be

this certificate has been signed by the attern with the State Dept, of Health and Mental

the

death

hours a

30 NAME AND ADDRESS OF PERSON WHO

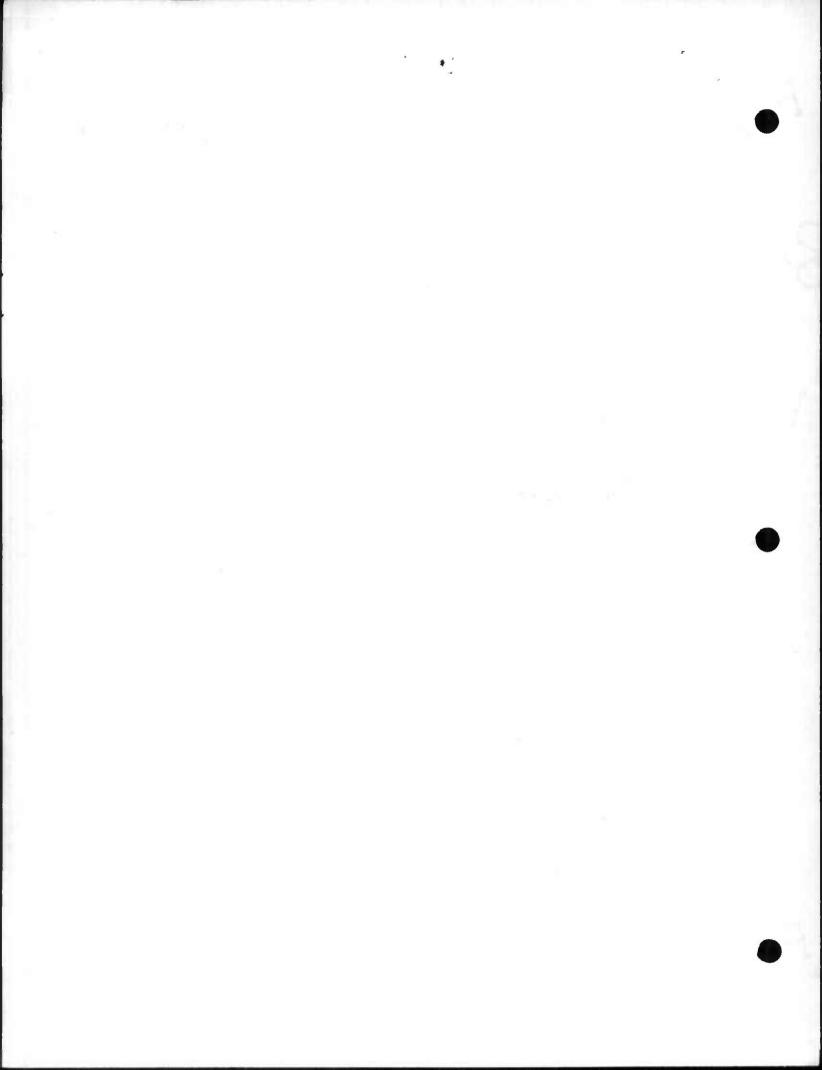
MPLETED CAUSE OF DEATH (ITEM 27) Type, Print

32 EGISTRAR'S SIGNATURE

DIRECTOR; After

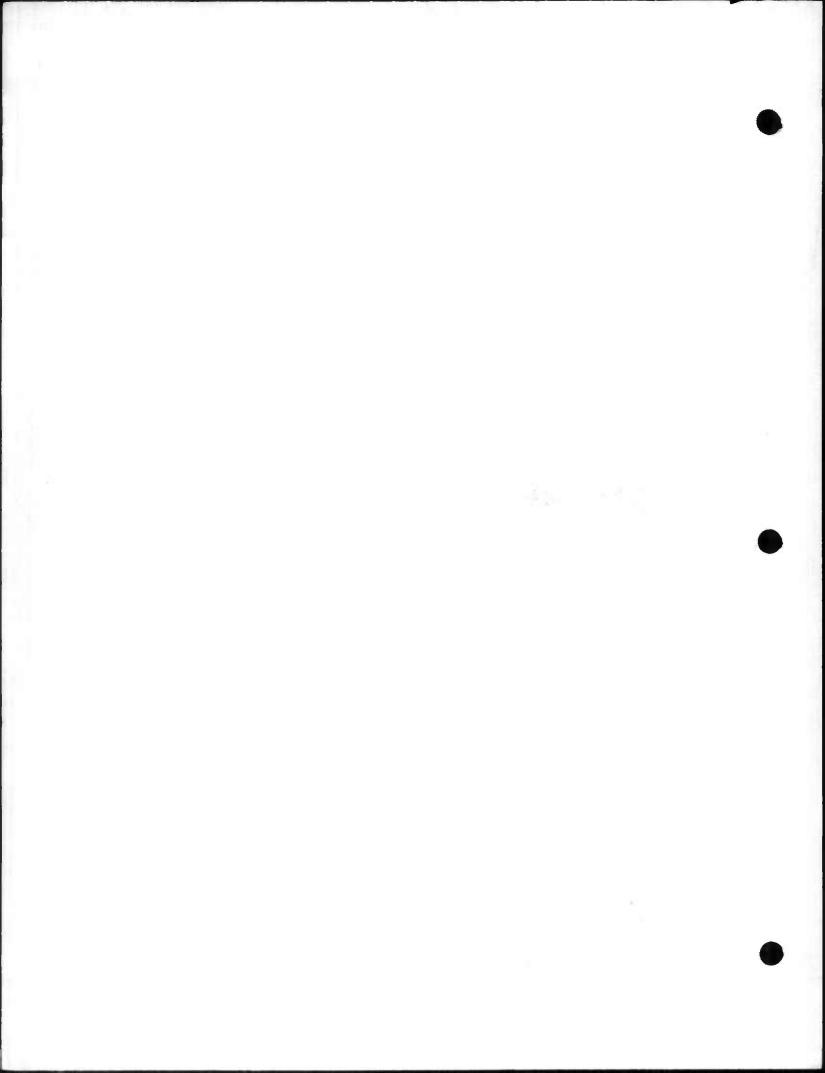
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last)
TYLER SCOTT 2. DATE OF DEATH 3. TIME OF DEATH Allison 7. DATE OF BIRTH (Month, Day, Year)
7-28-95 38 1995 1817 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. N/A 1 M 2 - F 177 MD 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO RESIDENCE OF DECEDENT 10b. CDUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WORCESTER BERLIN 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3431 OCEAN PINES 21811 USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 Merried BY 3 Widowed 4 Divorced Specify WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION secify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Sp (Give kind of work do life. Do NOT use retire Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A once. 17. FATHER'S NAME (First, Middle, Last)
RAYMOND W. ALLISON 18. MOTHER'S NAME (First Middle Malden Surname) DAWN EVANS BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RAYMOND W. ALLISON 3431 OCEAN PINES BERLIN, MD., Pe 20e. METHOD OF DISPOSITION
1 Suriel 2 Cremetion 3 F
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must SALTSBURY CREMATORY 8-1 SALISBURY, MD. examiner 21. SIGNATURE OF FUNDAL SER 22. NAME AND ADDRESS OF FACILITY ULLRICH FUNERAL HOME BERLIN., MD., 21811 medicai 23. PARY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. intarval Between IMMEDIATE CAUSE (Final Onset and Death 皇 disease or condition PREMaturely resulting in death) traumatic event, DUE TO (DR AS A CONSEQUENCE OF): Sportaness Rupture of Wenterane CERTIFICATION Sequantially list conditions, if any, leading to immediata . Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEDUENCE DF): that initiated events resulting in death) LAST 9 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any 1 TES 2 THO DF DEATH? Shows 1 TES 2 ND DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) Hem HOSPITAL: OTHER: 1 YES 2 NO 1 | Impatient 2 | ER/Outpatient 3 | DOA Home 5 Residence 6 Other (Specify) 6 27. MANNEB/OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural м 1 YES 2 ND BY 2 Accident 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 99 3 Suicide COMPLETED 6 Could not be after 28 i 4 Homicide Неш 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h (Check only one) 2 MEDICAL EXAM d/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTREE 129c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Serve -31-9 2

MOVVIS



THE HOSPINL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completally filled in by the funeral director, page 5 should be detached for use as the burist-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burist, one-mation, or removal.	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
5	P.B	畫	

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Microle, Last)					2. DATE OF DEATH D	AY YEAR	3. TIME OF DEATH
	Louise J Black	SEX & AGE (In v	rs. last birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	27 96	
		□мг□ғ	and the second s	ACHITHS DAYS	HOURS MIN.	(Month, Dey, West) 10-12-25	Cou	THPLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give attent	and number)		Bb. CITY, TOWN (OR LOCATION OF D	The state of the s	SE COUNTY OF	lifornia DEATH
DIRECTOR	Anne Arundel Med	ical Ctr.		Annap			Anne	Arundel
H	MD Anne	A d . 1		TOWN OR LOCAL				10d. IMSIDE CITY LIMITS?
	10s. STREET AND NUMBER	Arundel	Se	verna	ZIP CODE		10g. CITIZEN OF	1 ☐ YES 2 ☐X NO
ER	544 Center Drive			1 2	1146		USA	
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	NO NO	13. WAS DEC	ENDENT OF HISPA	MC ORIGIN? (Specify Yes en, Puerto Rican, etc.) fy:	or No- 14. PLA	CE — American Indian, ick, White, etc. ec/ly:
ED	Hs. DECEDENT'S EDUCATION (Specify only highest grade come	DRV 16	ia. DECEDENT'S U	SUAL OCCUPATION AND AND AND AND AND AND AND AND AND AN	ON of product	16b, KIND OF BUI	HNESS/INDUSTRY	White
COMPLETED		oflege (1-6 or 5+)	Mit. Do NOT use	netred.)	at to morning			
ME	1. I. 17. FATHER'S NAME (First, Michille, Least)		Secret	ary		Bank		
ŏ	Roy Redman	n			Anna	MEGRE Mode Maler	Sumemaj	
3 BE	THE INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Flouris Murriber, City or The	n, State, Zip Code)	
2	Wayne Black		544 C	enter	Drive	Severna F	ark MD	21146
	29e. METHOD OF DISPOSITION 1 ↑ Burlet 2 □ Cremation 3 □ Removed		ACE AND DATE OF		me of	DATE 20st LO	CATION — City or	Town, State
	4 ☐ Donation 5 ☐ Other(Repoly)	G1	en Hav	en Cem	D ADDRESS OF PA	8/1 Gle	n Burn	ie, MD
	·CAUB	uu.				49		hie Hwy.
ATION	23. PART I sheer the diseases, or companion, or bart failure. List immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ONLY ON AS A CO	curd	reyo	2019	er an Gardeno, or reage	and a read,	Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF):					
C	PART II. Other significant conditions co	ntributing to death but	not resulting in	the underlying	cause given in	Part I. 24s, WAS AN	AUTOPSV 2	b. WERE AUTOPSY FINDINGS
: MEDICA	DID TOBACCO USE CONTRIBU			NO D		1 TYES 2	MED7	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEATH		UNCERIAL	ип		
Sic	1 YES 2 PNO 1 (6	DEPUTAL:		THER:	s 5 ☐ Residence	s [] Other (Specify)		
BY PHYSICIAN:	27. MANNER OF CEATH 1 Matural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day: Year)	28h TIME (TY WO	JRY AT RIC? ES 2 NO	28d. DESCRIBE HOW II	NURY OCCURED	
	3 Suicide 6 Could not be 6 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atre	set, factory, office		26f. LOCATION (Street a City or News, State)	nd Number or Plure	Pissate Number
COMPLETED	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	To the best of my knowledg	s, deeth occurred d/or investigation,	at the time, dete In my opinton, d	and place, and due	to the cause(s) and man time, data and place, an	mer so stated. If due to the cause	(x) and manner as stated.
TO BE	SHE SIGNATURE AND THE OF CENTRIER	545			BSO76	8424	P 7	27/9)
	MSTCHELL	SCHWAU	N 2	75 We	st St	Anna	yolu	ins
	JUL 31 1995	I'M Dawdeor Re	walk					



Pages 1, 2, 3 should

permit.

page 5 should be detached for use as the burial-transit

funeral director,

notified

å

must

examiner

BY

COMPLETED

BE 2 2 Accident

3 Suicide

í	dea	\$	Ų.	2
	fter	the	OVAL	70
	55	9	100	ğ
	100	pa	5	Ē
	77	THE STATE OF	HOL	ŧ
5	thi	ete		Ħ,
5	3	ошо	1, 0	2
2	cute	D D	2	tic
2	8	n ar	8	Ē
)	e be	sicia	5	trat
3	heat	Phy	9	50
j	erti	Bui	No.	ŧ
Ċ	the	tend	3	0
ĵ	de	le al		F
j	4	a Ke	2	Ξ
5	tha	pa	5	all
)	Jires	Sign	Cal	M.50
	De	een	5	S S
į	A.P.	as b	No.	23
	The	te h	ALC L	E
	AN:	ifica	0	=
	SICL	cert	5	1,0
)	PHY	this	1	Tee.
	NG	fter	npa	E
	N.	A .	5	90
2	Ę	6	9	23
יייייייייייייייייייייייייייייייייייייי	TO THE HOSPITAL, OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	be med within 12 hours after death with the state Dept. Of realth and mental hydrene pivot to burial, cremation, of removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	IA	A F	N	200
	SS	UNE	THE	3
	EH	E F	2	E
	H	五		7
	H	F	5	=

95 24435 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH EUGENE A. BROWN JULY 26 1995 3:00 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign JAN. 10 1900 DAYE HOURS 15 M 2 | F 95 MARYLAND YRS. 214-05-2096 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERIDIAN SPA CREEK ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND 1 TYES 2 NO ANNE ARUNDEI EDGEWATER FUNERAL 10e STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 132 OLD SOLOMONS ISLAND ROAD 21037 USAA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 □ YES 2 ☒ NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Married BY 3 X Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 4th CONSTRUCTION WORKER 0 JIMMY WILSON 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ALBERT BROWN MARY ALTON BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM BROWN 119 SOLOMONS ISLAND RD. EDGEWATER, MD. 21037 20a. METHOD OF DISPOSITION
1 □ Burial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State HOPE ST. MARK CHURCH CEME. 7/29/95 EDGEWATER, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. Lavy 821 WEST ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the/diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. Interval Bety **IMMEDIATE CAUSE (Final** Onset and Dasth disease or condition dde resulting in death) DUE TO (OR AS A CONSEDUENCE DE CERTIFICATION Sequentially ilst conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Mua DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PARTY II. Other aignificant conditions contributing to deeth but next resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? MUSCUC 1 YES 2 NO OF DEATH? No ouro re 1 YES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) OT/ER: 1 YES NO HOSPITAL Inpetient 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED Netural

26e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a, CENTIFIER

CERTIFYINO PHYSICIAN: To the bast of my knowledge, desth occurred at the time, date end place, end due to the cause(s) and manner se stated. MEDICAL EXAMINER:

М

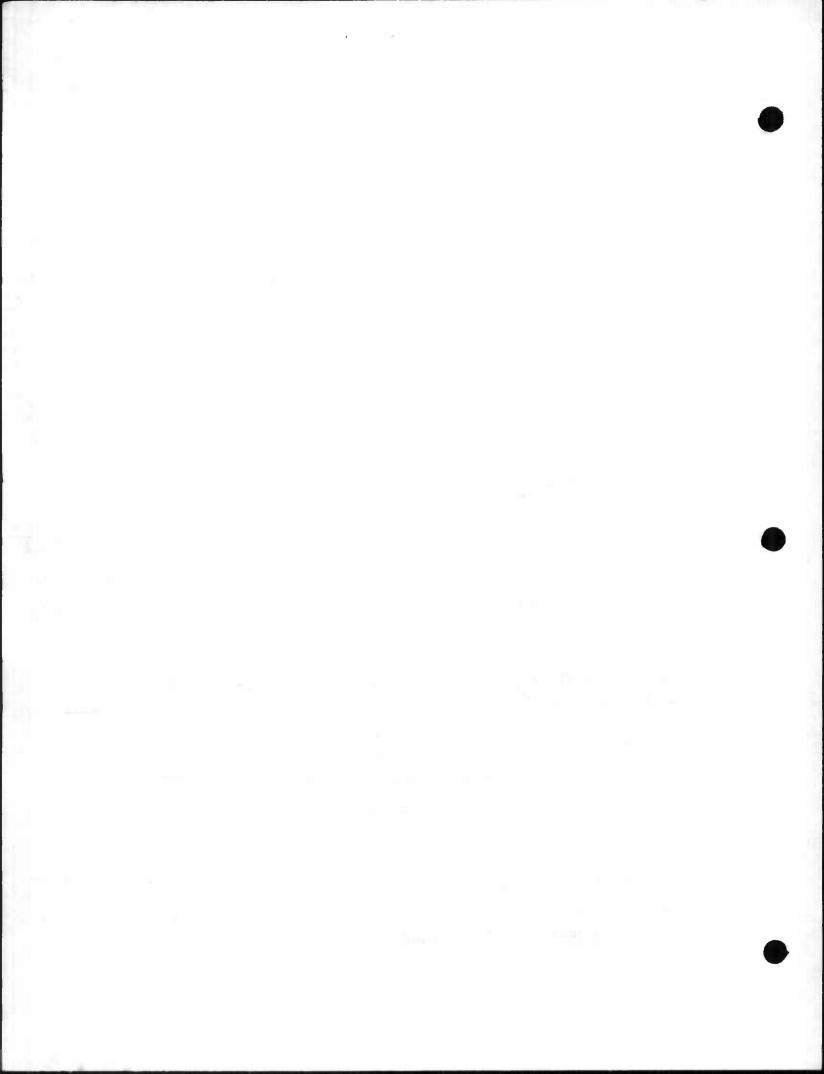
2 ation end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c_LICENSE NUMBER

1 YES 2 ND

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1833

5 Pending Investigation

32 REGIST JAR'S SIGNATURE

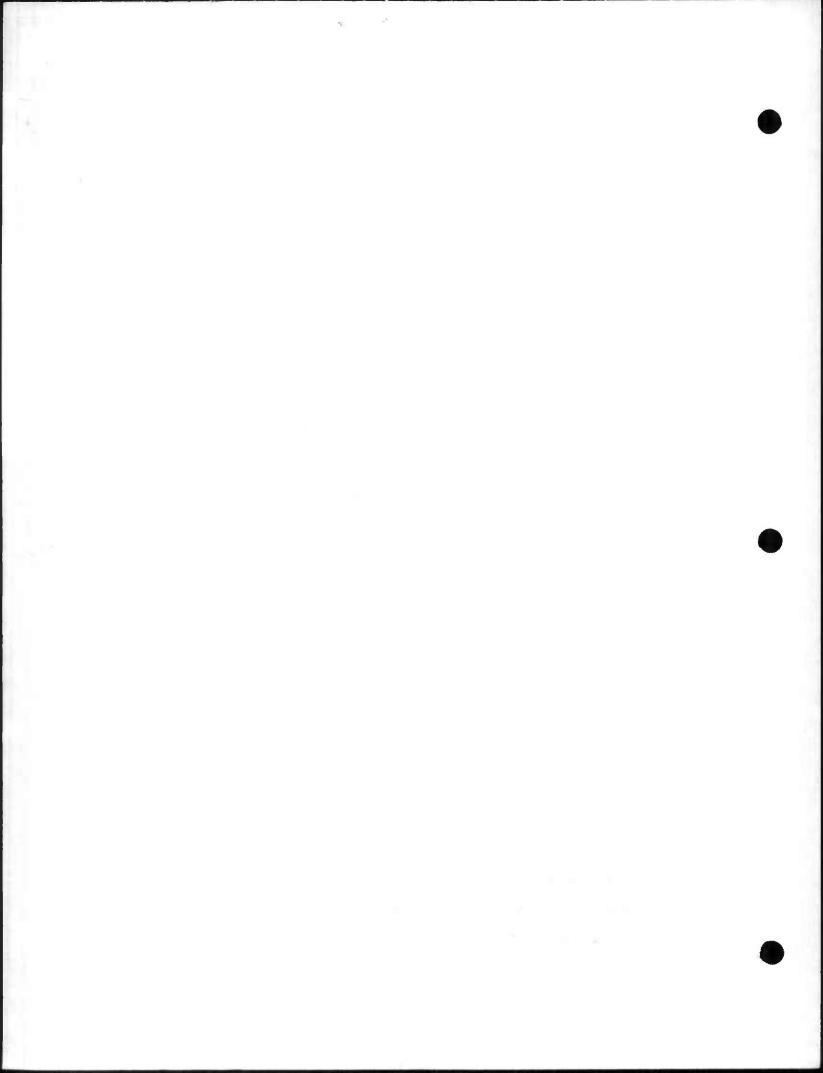


6 may be retained by the hospital or attanding physician. ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
hours after death	ed in by the fune	or removal.	medical exam	
ecuted within 24	nd completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rtic event, the	
certificate be exe	ding physician ar	lygiene prior to l	r other trauma	
 s that the death	ned by the atten	lith and Mental I	any injury, o	
The law require	ate has been sig	tate Dept. of He.	tem 23 shows	
ING PHYSICIAN:	After this certific	leath with the S	marked, or i	
TAL DR ATTEND	AL DIRECTOR: /	72 hours after d	If item 28 is	
TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) John P	Brown				2. DATE OF DEATH		EAR 3	9:15 P.	м
	214-03-6381	1 ⋈ м 2 □ ғ 75	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	1000	Country)	ACE (State or Foreign Sylvania	
OR	9a. FACILITY NAME (If not institution, give street 999 Security Road RESIDENCE OF DECEMENT			96. CITY, TOWN C	E LOCATION OF DE	EATH	Wash:	OF DEA	TN	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT					Dd. INSIDE CITY	
	Maryland Wasi	hington		Hagers				1	LIMITS?	
FUNERAL	999 Security Road	d		101	21740			USA	AT COUNTRY?	
BY FUN		12. WAS DECEDENT EVER IN I FORCES? 1 [X] YES IF YES, GIVE WAR OR DAT	2 NO	It yes, spi	ENDENT OF NISPAI polity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.)	or No 14	RACE	American Indian, White, etc.	
TED	15. DECEDENT'S EDUCA' (Specify only highest grade to	TION ompleted)	16s. DECEDENT'S	USUAL OCCUPATIO ork done during mos	IN all of working	16b. KIND OF BU	SINESS/INDUS	TRY	WILLEC	-
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cement	Worke		Marque	ette	Cen	ment	
	17. FATHER'S NAME (First, Middle, Lest) Albert F. Br				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)			7
) BE	Albert F. Br	own	19b. MAILINO	ADDRESS (Street a		Route Number, City or Tow		ide)		Н
5	Sophia I. Brown	- Inter-	999 Se	curity R	oad Ha	agerstown,	Maryla	and	21740	
	1 M Buriel 2 Cremation 3 Remove	ni from State 20b. P	PLACE AND DATE OF Bry, cremetory or off Bt Haven	F DISPOSITION (Nai her place) Cemeter	me of		cation - ch		aryland	
	21. SUMMATURE OF FUNERAL SERVICE LICEN	mmue	ik	Gerald Funera	N. Minr	ich 305	N. Pot	omac	Street aryland	
	23. PART i. Enter the diseases, or cor abock, or haart fallure. Lis	npilcations that caused to it only one cause on each	the death. Do not hime.	ot enter the mod	da of dying, auc	h as cardisc or resp	ratory arread	l,	Approximata interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Carp	rispul!	monay	Anost	-			42 day	
7		DUE TO OFF AS A O	ONSEQUENCE OF	en Cer	to Bra	in			1	1
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):						1
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):						-
CER	reaulting in death) LAST									
CAL	PART II. Other algolificant conditions	contributing to death but	not reaulting in	the underlying	cause given in	PERFOR	MED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO	1
MEDIC						1 _ YES 2	TIMO	OF	MPLETION OF CAUSE DEATH?	1
	DID TOBACCO USE CONTRIL		DEATH YES		UNCERTAIN	V 🗆				4
PHYSICIAN:	EXAMINER?	IOSPITAL:		OTHER:	5 Pasidence	6 Other (Specify)				1
	27. MANNER OF OEATN 1 Definition of Dending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	IRY WOR		28d. DESCRIBE HOW I	NJURY OCCUR	EO		1
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — building, etc. (Specify	At home, term, st		LS 2 ND	261. LOCATION (Street a City or Town, State)	and Number or I	Rural Rout	e Number,	1
LETE			u less virias es							4
COMPLET		AN: To the best of my knowled On the basis of examination a						huse(s) an	id manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	indiale, 1	10		29c. LICENSE NUN D2890		29d. DATE SI	GNED (MC	onth, Day, Year)	1
10	30. NAME AND ADDRESS OF PERSON WHO C			MILL	ST. H	AGERSTON	U, H	10.	21740	1
	31. DATE FILED (NOTE) Pay, 1807) 1995	32. BEGISTRAP'S SIGNAT	Carlett					-		1



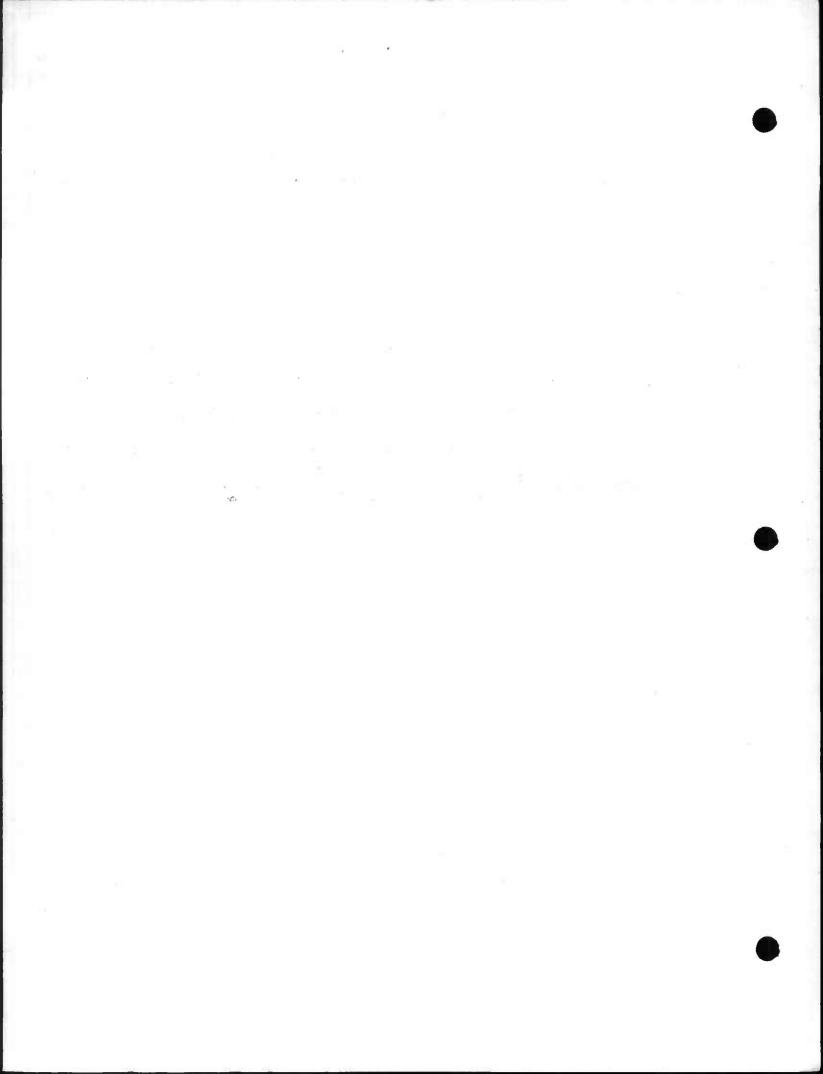
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	2. 3 should		
	Pages 1.		
or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within hours after death. Page 6 may be retained by the hospital or attending physician.	e 5 should be detached for		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ath. Page 6 may b	ineral director, pag		aminer must be
nours after de	by filled in by the fu	ation, or removal.	the medical ex
be executed with	ucian and completel	nor to burial, crema	traumatic event,
the death certificate	/ the attending phys	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	Injury, or other
ie law requires that	has been signed by	Dept. of Health an	n 23 shows any
YSICIAN: Th	s certificate	ith the State	ed, or iten
TENDING PH	THE FUNERAL DIRECTOR: After this of	fler death wi	IPORTANT: It Item 28 is marked
PITAL OR AT	RAL DIRECT	72 hours a	F. It Item 2
TO THE HOSF	TO THE FUNE	be filed within 72 hours after death with	IMPORTAN

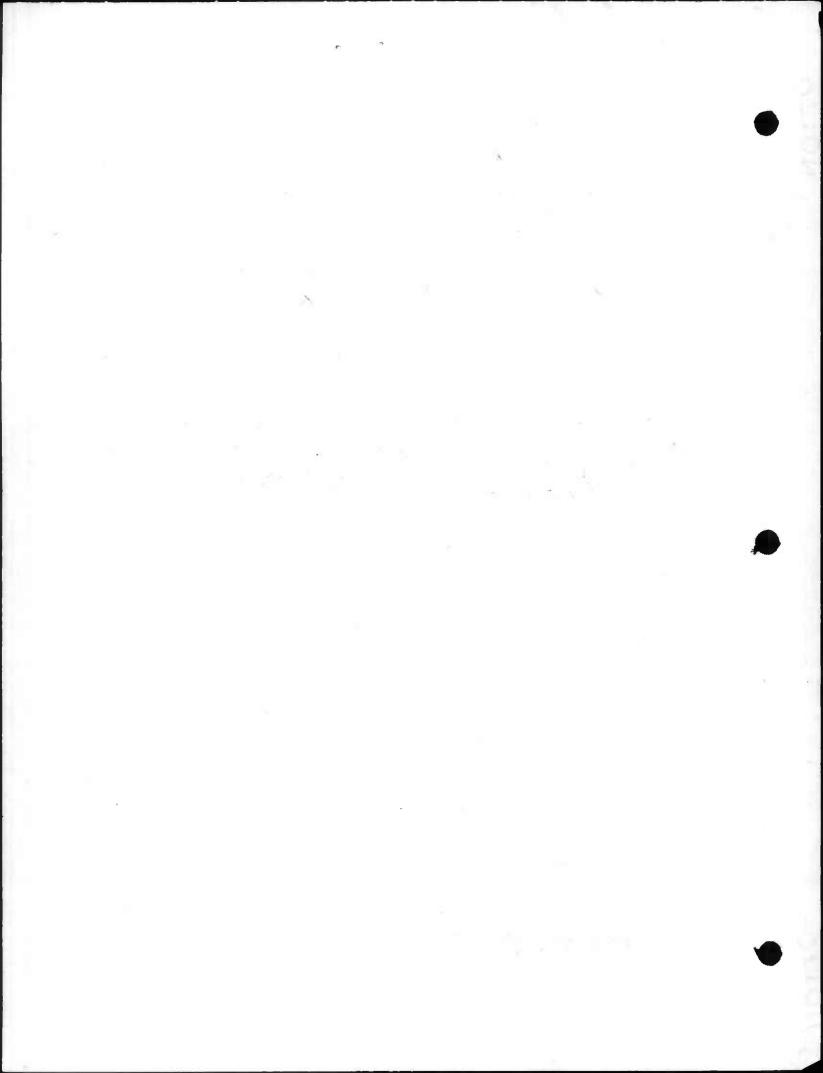
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG.	NO.		
	t. OECEDENT'S NAME (First, Middle, Last)	5.15.				2. DATE OF OEAT		3. TIME OF OEAT	Н
	GLADYS LEONA		THLOW			JULY 2	5 ^M 199	5 11:27	AM
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes	r)	8. BIRTHPLACE (State or Fo Country)	reign
		12 XF 62	YRS.			JUNE 9		MARYLAND	
Or .	9e. FACILITY NAME (If not institution, give street and i				OR LOCATION OF D	EATH		CLITALO TO M	
0	WASHINGTON COUNTY	HUSPITAL	<u> </u>	HAGE	RSTOWN		.W.A	SHINGTON	
S	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION			10d, INSIDE CITY	
рівестов	MARYLAND WASHIN	IGTON	RC	HRERS	/ILLE			1 X YES 2	
	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?	110
ER.	P.O. BOX 5			1	21779		U.	S.A.	
FUNERAL	ll and	S DECEDENT EVER IN U	J.S. ARMED			NIC ORIGIN? (Specif		14. RACE — American India	nn,
ВУ Б	1 Never Merried 2 Merried IF Y 3 Widowed 4 Divorced	RCES? 1 TYES ES, GIVE WAR OR DATE	ZX_NO		S 2 NO Specific	in, Puerlo Ricen, atc y:)	Black, White, etc.	
0 0								WHITE	
ш	15. DECEOENT'S EDUCATION (Specify only highest grade completed	d) 1	(Give kind of w	USUAL OCCUPATI rork done during m e retired.)	ON ost of working	18b. KIND OF	BUSINESS/INDU	STRY	
7	Elementary/Secondary (0-12) College	e (1-4 or 5 +)	HOMEN			OW	N HOME		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1101141		40 44071457010 444				
		SHIVES			NELL:	ME (First, Middle, Me IE VI	RGINIA	HARP	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Burat	Route Number, City or	Town State Zio (Codel	
2	TERRY L. BARTHL	.OW	18622	TERMIN	AL DRIVE,	HAGERST	OWN, MA	RÝLAND 2174	2
	200 METHOD OF DISPOSITION	20b.P	LACE AND DATE O	F DISPOSITION (A	ama of	DATE 200	LOCATION — C	Ity or Town, State	
	20b. PLACE AND DATE OF DISPOSITION 1X Burlet 2 Cormetion 3 Removal from State 4 Donation 5 Other (Specify) HAGERSTOWN, MARYLAND								
	21. SIGNATURE OF FUNERAL SERVICE LICI:NSEE	2 /		22. NAME A	ND ADDRESS OF FA	CLTX AN ELL	JEDAL U	DME, INC.	
	> B harl B	rady	ř.					RSTOWN, MD.2	17/10
	23. PART I. Enter the diseases, or complica	atione that ceused t	he desth. Do n						
	ahock, Dr haart fallure. List Dni	y Ona cause Dn aac	h lina.				30	Interval Bo	etween
	iMMEDIATE CAUSE (Final disease or condition	Cha	6-	tour-	tim D	uluca	00- 6	Onset and	Danth
	resulting in desth) a	DUE TO (OR AS A C	ONSEQUENCE OF) muc	yve /	- 0. 00 (0.0	1), , ,	1004
Z				,				į	
2	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A O	ONSEQUENCE OF):					
CA	csuse. Enter UNDERLYING CAUSE (Disease or injury								
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	reaulting in desth) LAST								
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
EDICAL							FORMED?	AVAILABLE PRIOR COMPLETION OF C	
						' ' '	5 2 2 10	OF DEATH?	.
=	1 YES 2 NO								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Inp	PITAL: estient 2 - ER/Outpati	ant 3 DOOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
美	27. MANNER OF DEATH 286	e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE H	W INJURY OCCU	JRED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Motell, Day, 1881)	mac		YES 2 NO				- 1
	3 Sulcide 8 Could not be	e. PLACE OF INJURY — building, etc. (Specify,	At home, farm, s	treet, factory, offic	ea .	281. LOCATION (St. City or Town, S	eet and Number o	Rural Route Number,	
	4 Homicida detarmined					Oity by rown, S	(ella)		
7	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowled	ige, death occurre	d at the time, date	and place, and due	to the ceuse(a) end	menner es stated	d.	
S Could not be detarmined City or Town, Street and Number of Plural House Number, City or Town, Street and Number of Plural House N						ated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Yeer)	
O BE	Ona-	e	1		D214:	57	17/	25/95	1
일	30. NAME AND ADDRESS OF PERSON WHO COMPL					L	1.	-1	
	MISDUL WATER			1-04	KITIL	AVIZ. 1	HAGER	JTOWN. 4	10
	31. DATE FILED (Month, Day, Year) 32.	FALLA CO GARCIA							
- 1	JUL 2 8 1995	HAVE EURONELLE	armandall						- 1



È	eta	S	
ıî	2	age &	
Ĩ	may	r, pi	
5	9 9	ecto	
2	Pag	di	
BALLIMORE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flows after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	
9	ter d	the	DVal.
	IS a	D by	rem
_	DOC	led I	.0
	Ī	y fill	rtion
5	è	letel	rema
9	3 P	ошо	Il, CI
00	500	Di Di	buria
<	8	in al	100
5	te D	Sicia	prior
	ifica	F	ane i
Ç	Cert	ding	1yor
ŗ	eath	atten	Ital 1
2	e d	the	Men
É	at th	2	and
Ś	th Si	ned	atth
נו	quire	n Sig	F He
r	₩	pee	ft. of
1	e 13	has	Dec
-	11	cate	State
>	CIAN	ertific	the 5
	133	is c	in the
DIVISION OF VITAL RECORDS, P.O. BOA 88/50	5	ar th	M G
5	DIN	Afte	dea
2	TEN	108	after
	RAI	REC	urs a
)	L 0	0	P
	PITA	ERAI	20
	28	FUN	WITH
	물	31	led
	2	2	2

	1 - STATE REGISTRAR	STATE OF MARY		ICATE OF		MENTAL HYGI REG.		
	BETTY BE	LL Midd	le Name (Rayetta)		2. DATE OF DEATH	30, 19	95 1859 F
	4. SOCIAL SECURITY NUMBER 208-24-2795	1 🗆 M 2 💢 F	E (In yrs. lest birthday) 63 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You Mar. 3,	r)	B. BIRTHPLACE (State or Foreign Country) Maryland
TOR	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HAGERSTOWN WASHING'							
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT West Va. Benk	eley/	ŀ	y, town on Locat				10d. INSIDE CITY LIMITS?
FUNERAL I	100. STREET AND NUMBER 623 Cunningham		Fa	101	. ZIP CODE			1 VES 2 NO
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DEC	25419 ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	NIC ORIGIN? (Specify an, Puerto Rican, atc. fy:	Ven or No — 1	4. RACE — American Indian, Black, Whita, atc. Specify:
LETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON st of working	16b. KIND OF	BUSINESS/INDU	STRY
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Shipp	ing Cler		Gorh	den Surname)	stries
TO BE	John William 190. INFORMANT'S NAME (Type/Print)				and Number or Rural	e Elizabe Route Number, City or	Town, State, Zip C	Code)
	Frank Walter Be 20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ram	2	06. PLACE AND DATE	OF DISPOSITION (Na	me of	DATE 20c	LOCATION - CI	West VA. 254'
	21. SHORMATURE OF FUNERAL BETWICE LICENSES Commelton, Science of Commelton State Commelton, or piper places of Facility OSBORNE FUNERAL HOYE P.O.BOX 348 Williamsport, MD. 21795							
	IMMEDIATE CAUSE (Final	List only one cause on a. Multipoper To constant	each line.		de of dying, suc	th ea cardiac or re	aplratory arre	Approximate Interval Betwee Onset and Da
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF					
MEDICAL C	PART II. Other algolificant condition	ns contributing to deeth	but not resulting	in the underlying	g cause givan in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
PHYSICI/	1 X X ES 2 □ NO 27. MANNER OF DEATH	HOSPITAL: 1 ☐ Inpatient 2 X ER/O	Y 28b. TIM	E OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED CO41312n
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	7-30-	95 190 RY — Al home, farm, a	70 M 1 □ 1	ES 2 HO	281. LOCATION (Str. City or Town, St	er - Ar	No - Aulo
PLET	29e. CERTIFIER (Check only	GICIAN: To the best of my kno		od at the lime, data		to the cause(a) and	manner as stated	· A ·
BE COM	290. SHONATURE AND TITLE-OF-COMPINE		and the state of t	n, er my opinion, de	29c. LICENSE NUR	WBER	29d, DATE 8	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	TWE CAUSE OF			t, Balt			LY 31,1995 and 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	INATURE					



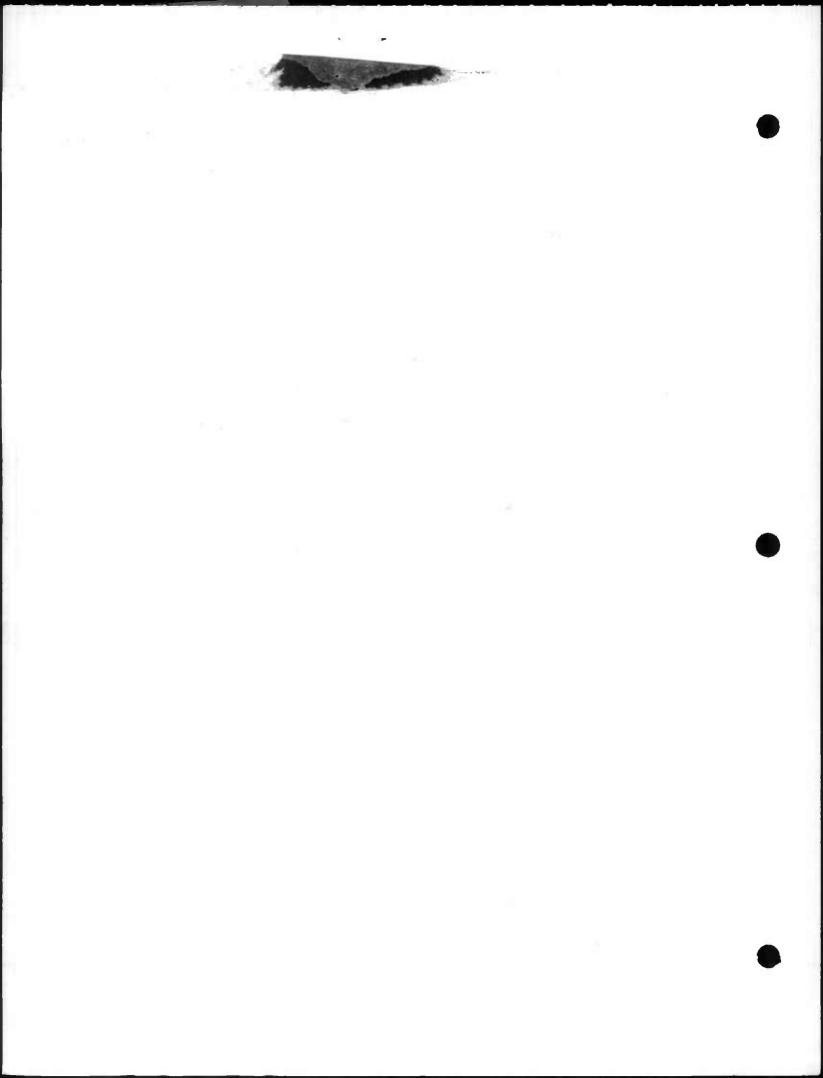
-	
0	
~	
~	
687	
∞	
68760	
×	
\circ	
_	
BOX	
~	
\circ	
P.O.	
_	
15	
47	
$^{\circ}$	
-	
4	
RECORDS	
\sim	
O	
111	
Щ	
ㄸ .	
TAL	
-4	
⋖	
_	
\equiv	
_	
li .	
OF VI	
\circ	
_	
7	
=	
0	
-	
IVISION OF	
>	
_	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitfied at once.

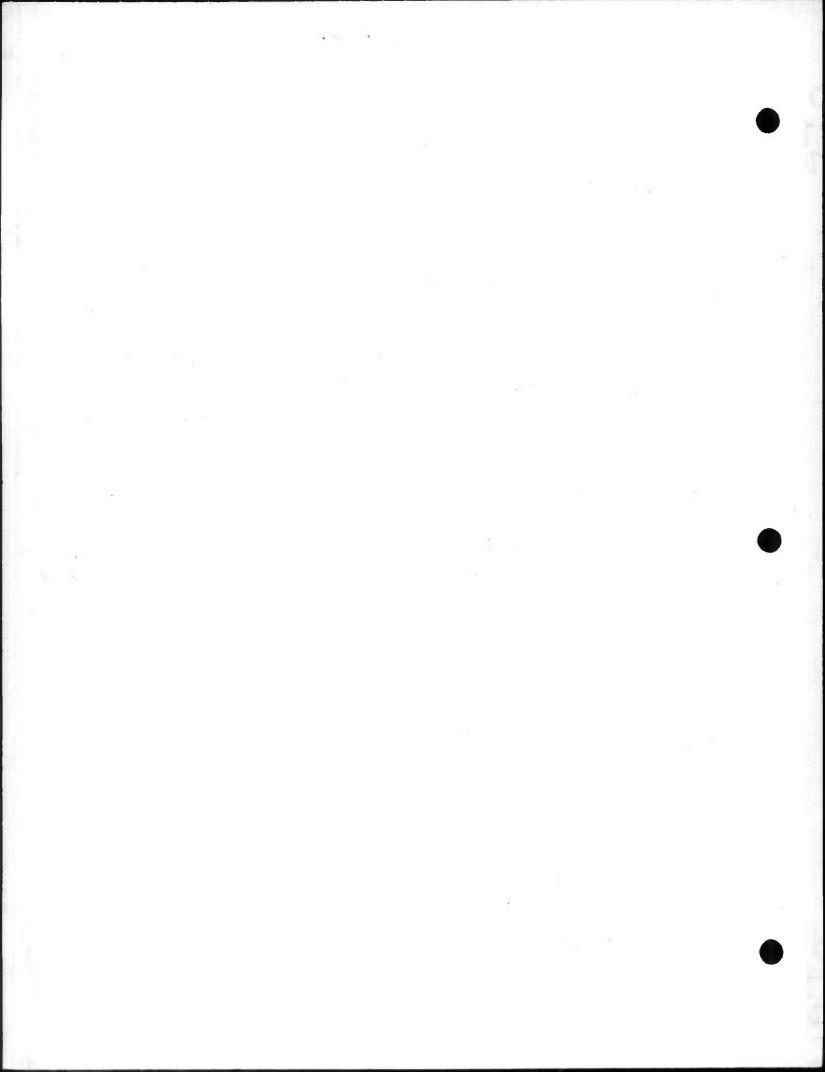
	1 - FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH		ITAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN						_	3. TIME OF GEATN
	GENEVIEVE Mari	ian BEALL				UGUST 02		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				8.8	MRTNPLACE (State or Foreign
	234-09-5147		88 YRS. MOI	NTHS DAYS NOURS	MIN. SE	Month, Day, Year)		Vest Virginia
~	9e. FACILITY NAME (If not institution, give s		96	CITY, TOWN OR LOCATI			9c. COUNTY	
ō	Homewood Retireme	nt Center		Williams	ort		Wash	ington
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
E E	Maryland Was	hington	I	Hagerstown				LIMITS?
M	10e. STREET AND NUMBER			10f. ZIP COD				OF WHAT COUNTRY?
FUNERAL	1352 Sherman Aver				21740			SA
	11. MARITAL STATUS 1 Never Married 2 X Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO	13. WAS OECENDENT O	n, Mexican, Pu	RIGIN? (Specify Yee erto Rican, etc.)	or No- 14. F	RACE — Americen Indien, Black, White, etc.
В	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES 2 NO	Specify:			SpecMy: White
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	15e. DECEDENT'S USU	JAL OCCUPATION done during most of working		16b. KIND OF BUS	INESS/INDUSTI	RY
	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use rei	tired.)		1		_
)MF	17. FATHER'S NAME (First, Middle, Last)		Deautic	lan-self en			ity sho	P
	Robert Donlin				ners name (f Cie E.	irsi, Middle, Melden S Dodd	Surneme)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street and Number	or Rural Route	Number City or Town	State Zin Code	0)
10	Jedd W. Beall							yland 21740
	20e. METNOD OF DISPOSITION (C) Burlel 2 Cremetton 3 Rem	oval from State 20b.	PLACE AND DATE OF D	SPOSITION (Name of		OATE 20c. LOC	CATION - City of	or Town, State
	4 Donation 5 Other (Specify)	R	est Haven		8-5-9		rstown	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NAME AND AODRE		•		
	SCOR	Mount	mick	415 E. Wil	son B1	.vd., Hage		, Md. 21740
	23. PART I. Enter the diseases, or cehock, or heart fellure.	complications that caused List only one cause on as	the deeth. Do not one one of the line.	enter the mode of dy	ing, such ss	cerdisc or respir	ratory srrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	P.	2 1	(cu 10)	^			Onset and Death
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF):	ancol	,			years
z		13.	,					į
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):					
2	Cause, Enter UNDERLYING CAUSE (Disease or Injury	C. OHE TO OR AS A	CONSEQUENCE OF):					
E	thet initieted events resulting in death) LAST	ODE TO (OR AS A	CONSEQUENCE OF):					
		d						
SAL	PART II. Other eignificent condition	s contributing to deeth bu	ut not reeuiting in th	ne underlying ceuse (given in Part	i. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
MEDIC						1 TYES 2	B-MO	OF DEATH?
Σ	DID TOBACCO USE CONTI	DIDLITE TO CALICE OF	E DEATH VEC		EDTAIN	, [1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		S. PLACE OF OEATH (C		ERTAIN []		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpi		HEA: Nursing Home 5 - Re	sidence 8 🗆	Other (Specify)		
\frac{1}{2}	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF			DESCRIBE HOW IN	JURY OCCURE	D
BY	1 Accident 5 Pending Investigation			M 1 TYES 2	NO			
3 Suicide 8 Could not be datermined 4 Nomicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							nd Number or Ru	iral Route Number,
E .								
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINEIT: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es stated. 2 MEDICAL EXAMINEIT: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner								
29b. SIGNATURE AND TUTCE OF CENTEROL (Month, Day, Year)						NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON, WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	0	000	106	1	147
	31. DATE FILEO (Month, Day, Youn)	m 747	North	In Aug	2 K	ggsta	unn	245/20
	AUG 3 1995	32. MEGISTRAR'S SIGNA	Revolt					



DIVISION OF VITAL RECORDS, P.O. BOX 68760

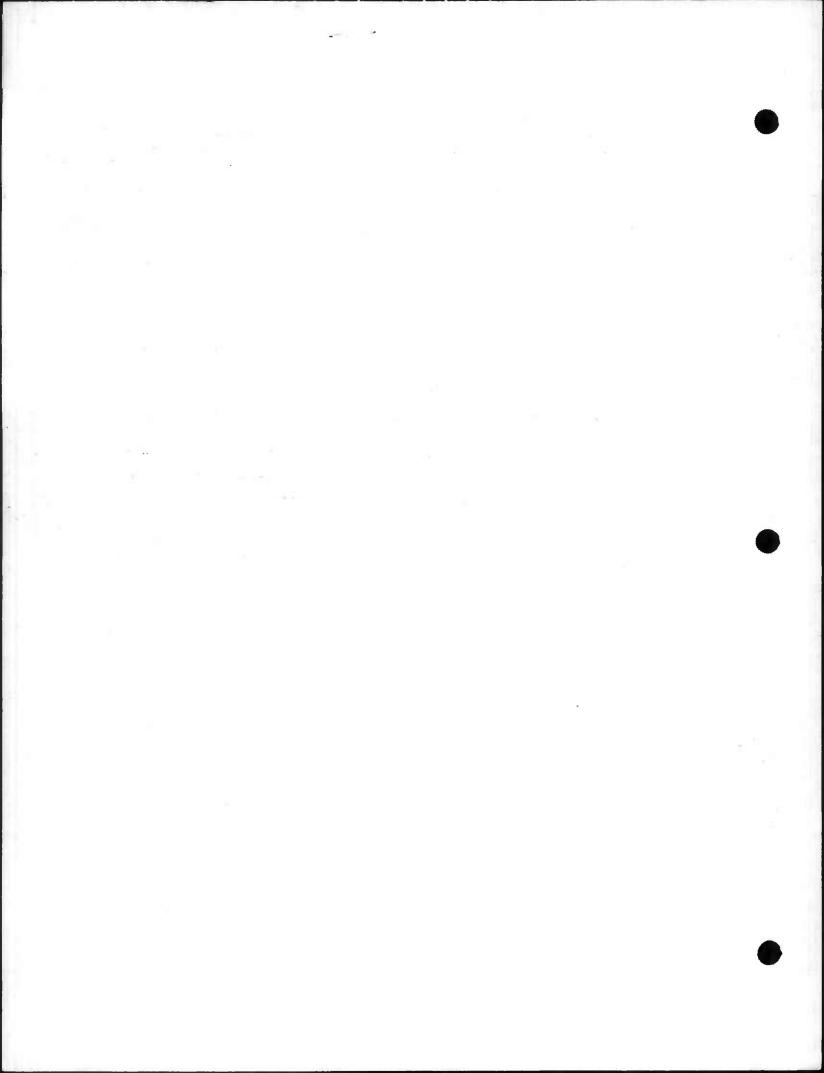
O THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-re hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA	be filed within 72	IMPORTANT: I

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				DE / (())	2. DATE OF DEATH		3. TIME OF DEATH		
	ZOE ELIZABETH BOW	en en				July 3		15:10 M		
	4. SOCIAL SECURITY NUMBER	W SHOULD I TEAM IF ORDER 7								
	217–12–2381	1 🗆 M 2 💢 F	73 YRS.				2 F	Pennsylvania		
Œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	Washington County Hospital Hagerstown Washi									
RE	10a. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
		shington	На	agerstown	n.			XX YES 2 NO		
FUNERAL	100. STREET AND NUMBER 131 Belview Avenue			1,500	ZIP CODE			OF WHAT COUNTRY?		
INE	11. MARITAL STATUS		I II C ADMED		21742		U.S.			
BY	3 Widowed 4 Divorced	. TEO, OFFE THAT ON OF		1 725	2XNO Specify	,	5	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPATIO rork done during mos e retired.)	IN st of working	16b. KIND OF BUS	INESS/INDUSTR	ry .		
Ę	Elementary/Secondary (0-12)	College (1-4 or 5+) Years		·		l	_			
MO	17. FATHER'S NAME (First, Middle, Last)	rears	Homema	ıker	40 MOTHERIE NA	Persona ME (First, Middle, Meiden S		dence		
	William Victor Sha	nnon				orma Knupp	Surname)			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street as		Oute Number, City or Town	. State. Zip Code)		
6	David L. Bowen					agerstown,				
	20e. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremation 3 □ Remo	val from Stata com	PLACE AND DATE O	F DISPOSITION /Ne	me of	DATE 20c LOC	ATION — City o			
	4 Donation 5 Other (Specify)	Re	st Haven		y 08/03/		erstown	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICI				D ADDRESS OF FAC	ery Funeral	Home	21742-3489		
	Douglas A. Fie		2 Atu	1331 F	Castern E	Blvd. North	. Hage			
	23. PART i. Enter the diseases, or conshock, or heart fellure. I.	emplications that caused	the death. Do n	of enter the mod	de of dying, suct	as cardiac or reapin	etory arreat,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition			0	P + 1 -	1/64.	1	Opent and Death		
	resulting in death)	A IDEK	CONSEQUENCE OF	COTIC	CAKDI	D VASCU	LARI	ISFAST. 24hou		
_	_		RTE W	,.				MYEARS		
6	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF					10 PEARLY.		
CA	Cause. Enter UNDERLYING CAUSE (Disease or injury	- Second	+					M		
	thet initiated events	OUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	4	•	+					K		
AL (PART ii. Other algnificant conditions	contributing to death be	it not resulting i	n the underlying	ceuse given in	Part I. 24s. WAS AN A	UTOPSY	24b, WERE AUTOPSY FINDINGS		
Dic.		- none				1 TYES 2	NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME					/			1 TYES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE CONTR			S NO	UNCERTAIN			/		
S S		HOSPITAL:	26. PLACE OF DEAT	OTHER:						
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetiant 2 ER/Outpe	etfant 3 🗆 DOA		5 - Residence					
	1 Netural 5 Pending	(Month, Day, Year)	INJI	JRY WOF		28d. DESCRIBE HOW IN	JURY OCCURED			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, s			26f. LOCATION (Street an	id Number or Ru	ral Route Number		
E	4 Homicide detarmined	building, etc. (Speci	"NA			City os Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edge, death occurre	d at the time, data :	and place, and due	to the cause(s) and mann	ner as stated,			
ŏ.		On the basis of examination						ee(s) and manner as stated,		
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	01.1		1	29c. LICENSE NUM		29d. DATE SIGN	NEO (Month, Day, Year)		
TO B	Manjan	y ran			D283	365	▶ 8.	295		
-	30. NAME AND ADDRESS OF PERSON WHO 368 MILL	TRBBT		Print) BPS 701	Love V	40 21	740			
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNA	TURE			1) 01	, , ,			
	AUG 3 1995	Fabri Davidson	Rarbell							



BALTIMORE, MARYLAND	rs after death. Page 6 may be retained by the hos	n by the funeral director, page 5 should be detacher removal.	idical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOX 68769	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR		STATE OF M	MARYLAND) / DEPAR	TMEN	T OF H	IEALTH DEA	AND TH		HYGIEN REG. NO		0 6	4441
2000	1. DECEDENT'S NAME (First, BETTY	, Middle, Last) JANE	BRIERLE	- 1	3					2. DATE OF MONTH			SYEAR	3. TIME OF DEATH 22 55 M
	4. SOCIAL SECURITY NUMBER 217–18–7351		5. SEX 1 M 2 X F	at the (in yis, seat carbiday) is a			DAYS	IF UNDER	MIN.	7. DATE OF (Mornth, C May 2	BIRTH Pey, Year)	1	S. BIRTHE	Sylvania
TOR	90. FACILITY NAME (# not in Washington	Count		al				or locati stown						
DIRECTOR	10a. STATE Maryland	10b. COUNTY	ington	gton			OR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	106. STREET AND NUMBER 1062 Bramle	e					21742	_			7		HAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify					American Indian, White, etc.			
COMPLETED	(Specify only highest grads completed) (G				DECEDENT'S (Give kind of life. Do NOT us Seamst	work done se retired.)	during mo	ON ist of worldi	ng	. 440	thing			
BE COI	17. FATHER'S NAME (First, M. Harry		Appen	zellar				Ne	elli			Hen	nebe	rger
5	Deborah J.	Lawhea	d							Route Number, d. Wil				ryland 2179
	20a, METHOO OF DISPOSITI 1 🖔 Burlal 2 🗆 Crematio 4 🗆 Donation 5 🗆 Other	n 3 🗆 Renio (Specify)		206. PLAC cemetery, Res	crematory or o	ther place	emete	ery 8				gerst		Maryland
		clart	Fin	U		1	Doug. 331]	Easte	A. Fi	iery F Blvd.	North	h Haq	erst	own, Md.
	23. PART I. Enter the di shock, or his IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure. L	iet Only one cau	t chused the se on each i	ine.					h se cerdis	or reapl	ratory arr	est,	Approximate Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST													
PHYSICIAN: MEDICAL CI	PERFORMED? ANAILABL COMPLET								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
IAN: W	DID TOBACCO US		IBUTE TO CA		ACE OF DEAT			UNC	ERTAIN	v 🗆				1 YES 2 NO
HYSIC	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH		HOSPITAL: 1 Impatient 2 Impati	INJURY	28b. TIM	E OF	28c. INJ	URY AT	sidence	8 Other (S		JURY OCC	URED	
BY	2 Accident 3 Suicide 8	Pending nvestigation Could not be letermined	28a. PLACE OF	F INJURY — At atc. (Specify)		M M street, lac	1 🗆 Y	RK? YES 2	NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSICI	AN: To the best of											a ve saluVette a
TO BE CO	296. SIGNATURE AND TITLE	OF CERTIFIER	melon	al	mis	0.	opinion, de	29c. LICE	ENSE NUM	IBER	d place, and	29d. DATE		and manner as stated. Month, Day, Year)
	30. NAME AND ADDRESS OF Michael 31. DATE FILED (Month, Day,)	5.1	COMPLETED CAUS		1799		ן שעט פ	11 6	21.	DY-	iseri	down	M	P. 21740



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within set hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPART	MENT OF H	EALTH AND I	MENTAL HYGI		7.7		
į.	1. DECEDENT'S NAME (First, Middle, Lest)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	LAMBERT RILEY BERNAR	D				AUGUST 1	1995	8:05 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPLACE (State or Foreign Country)			
3	212-24-0441A 1XX M 2		YRS.			FEB. 26,	1906	MARYLAND		
œ	9a. FACILITY NAME (If not institution, give street and num				R LOCATION OF DE	ATH		TY OF DEATH		
DIRECTOR	CUPPETT-WEEKS NURSING	HOME		OAKL	AND		GA	ARRETT		
JEC.	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND GARRETT			SWANTO	N			LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE		10.20	EN OF WHAT COUNTRY?		
309 HUNT VALLEY ROAD 21561 USA 11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ADMED.										
3 Wildowed 4 Divorced Specify: Specify: WHITE										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S U	SUAL OCCUPATION OF COMPANY	N et of working	16b. KIND OF	BUSINESS/INDU	JSTRY		
Ē	Elementary/Secondary (0-12) College (1	-4 or 5+)	life. Do NOT use	retired.)	or or working	CRIVED				
MP	17. FATHER'S NAME (First, Middle, Last)		FARMER				AL FARM	IING		
8	ARCHIBALD R. BERNARI	D				ME (First, Middle, Maid FLORENCE	fen Surname) LOHR			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Poute Number, City or		Codel		
5	THOMAS E. BERNARD			THIRD		LAND, MD		The state of the s		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from S	20b. PLAC	E AND DATE OF	DISPOSITION (Na	me of	DATE 20c.	LOCATION — C	lity or Town, Steta		
	4 Donation 5 Other (Specify)	LOH	R CEME	TERY		8/4 SV	VANTON,	MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	4		22. NAME AN	ID ADDRESS OF FAC	CILITY	P.O. B	OX 243		
	Kolud Y XX i	M00	167	DURS	T FUNERA	L HOME -	OAKLAN	D, MD. 21550		
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only o	ns that caused the	desth. Do no	t sater tha mo	ds of dying, auci	h as cerdiec or re	spiratory arre	at, Approximata Interval Between		
				4 (-			Onset and Death		
ŀ	resulting in death)	ongestivi	747 1	41 ure			24 pr.			
_	C	OVE TO OR AS A CONS	S () A	-11-	ilat			2 1		
CERTIFICATION	Sequentially list conditions, if any, isading to immediate	DUE TO (OR AS A CONS	BEOUENCE OF):	ACE	1aev			X WN.		
S	CAUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):							
S	d,									
AL	PART II. Other aignificent conditions contribut	ing to deeth but no	t reaulting in	the underlying	cause given in	Part I. 24e. WAS PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8						1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	DID TORACCO LICE CONTRIBUTE T	0.641165.05.05						1 - YES 2 - NO		
AN	DID TOBACCO USE CONTRIBUTE TO			(Check only one)	UNCERTAIN	1 🗆				
SICI	EXAMINER? HOSPITA		1	OTHER:	5 🗆 Residence	e Consta				
Ή	27. MANNER OF DEATH 28s. O	ATE OF INJURY fonth, Day, Year)	26b, TIME INJUI	OF 28c. INJI	JRY AT	28d. OESCRIBE HO	W INJURY OCCU	JRED		
BY F	1 Netural 5 Pending 2 Accident Investigation	TOTAL, Day, reary	INSU		RK? ES 2 NO					
W	4 Homicide detarmined									
MPLE	29a. CERTIFIER (Check only									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the be									
BE COMPLE	29a. CERTIFIER (Check only					time, data and place,	and due to the			
- 11	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the ba	M D	or investigation,	In my opinion, de	eath occured at the	time, data and place,	and due to the	cause(s) and menner as stated.		
H	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the be	M D	or investigation,	In my opinion, de	eath occured at the	time, data and place,	and due to the	cause(s) and menner as stated.		
H	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base 29b. SIGNATURE AND TITLE OF PERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETE A R C C H 31. DATE FILED (Month, Day, Year) 32. RE	M D	TEM 27) (Type, P	In my opinion, de	eath occured at the	time, data and place,	and due to the	cause(s) and menner as stated.		

OR ATTENDING PHYSICIAN: HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

FUNERAL within 72 h

H

2

29b. SIGNATURE AND TITLE OF CERTIFIER

Ganesh Prabhu.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DME

1995

4 unsh

31. DATE FILED (Morith, Day, Year)
AUG 0 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 7. DATE OF BIRTH (Month, Day, Year) Banner Gordon Blevins Jr 995 5:02 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 X M 2 - F YRS. 214-26-1103 66 March 12 1929 Virginia should 9a. FACILITY NAME (If not institution, give sireet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ER-Harford Memorial Hospital Pages 1, 2, 3 Havre de Grace Harford 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Bel Air 1X YES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? the funeral director, page 5 should be detached for use as the burial-transit 718 Linwood Avenue 21014 USA Page 6 may be retained by the hospital or attending physician 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, 1 ☐ YES 2 NO 1 Never Married 2 Married Specify: 四人 Specify: 3 Wildowed 4 N Divorced Korea White 16e. DECEDENT'S USUAL OCCUPATION
172 kind of work done during most of working ETED. 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Insurance Agent Insurance 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Banner Gordon Blevins, Sr. H Edna May Bowles 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Dorothy Higinbotham 718 Linwood Avenue, Bel Air, Maryland 21014 pe 20s. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata must 4 Donation 5 Other (Specify) Memorial Gardens 7/31/95 Bel Air, Maryland examiner 21. SIGNAPORE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
HOWard K. McComas III Funeral Home hours after death. 1317 Cokesbury Rd, Abingdon, MD 21009 medical 23. PARK I. Enter the dise signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo sea, or complications that caused the death. Do not anter the mode of dying, auch as cardiac or reapiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) a. Acute Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): event. a ASCVD other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST any Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Hypertension 1 TES 2 NO OF DEATH? shows 1 TES 2 NO has been : Dept. of H DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES \(\Boxed{1}\) NO \(\Boxed{1}\) UNCERTAIN \(\Boxed{1}\) PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item this certificate his with the State [HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO 4 🗌 Nursing Home 5 🗆 Residence 6 🗆 Other (Specify) ŏ 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural NA NA М 1 YES 2 XNO BY After 1 Investigation 2 Accident 26s. PLACE OF INJURY — A1 home, ferm, streat, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide NA NA If Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as ateted.

2 💢 MEDICAL EXAMINER: On the besie of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

1810 Belair Road, Fallston, Maryland

Deputy Medical Examiner

112. REGISTRAN'S SIGNATURE PARCHALL

29c. LICENSE NUMBER

21809

29d. DATE SIGNED (Month, Day, Year)

21047

1-27.1995

879-6564

FOR

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR CER		CATE OF		REG. NO.	C				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	HELEN CATHERINE BONELLA				JULY 26		7:50 A M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birt		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	A BH	THPI ACE (State or Forming			
	219-14-6576 1 M 2 X F 68	YRS.	MONTHS DAYS	HOURS MIN.	SEPT 25	1926 E	ARYLAND			
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O	DEATH			
R	SACRED HEART HOSPITAL		CUMB	ERLAND		ALLE	GANY			
DIRECTOR	RESIDENCE OF DECEDENT									
E			TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS?			
	MARYLAND ALLEGANY	L	AVALE				1X YES 2 □ NO			
MA	100. STREET AND NUMBER			ZIP CODE		A	F WHAT COUNTRY?			
FUNERAL	534 NATIONAL HWY			21502		US				
교	1 Never Married 2 N Married FORCES? 1 YES 2 NO)			IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No — 14. R	ACE — American Indian, ack, White, atc.			
B⊀	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	r:	St	Decity: WHITE			
	15. DECEDENT'S EDUCATION 16e. DECED	ENT'S L	JSUAL OCCUPATIO	N	16b, KIND OF BUS	INFSS/INCHISTER	,			
E	(Specify only highest grade completed) (Give k	and of w	ork done during mos retired.)	t of working	1000 1000	MILOO MIDOO TK				
3		ITT	ING SU	PERVISO	R MEDI	CAL				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Sumeme)				
	JOHN MONAHAN			LULA	FAZENBAK					
BE (AILING	ADDRESS (Street ar		Route Number, City or Town					
2	JOSEPH V. BONELLA 534	4 N	ATIONA	L HWY I	AVALE, M	ARYLAN	D 21502			
			F DISPOSITION (Nat		DATE 20c. LO	CATION — City or	Town, State			
	1X Buriel 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)	WN	MEMORI	AL GAR	. 7/29 L	AVALE.	MARYLAND			
	21. INGHATURE OF FUMERAC SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FA	CILITY					
	Douglas & Hafe						MORTUARY MD 21502			
	23. PART I. Enter the diseases, or complications that caused the death shock, or heart failure. List only one cause on each line.	. Do no	ot antar tha mod	la of dying, auc	h aa cardlac or raapi	ratory arrest,	Approximats			
	IMMEDIATE CAUSE (Final	,	. 1				Interval Batween Onset and Death			
}	disease or condition resulting in death) s. Carduse arrhythmus. But TO (OR AS A CONSEQUENCE OF):									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,	lu	u				Iyear			
Ĕ	if any, leading to immediate	NCE OF					0			
2	CAUSE (Disease or Injury	nell	ulus				15 year			
E	that initiated eventa DUE TO (OR AS A CONSEQUEI	NCE OF):							
CERTIFICATION	d									
	PART II. Other significant conditions contributing to death but not resu	ilting ir	the undarlying	cause given in			4b. WERE AUTOPSY FINDINGS			
MEDICAL	arterioclerosis, showned	wil	withi	本	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						200	OF DEATH?			
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH	YES	S II NO II	UNCERTAIN	ν _Π		T TES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE O		H (Check only one)	011021111111	, ,	l				
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Dipatient 2 ER/Outpetient 3 0		OTHER:	5 Residence	6 Other (Specify)					
<u> </u>	27. MANNER OF DEATH 28s. DATE OF INJURY 26	Bb. TIME	OF 26c. INJU	JRY AT	26d. DEŞCRIBE HOW II	NJURY OCCURED				
	1 M Netural 5 Pending (Month, Day, Year)	INJU		RK7 ES 2 NO						
ВУ	3 Suicide 26e. PLACE OF INJURY — At home,	farm, et	rest, factory, office		261. LOCATION (Street e	and Number or Rur	al Route Number,			
Ä	4 Homicide determined building, etc. (Specify)				City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death	0000000	d at the time date	and place and dis-	to the council and					
M	(Check only one) 2 MEDICAL EXAMINER: On the best of exemination end/or inver						e(s) and manner as stated			
	29b. SIGNATURE AND TITLE OF CERTIFIER		1							
BE	AND THE OF CENTIFIER			29c. LICENSE NUM		JULY	ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27	D (3	Print)	D125	52		1			
	GEORGE BREZA MD. 91	, tobet	Se La.	0 1	exland,	44 1	1000			
	31. DATE FILED (MONTH)	0 40	J L IUN	Cunk	CKIANC ,	Ma	(13 / 2			
- 1		dall								

BALTIMORE, MARYLAND 21215-0020

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760

5 IVA

nours after death. Page 6 may be retained by the hospital or attending physician	etely filled in by the funeral director, page 5 should be detached for use as the burial-trai	emation, or removal.	nt, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

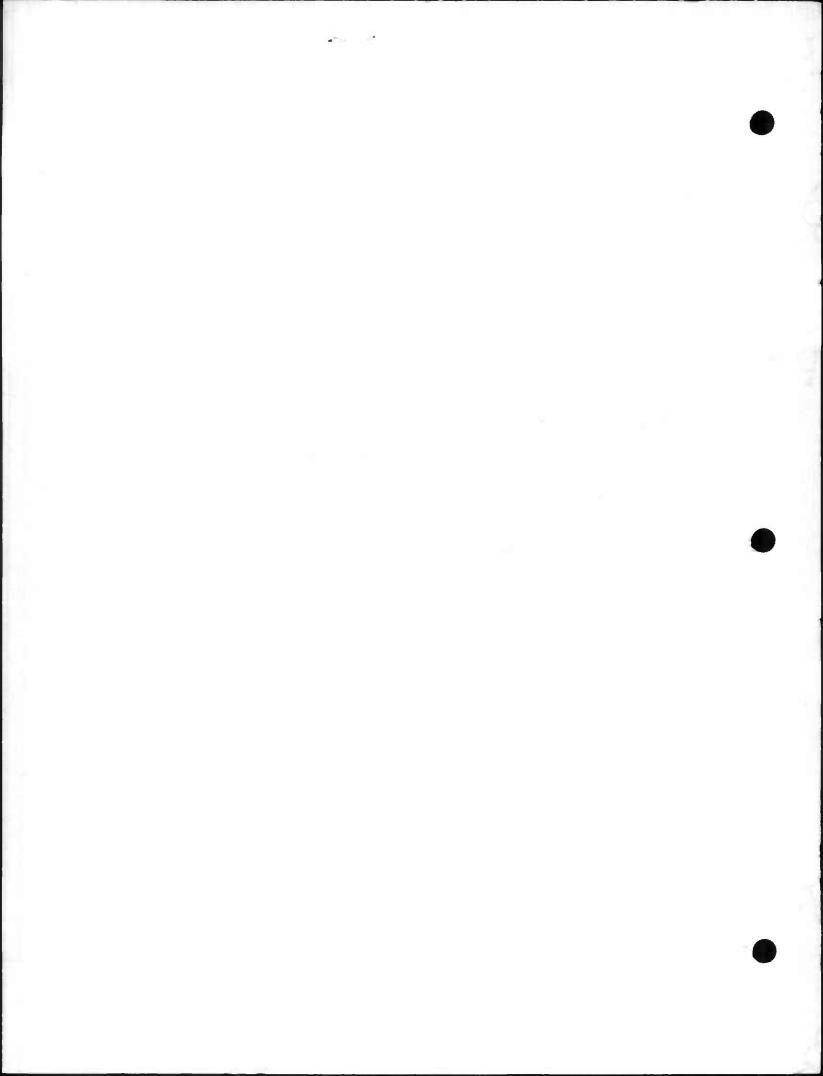
	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN
	ARTHUR JAMES BAKER JULY 28 1995 9:58 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTYN 8. BIRTHDU ACE (Statin or Formistin
	217-10-2304 IN MONTHS DAYS HOURS MIN. AUG. 29, 1916 MARYLAND
DIRECTOR	6545 OCEAN PINES BERLIN WORCESTER
ן ט	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10
2	TO INTO A LOCATION TO THE LIMITS?
	DELAWARE SUSSEX SELBYVILLE 1
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 109. CITIZEN OF WHAT COUNTRY? USA
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indien, 15. Wildered 4 Dispared 15. Wildered 4 Dispared 16. RACE — American Indien, 17. Wildered 4 Dispared 18. RACE — American Indien, 19. Was DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC ORIGIN? (Specify Yes or No— 19. Was DECENDENT OR NISPANIC OR
ВУ	3 X Wildowed 4 Divorced WWII 1 YES 2 X NO Specify: WHITE
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Sine kind of work done during most of working life. Do NOT use retired.) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)
COMPLETED	Elementary/Secondary (0-12) 8 College (1-4 or 5 +) MEAT CUTTER GROCERY
S .	17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
BE C	WILLIAM C. BAKER NANCY E. LEWIS
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
=	DEBBIE B. DOUKAS 6545 OCEAN PINES, BERLIN, MARYLAND 21811
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of complete of comple
	4 Donation 5 □ Other (Specify) REDMEN'S CEMETERY 8/1/95 SELBYVILLE, DELAWARE
	21. SIGNATURE OF FUNCTAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
\vdash	HASTINGS FUNERAL HOME, SELBYVILLE, DE.19975
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart fellure. List only one ceuse on each line. Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition
	disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):
z	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):
2	CAUSE (Disease or Injury
ii.	that initisted evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST
S	d.
DICAL	PART II. Other significant conditione contributing to death but not reaulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMALABLE PRIOR TO
음	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ш	1 YES 2 NO
ä	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO
S	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)
Y PHYSICIAN: M	27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Neturel 5 Pending Investigation Neturel 1 YES 2 NO
ED BY	Accident Accident Investigation Accident Accid
ET	29a. CERTIFIER
COMPLETED	2796. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTUFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
	M. chast Couch HD, 105 pinz Bluch RD, Salabay, MD 2:801
	31. DATE FILED (Month, Day, Year) 32. DEGISTRAR'S SIGNATURE JUL 31 1995 Julia Davulson-Randall
	OCT OF 1999 March amount

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with ours after death. Page 6 may be retained by the hospital or requires that he attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	TATE OF MARYL		RTMENT OF I		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN	MARY	B	ACKORA		2. DATE OF DEATH MONTH JULY 30	NY.	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S	BEX B. AGE (n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. DATE OF BIRTN				5:10 P M
	212 31 1130	M 2 X F	76 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
or.	9a. FACILITY NAME (If not institution, give atreet a			9b. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COUNT		1
DIRECTOR	BERLIN NURSING & RI	EHAD CENTER		DEKLI	.N		WORCESTER		
REC	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA			100		
	DELAWARE SUSSEX	ζ	S	SELBYVILLE					LIMITS?
3AL	10a. STREET AND NUMBER			:10	. ZIP CODE		10g. CITIZE	EN OF WH	AT COUNTRY?
FUNERAL		FERSON AVE			19975		_	USA	
	Total married C married								
MHTT									WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade ocympleted) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY									
COMPLET	Elementary/Secondary (0-12) Co	llege (1-4 or 5+)	HOMEMA			OLDY I	IOME		
Į Š	17. FATNER'S NAME (First, Middle, Last)		HOMENA	KEK	40 MOTNEBIO NA	OWN E			
	WILLIAM PATRICK BUR	KE				R ELIZABETE		E	
BE C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Town			
2	CHARLES W. BACKORA	JR.	RT 3 I	30X 161A	SELBYV	ILLE, DELAW	VARE	1997	5
	20a. METNOD OF DISPOSITION 1 ☐ Burial: 2 X Cremation: 3 ☐ Ramoval (rom Stafa cem	etery, crematory or o	OF DISPOSITION (N		1	CATION — CI		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	S/	ALISBURY	CREMATO			ALISB	URY,	MARYLAND
	II. SIGNAL ONE OF FUNERAL SERVICE EICENSE	0-1		22. NAME A	ND ADDRESS OF FA	CILITY			
	Charles a of	W >				RAL HOME SE		_	DE 19975
	23. PART I. Enter the diseases, or comp shock, or heart feliure. List	olications that coused only one cause on e	the death. Do	not enter the mo	de of dying, suc	h as cerdlec or respl	ratory erres	st,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	n /1		1.	<i>i</i> /				Onset and Death
	disease or condition resulting in death) a. Due to log as a consequence of: Sequentially list conditions, If any leading to immediate Due to log as a consequence of: Due to log as a consequence of: Due to log as a consequence of:								
		Romal	2 1 6 0	n/. (000/	Dear	-		122
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	0	John			1
2	CAUSE (Disease or injury	Divis TD (00 40 4							
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	IF):					i 1
CEI	d								
½	PART II. Other significent conditions con	ntributing to death be	ut not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDIC						1 _ YES 2	X NO	0	OMPLETION DF CAUSE OF DEATN?
X	DID TOBACCO USE CO	NITPIRITE TO	CALISE	E DEATH	VEC CO NI			1	YES 2 X NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	MAINIBOTE TO	CAUSE O		ACE OF DEATH (Ch			<u> </u>	
SIC	EXAMINER? HO	SPITAL:	etlant 3 DOA	OTHER:		6 ☐ Other (Specify)			
¥	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. IN.	URY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED	
BY F	1 Netural 5 Pending 2 Accident Investigation	(MORRI, Day, Ibar)	166		YES 2 NO				- 1
	3 Suicide 6 Could not be	28a, PLACE OF INJURY building, atc. (Spec	— At home, farm,	atreet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number of	Rural Rou	ite Number,
ETE									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN:								
8	2 MEDICAL EXAMINER: On	the basis of exemination	and/or investigation	on, in my opinion, o	eath occured at the	time, data and place, and	d due to the	cause(s) a	ind manner as stated.
BE	290. SUMMATURE AND TITLE OF CERTIFIER	2			29c. LICENSE NUI	111/0	29d. DATE	SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COL	MPLETED CAUSE OF DEA	TN (ITEM 27) /5~~	Print)	D02026		20	my 5	191
	FEDERICO ARTHES,		OCEAN PI		ERLIN N	D 21811		-	
	31. DATE FILED (Month, Day, Year)	32. MEGISTRAR'S SIGNA	ATUREO	-1120 D	WILL I	ть <u>71011</u>			
	JUL 31 1995	Julia Davidso	ix wardall						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fleath. Page 6 may be retained by the hospital or attending physician.

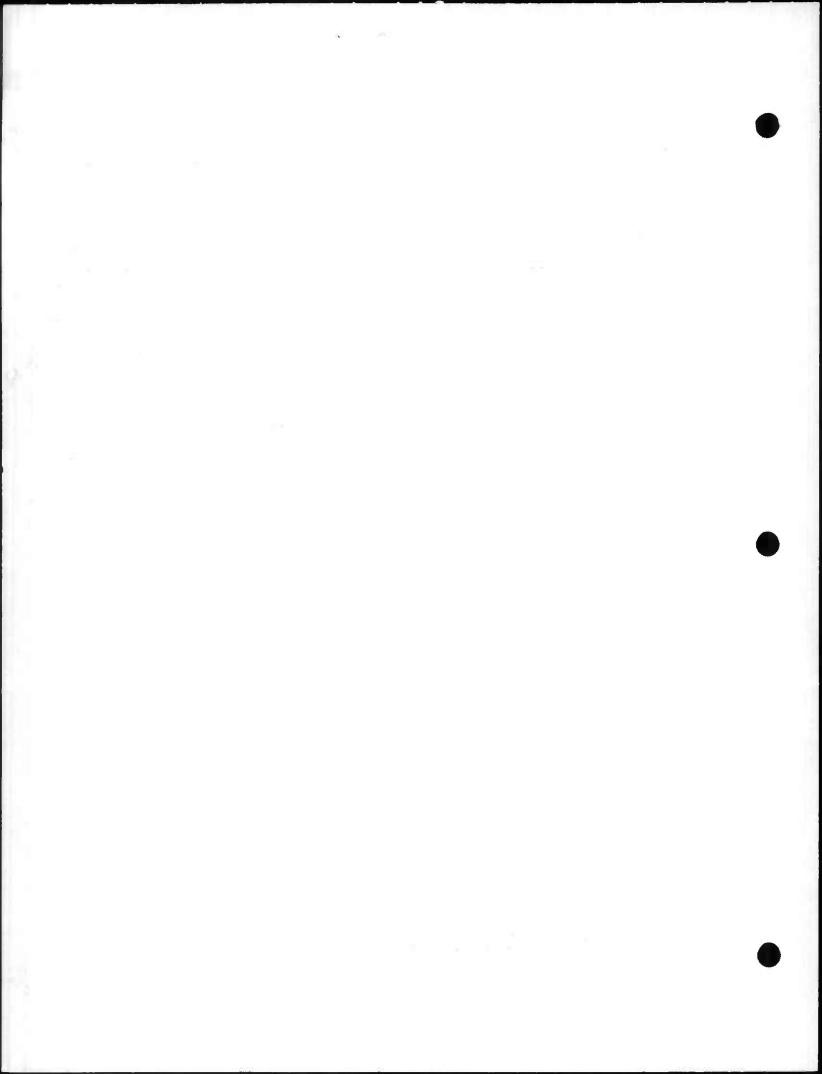
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - STATE

	REGISTRAR		CE	RTIFI	CATE O	F DEATH	REG	. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	V			R	1 .	2. DATE OF DEA	TH DAY	YEAR 3	. TIME OF DEATH
	JAMES STANLE 4. SOCIAL SECURITY NUMBER					-low	July		795	6:55 PI
	413-72-4408	5. SEX 6.	AGE (In yrs. lest :	YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRT (Month, Day, Ye 11-13-	nar)	6. BIRTHPE Country) Ten	
	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOW	OR LOCATION OF D			NTY OF DEA		
DIRECTOR	PENINSULA REGIO	NAL MEDICA	L CENTE	ER	SA	LISBURY			WICOM	ICO
HE(10a. STATE 10b. COUNT				, TOWN OR LOC				1	Od. INSIDE CITY
۵		comico		S	alisbu	ıry				LIMITS?
FUNERAL	100. STREET AND NUMBER 519 Hammond S	t.		10f. ZIP CODE 21801			10g. CITIZEN OF WI			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 Y YES 2 IF YES, GIVE WAR OR DATE: Viet Nam			ED)	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	an, Puerto Rican, etc	c.)	14. RACE - Black, V Specify: Whit	
0	15, DECEDENT'S EDU				USUAL OCCUPA		16b. KIND O	F BUSINESS/INC		е
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	e kind of w Oo NOT use	rork done during i e retired.)	most of working			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AP.		2	Vet	era	ns Rep		Empl	Loymen	t Of	fice
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					1	AME (First, Middle, Mi		0 01	2200
BE	Glenn Stanley	Barlow				Char1	otte Ru	therf	ord	
5	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	t and Number or Rural				
F	Barbara H. Bar	low	_ 5	19	Hammor	d St.,S	alisbur	cy, Md	. 21	801
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 M Crematton 3 ☐ Rem	oval from State	20b. PLACE AN	IDDATEO	FDISPOSITION	Name of	DATE 20	c LOCATION -	City or Town	State
	4 Donation Other (Specify)	1	Camb	rid		ematory		Cambri	dge,	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	SINSEE	2_			AND ADDRESS OF F				
-1	XJURUA KI	pour.	8		Bour	ds Fune	ral Hon	ne, Sa	lisb	ury, Md.
	23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only ons cause	on aach lins.				ch sa cerdiec or i	reapiratory arr	rest,	Approximate Interval Between Onset and Death
			AS A CONSEQU							1/1/10
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	AS A CONSEOU	ENCE OF):					
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	c								
뜯	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQU	IENCE OF):					
띮	14301(ing in death) Exst	d								
	PART II. Other aignificent condition	s contributing to des	th but not res	suiting in	n the underly	ng ceuse given in	Part I. 24a. WA	S AN AUTOPSY	24b, W	ERE AUTOPSY FINDINGS
EDICAL		lopathy			_		PE	RFORMED?	A	MAILABLE PRIOR TO OMPLETION OF CAUSE
의	0						1 U YI	ES 2 NO		F DEATH?
Σ.	DID TOBACCO USE CONTI	RIBUTE TO CAUS	F OF DEAT	H YES	S D NO	UNCERTAI	N \square		,	TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	10 0100			H (Check only on					
Sic	EXAMINER?	HOSPITAL:	/Outpatient 3 [OTHER:	me 5 🗆 Rasidenca	& Other (Sneeth)	-1		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	JRY	26b. TIME	OF 28c. II	NJURY AT	28d. DESCRIBE H		CURED	
BY P	Netural 5 Pending Investigation	(Month, Day, Y	ear)	INJU		YORK? YES 2 NO				
0 0	3 Suicide S Could not be	26s. PLACE OF IN.	JURY — At home	e, ferm, st	reet, factory, of	lice	28f. LOCATION (S	treet and Number	or Rural Rou	te Number,
	4 Homicide determined	building, etc.	(Specify)				City or Town,	State)		
		CIAN: To the heat of my	knowledge, deat	h occurred	d at the time, da	te and place, and du	to the cause(a) eor	f manner as stat	ad	
2	29a. CERTIFIER CERTIFYING PHYSI	CITIT. TO DIE DESCOLUTY								
OMPLE	(Check only CERTIFYING PHYSI		nation and/or im	restigation	i, in my opinion,	death occured at the	i time, data and plac	e, end due to th	a Couse(a) a	nd menner as stated.
	(Check only CENTIFYING PHYSI	R: On the basis of axami	nation and/or im	restigation	i, in my opinion,					
띪	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or im	restigation	i, in my opinion,	29c. LICENSE NU	MBER			fonth, Day, Year)
띪	(Check only 00) 2 GERTIFYING PHYSII ONE) 29b. SIGNATURE AND TITLE OF CERTIFIEF	R: On the basia of axami				29c. LICENSE NU D29/8	MBER 5	29d, DATE		
	(Check only 2 GENTIFYING PHYSII ONE) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIEF 30. NAME AND CESS OF PERSON WHO	R: On the basia of axami				29c. LICENSE NU D29/8	MBER 5	29d, DATE		fonth, Day, Year)
TO BE COMPLETE	(Check only 00) 2 GERTIFYING PHYSII ONE) 29b. SIGNATURE AND TITLE OF CERTIFIEF	R: On the basis of exami	FOR SIGNATURE	27) (Typo, 1		29c. LICENSE NU	MBER 5	29d, DATE		fonth, Day, Year)

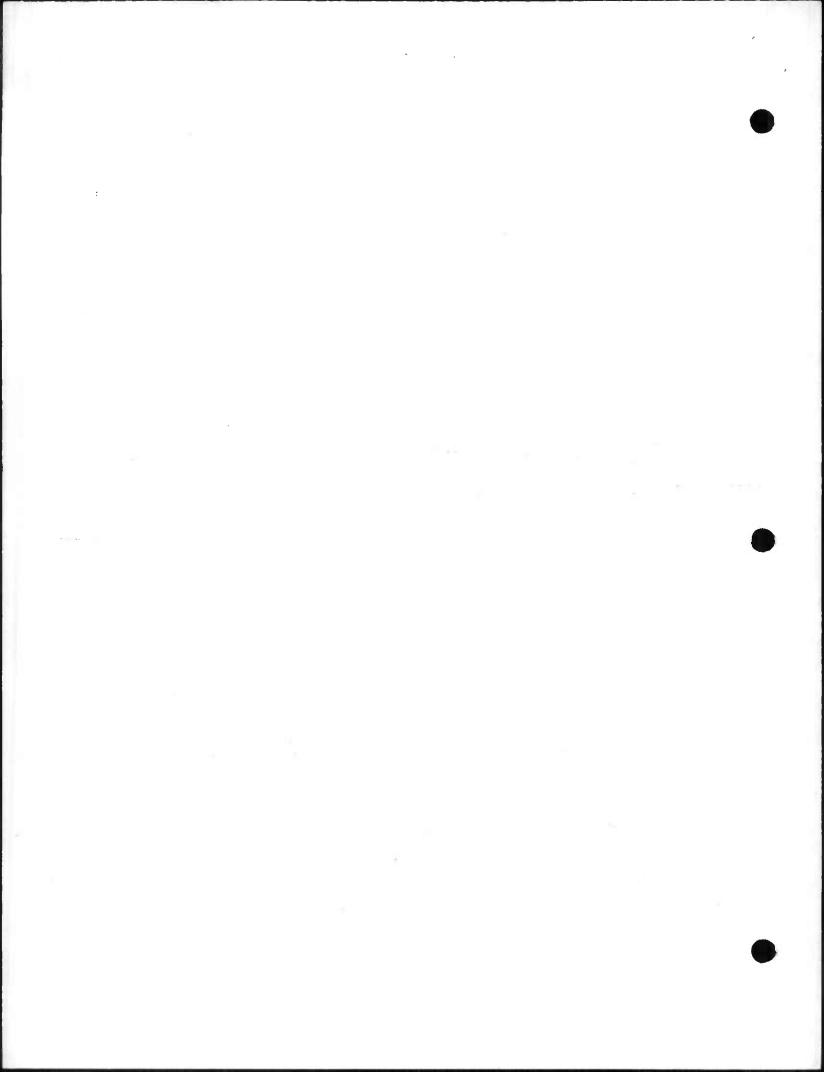


burs after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with chours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TH CL	TO TH be file	IMPO	

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEATH		3. TIME OF DEATH	
	Melvin James E	3ishop				7 22	95	I DO D	
	4. SOCIAL SECURITY NUMBER 218-34-8483	1 ⊠ M 2 □ F 6(yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/20/35	Year) Country)		
		99. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH							
DIRECTOR	10561 Wind Mi	II RD		Bei	rlin		Word	cester	
EC	10a. STATE 10b. COUN	ITY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MD V	Worcester		Berlin)			1 YES 2 A NO	
AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
FUNERAL	10561 Wind				21811		US	A	
E.	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S. ARMEO			IC ORIGIN? (Specify Yes		ACE — American Indian, Black, White, etc.	
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATE	S	1 🗆 YES	2 NO Specify	1	s	white	
8	15. DECEDENT'S ED (Specify only highest gra		6. DECEDENT'S U	ISUAL OCCUPATION	DN	16b. KINO OF BUS	INESS/INOUSTR		
E I	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	. ,					
COMPLETED	12		Elevato	or Inspe			Safety	/	
	17. FATHER'S NAME (First, Middle, Last) Archie Lee Bis	hon				WE (First, Middle, Meiden :	Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	Пор	404 4444 840	DDDDDD (O)		Massey Noute Number, City or Town			
2	M. Stephen Bis	shop				RD Salish			
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 . Fin	20b. PI	ACE AND DATE OF	F DISPOSITION (Na			CATION — City o		
	4 Donation 5 Other (Specify)	Da	ale Ceme	etery	7/	26/95 Wh	aleyvill	e, MD	
	21. SIGNATURE OF TUNERAL SERVICE I	LICENSEE		22. NAME AN	ID ADORESS OF FAC	CILITY		eral Home	
	It June	2 whate	_	108	Williams	St. Berlin	, MD	21811	
	23. PART I. Enter the diseases, or ahock, or heart failure	r complications that caused the List only one ceuse on each	ha death. Do no	ot enter tha mo	de of dying, auch	n aa cerdiac or respir	ratory arrest,	Approximata	
	IMMEDIATE CAUSE (Final		1	+	1:	111		interval Between Onset and Death	
	disease or condition resulting in death)	a. Coronas	y M	yeve	e Ris	ease			
_	_	OUE TO (OR AS A CO	ONSPOUENCE OF	0				,	
9	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF)						
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury	c							
E	thet initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF)	*					
CERTIFICATION		d							
A	PART II, Other algnificent condition	ons contributing to deeth but	not resulting in	the underlying	cause given in i	Part I, 24s. WAS AN /		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC						1 YES 2		COMPLETION OF CAUSE OF DEATH?	
ME						_ ′	7	1 - YES 2 - NO	
AN	DID TOBACCO USE CON 25. WAS CASE REFERRED TO MEDICAL				UNCERTAIN	1 🗆 📗			
泛	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outpatie		OTHER:	1				
H K	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJI		8 U Other (Specify) 26d. DESCRIBE HOW IN	JURY OCCURED	,	
ВУР	1 Natural 5 Pending Accident Investigation	(Month, Day, Year)	NUU	M 1 N					
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, atc. (Specify)	At home, farm, sti	reet, factory, office		28f. LOCATION (Street or City or Town, State)	nd Number or Rui	ral Route Number,	
COMPLETED	4 Homicide determined								
4		SICIAN: To the best of my knowledge							
8	2 MEDICAL EXAMIP	NER: On the basis of examination er	nd/or investigation	, In my opinion, de	eath occured at the t	lime, date end place, and	due to the ceus	se(a) and menner es stated.	
BE	296 SIGNATURE AND TITLE OF CERTIFI	ER H Chous	0.1		29c. LICENSE NUM	BER	29d. DATE SIGN	EO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF THE PL	(ITEM 27) /3m - /	Print!	D30743		-1/	24/15	
	Dr. Benjamin H	1/			sbury, N	ID 21801	/	/	
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	JRE	Juli.					
	JUL 2 6 1995	Juin Daniem - Ran	deeff						



ages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020 retained by the hospital or Page 6 may be HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	permit.		
The state of the s	ial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	
	he bu		
-	255		
1	r use		
1	hed for		
	detacl		once
-	d be		Te Te
	shoule		tiffee
	ge 5		6 70
	or, pa		ustb
	direct		E 70
	uneral		Camin
	the	oval.	e le
	d in b	Or rem	medic
	y fille	stion,	the
	н тр је те	, crem.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	and oc	buna	atic
	ician	nor to	шави
	phys	ene p	her
	ending	J Hygi	0 10
	the att	Menta	njury.
	A pa	h and	Jun 1
	n sign	Healt	OWS
	s pee	ept. o	23 sh
	ate ha	ate D	em 2
	ertifica	the St	0.1
	this c	with	rked,
	After	death	E ma
	30R:	after	28 1
	DIREC	hours	Hem
	ERAL	in 72	T: If
	FIGN .	1 with	MAL
	O THE	e filed	MPOI
	F	Δ	=

PHYSICIAN: MEDICAL

BY

COMPLETED

BE

2

if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury

29b. SIGNATURE AND TATLE OF CERTIFIER

that initiated events resulting in death) LAST

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH MORCH 1. DECEDENT'S NAME (First, Middle, Leet) 3. TIME OF DEATH 1995 **JAMES** BONNEVILLE JULY 24 W.ILLIAM 6:20 P 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)
May 21, 1900 188-03-5830 1 😡 M 2 🗌 F 95 YRS. Maryland Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 1704 TOWN PT.ROAD CAMBRIDGE DORCESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Cambridge Dorchester 1 TES 2 THO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 1710 Town Point Rd. 21613 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto R
1 YES 2 YNO Specify: 1 Never Married 2 Married BY Specify: 3 🖾 Widowed 4 🗌 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY intary/Secondary (0-12) College (1-4 or 5 +) Linotype operator Printing Co. 17. FATHER'S NAME (First, Middle, Leat) 16. MOTHER'S NAME (First, Middle, Malden Surname) Bonneville Katherine Bradford BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Kaye Bradshaw 1710 Town Point Rd., Cambridge, MD 21613 20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☒ Cremation 3 ☐ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State complery cromotory or other place)
Salisbury Crematory 4 Donation S Other (Specify) Salisbury, MD 7/25 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dennis Funeral Home mus 110 Franklin St., Snow Hill, MD 21863 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or hasrt failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onast and Desth** disease or condition Cardiovascular disease Lerosclerohi resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions,

PART II. Other significant condition	s contributing to death but h	ot rasulting in the u	indsriying cause given l	n Part I,	24e. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPBY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
DID TOBACCO USE CONT	RIBUTE TO CAUSE OF D	EATH YES	NO UNCERTA	IN 🗷		×	
25. WAS CASE REFERRED TO MEDICAL	26. PLACE DF DEATH (Check only one)						
1 X YES 2 NO	FIOSPITAL: 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 5 Other (Specify) WOODED AREA						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	28d. DESCRISE HOW INJURY OCCURED		
3 Suicide 8 Could not be determined	28s. PLACE DF INJURY — At home, farm, street, factory, offica building, stc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

DUE TO (DR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE DE):

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Penn Street, Baltimore, Maryland 21201

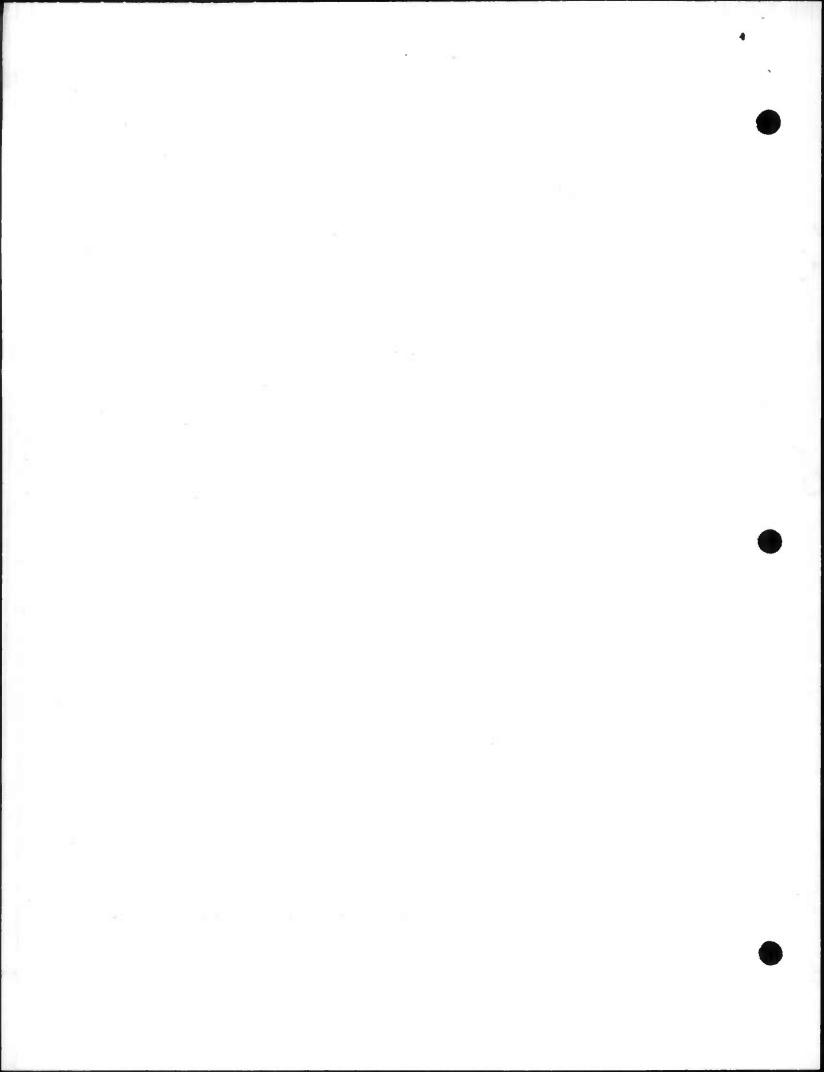
O.C.M.E.

29c. LICENSE NUMBER

31. DATE FILED (Morth, Day, Year)

JUL 2 6 1995 in Dender Rudall 29d. DATE SIGNED (Month, Day, Year)

JULY 25,1995



DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trans filed within 72 hours after death with the State Deot. of Health and Mental Hodiene prior to burlal, cremation, or removal.	
phys	partie	
nding	as the	
or atte	use	
pital	of be	
e hos	etach	
by th	be d	
ained	phould	
be ret	S 2	
шау	or, pag	
9 96	lirecto	
m. Pa	eral o	
r deal	al fur	
rs afte	remov	
DOU	lled is	
thirt 2	rtely fi	*
ed wil	omple al. cre	
mecut	and c	46
pe e	ician rior to	
ifficate	phys	
h cert	Hvai	
e deat	Aental	1
at the	and h	1
res th	signed	
regui	of H	4
e law	has t	00
E N	State	24.
VSICI/	certith the	-
G PH	er this	-
NON	R: Aft er dea	-
ATT!	RECTO after	00
AL 09	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu se filed within 72 hours after death with the State Debt. of Health and Mental Motiene prior to burial. Cremation, or removal	And the state of t
SPIT	Thin 7	1
보	H F	200
0 1	日間の	000

Pages 1, 2, 3 should

permit.

95 24450 AMENDED #7., 8/1/95, B.P., WORCESTER CO. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH JOHN MARTIN BIRKETT JULY 31, 1995 0819 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-01-1764 Home, Day Yea 88 1 M 2 | F HOURS MARYLAND Pe. FACILITY NAME (If not institution, give street and number)
ATLANTIC GENERAL HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BERLIN DIRECTOR WORCESTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WORCESTER OCEAN CITY YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8706 CHESAPEAKE DRIVE 21842 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rica

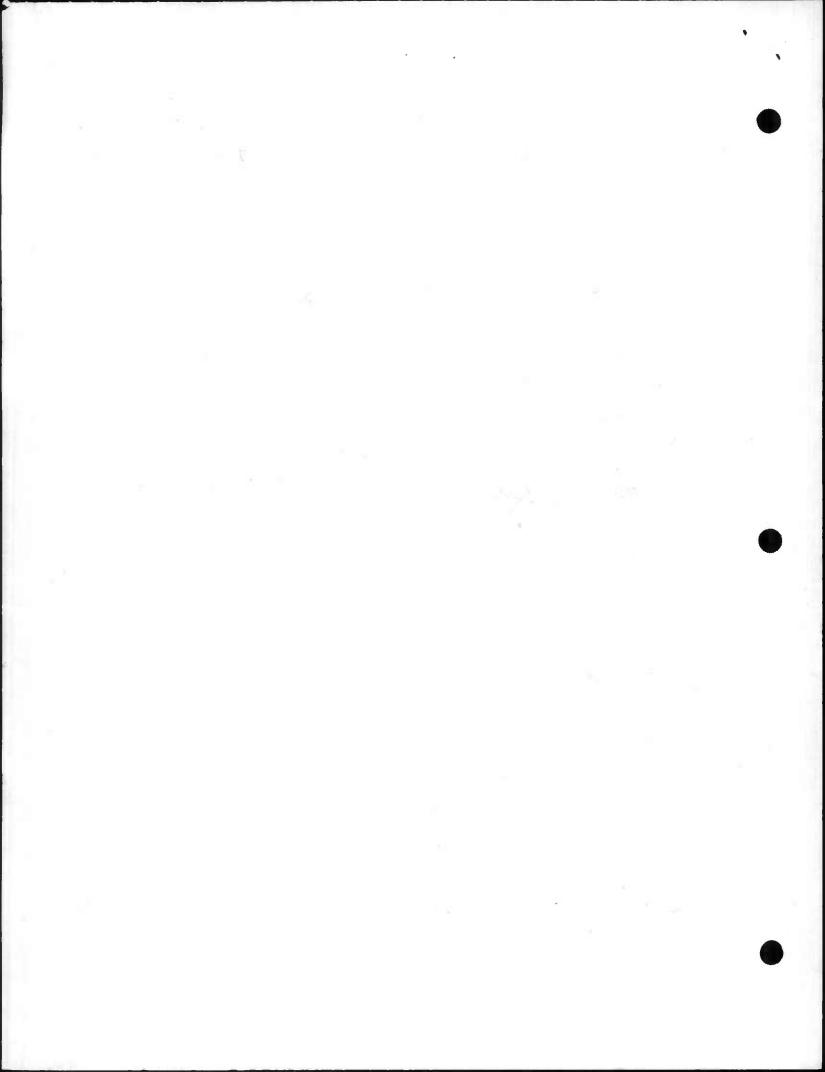
1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5 +) SALES EXECUTIVE STEEL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First Middle Maiden Surname) JOHN M. BIRKETT, GEORGIANNA FRAZIER BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY JANE WELZANT 23 Swing About Hilton Head, SC, 29928 pe 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Must ĎŔŰĨĎŸŔĨĎĠĔŮ CEMETERY 8-7 Donation 8 Other (Specify) BALTIMORE, MD RE OF FUNERAL SEE 22. NAME AND ADDRESS OF FACILITY ULLRICH FUNERAL HOME BERLIN, MD., 21811 педірен i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heert fallure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death ŝ disease or condition resulting in death) Blood GI DUE TO (OR AS A CONSEQUENCE OF) hernia CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL COPD AAA 1 TYES 2 NO OF DEATH? HTW 1 | YES 210 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 - YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 A Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide ETED 8 Could not be 4 Homicide 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D.0 H44828 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print

32. REGISTRAR'S SIGNATURE

whi Dandon Randall

31. DATE FILED (Month, Day, Year)
AUG 0 1 1995



STAT

E OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATH

REGISTRAR				CERTIFI	CATE C	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE O	F DEATH			3. TIME OF DEATH	
Charles Ed	ward E	Beacht					July	² 31,	ຶ່1995	YEAR	12:40	Ам
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In ye	rs. last birthday)	IF UNDER 1 YEA		7 DATE O	E BURTH		8. BIRTH	IPLACE (State or Fore	ign
217-16-5046		1 📉 2 🗆 F	71	YRS.	MONTHS DAY	B HOURS MIN.		Day, Year) /1923		Countr	wnswick	
9a. FACILITY NAME (If not in	stitution, give atr	eet and number)			9b. CITY, TOV	VN OR LOCATION OF DI		71323		DL NTY OF D		
10027 Keys	er Pt.	Road			Ocea	n City			Wa		tou	
RESIDENCE OF DEC	EDENT				Ocea	ii City			WO	rces	ter	
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
MD	Word	ester		Осе	an Ci	ty					1 - YES 2 N	10
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?	
10027 Key	ser Pt.	Road				21842			US	Α		
11. MARITAL STATUS	,	12. WAS DECEDEN	TEVER IN U.S	S. ARMED	13. WAS	DECENDENT OF HISPAN	VIC ORIGIN?	(Specify Yea	or No-	14. RACE	E — American Indian	١,
1 Never Married 2 A		FORCES? 1	AR OR DATES	S		, specify Cuban, Maxica YES 2 XNO Specifi		can, atc.)		Speci	k, White, atc.	
		AA AA 11									Willite	
15. DEC (Specify only	EDENT'S EDUIX highest grade of	ATION completed)	160	Give kind of w	SUAL OCCUP ork done during	ATION most of working	16b. F	UND OF BUS	INESS/IND	USTRY	-	
Elementary/Secondary (0	-12)	College (1-4 or 5+)	Barber				lair C	`iitta	r		
12				Darber		-		iair C	Julie			
17. FATHER'S NAME (First, MI						16. MOTHER'S NA	ME (First, Mic	ddle, Maiden	Sumame)			
Charles Bea						Phobe						
19a. INFORMANT'S NAME (7)						et and Number or Rural i						
Connie Bea				10027	Keyse	er Pt. Rd	. Oce	an Ci	tv.	MD	21811	
20a, METHOD OF DISPOSITI	n 3 🗆 Remov	vel from State	20b. PL	ACE AND DATE OF	F DISPOSITION		DATE		CATION -			
4 Donation 5 Other	(Specify)		Sun	set Mei	norial	Park 8	3/3/95	Ber	lin,	Mary	yland 218	311
21. SIGNATURE OF SUNERAL	SERVICE LICE	NSEE			22. NAM	AND ADDRESS OF FA	CILITY		108 V	Villia	ms St.	
15.4	11/	Bucken		_	Burl	bage Fune	ral H	ome !	Berli	n. N	ID 218	11
23. PART I. Entar ma di	saases, or co	emplications that	caused th	a death Do no								
ahock, or he	art fallure. L	let only one hou		a death. Do n	A direct uta		II WE CEIUIS	ic or raapi			Approximat	
		iat only ove Lau	se on aach	lina.						,	Interval Bet	
IMMEDIATE CAUSE (Fin	al	at only out pad	se on each	lina.							Interval Bet Onset and I	ween Death
immediate Cause (Fin disease or condition resulting in death)	al → a	4	6	Ilna.							Intarval Bet	ween Death
disease or condition	al → a	4	6	Ilna. NSEOUENCE OF							Interval Bet Onset and I	ween Death
disease or condition resulting in death) Sequentially list condition	ona, C b.	OWE TO	(OR AS A CO	NSEQUENCE OF							Interval Bet Onset and I	ween Death
disease or condition resulting in death) Sequentially list condition if any, leading to immediately in the condition in the	ona, f	OWE TO	(OR AS A CO	Ilna.							Interval Bet Onset and I	ween Death
disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injure.)	ona, diata	DUE TO	(OR AS A CO	NSEQUENCE OF	:						Interval Bet Onset and I	ween Death
disease or condition reaulting in death) Sequentially list conditi if any, leading to immediates. Enter UNDERLY!	ona, dilata NG ry	DUE TO	(OR AS A CO	NSEQUENCE OF	:						Interval Bet Onset and I	ween Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injusted events resulting in death) LAS'	ona, diata NG c.	DUE TO	(OR AS A CO	IIIna. MSEOUENCE OF) MSEOUENCE OF)							Interval Bet Onset and I	ween Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuited initiated events)	ona, diata NG c.	DUE TO	(OR AS A CO	IIIna. MSEOUENCE OF) MSEOUENCE OF)				4a. WAS AN	AUTOPSY		Interval Bet Onset and I S M 0 5	ween Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injusted events resulting in death) LAS'	ona, diata NG c.	DUE TO	(OR AS A CO	IIIna. MSEOUENCE OF) MSEOUENCE OF)			Part I. 2	4e. WAS AN.	AUTOPSY MED?		Interval Bet Onset and I S M 0 5	ween Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injusted events resulting in death) LAS'	ona, diata NG c.	DUE TO	(OR AS A CO	IIIna. MSEOUENCE OF) MSEOUENCE OF)			Part I. 2	4a. WAS AN	AUTOPSY MED?		Interval Bet Onset and I S M 0 5	Death Death
disease or condition reaulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events reaulting in death) LAST	ona, diata NG c. d. nt conditions	DUE TO	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	Ina. INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF)	tha underly	ying cause given in	Part I. 2	4e. WAS AN.	AUTOPSY MED?		Interval Bet Onset and I S M 0 5	Death Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injusted events resulting in death) LAST PART II. Other algnification of the condition of the c	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	Ins. INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF)	the underly	ying cause given in UNCERTAIN	Part I. 2	4e. WAS AN.	AUTOPSY MED?		Interval Bet Onset and I S M 0 5	Death Death
Sequentially list condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injuithet initiated events resulting in death) LAST PART II. Other algnification. DID TOBACCO USES. WAS CASE REFERRED TO EXAMINERY	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO Contributing to	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF)	the underly	ying cause given in UNCERTAIN	Pert I. 2	4a. WAS AN PERFOR	AUTOPSY MED?		Interval Bet Onset and I S M 0 5	Death Death
disease or condition resulting in death) Sequentially list conditi if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injusted events resulting in death) LAST PART II. Other algnification of the condition of the c	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO Contributing to	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	Ins. MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF)	tha underly (Check only o OTHER: Nursing	ying cause given in UNCERTAIN 1000 UNCERTAIN 1000 UNCERTAIN	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MED NO	24b.	Interval Bet Onset and I S M 0 5	Death Death
disease or condition reaulting in death) Sequentially list condition if any, leading to immediate. Cause. Enter UNDERLY! CAUSE (Disease or injuit that initiated events reaulting in death) LAST PART II. Other algnifications of the cause	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL:	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF) MSEQUENCE OF)	the underly (Check only o OTHER: Nursing OF 2ac.	UNCERTAIN One 5 Regidence INJURY AT WORK?	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MED NO	24b.	Interval Bet Onset and I S M 0 5	Death Death
disease or condition reaulting in death) Sequentially list condition if any, leading to immediate. Cause. Enter UNDERLY!! CAUSE (Disease or injuithat initiated events reaulting in death) LAS: PART II. Other algnifications of the cause o	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO Contributing to BUTE TO CA HOSPITAL: lopetient 2 28a. DATE OF (Mortin, Oz.	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF) INSEQUENCE OF)	the underly (Check only o OTHER: Nursing F OF 2ac. M 1 [UNCERTAIN OUNCERT	Part I. 2	4e. WAS AN. PERFOR I YES 2 Specify) RIBE HOW IN	AUTOPSY MED NO	24b.	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAIL OF DEATH?	Death Death
DID TOBACCO USAN MANNER OF DEATH 1 Accident 1 2 Accident 3 Sequentially list condition reaulting in death) Sequentially list condition of the cause. Enter UNDERLY!! CAUSE (Disease or Injust that initiated events reaulting in death) LAST PART II. Other algnification of the cause in the	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Oz.) 28a. PLACE OI	(OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO) (OR AS A CO)	III. NSEQUENCE OF) NSEQUENCE OF) NSEQUENCE OF) DEATH YES PLACE OF DEATH 1 3 DOA 28b. TIME	the underly (Check only o OTHER: Nursing F OF 2ac. M 1 [UNCERTAIN OUNCERT	Part I. 2 8 Other (28d. DESCI	4e. WAS AN. PERFOR I YES 2 Specify) RIBE HOW IN	AUTOPSY MED NO	24b.	Interval Bet Onset and I S M 0 5	Death Death
disease or condition reaulting in death) Sequentially list condition if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification in the condition of the cause of th	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Or building, or buildi	(OR AS A CO) (OR AS A CO)	Ins. INSEQUENCE OF) INSEQUEN	tha underly (Check only o OTHER: Nursing H OF 2ac. RY M 1 [reet, factory, o	UNCERTAIN ONE TO THE STATE OF	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN PERFORI	AUTOPSY MED MO JURY OCC	24b.	WERE AUTOPSY FINE AVAILABLE PRIOR TO COMPLETION OF CAIL OF DEATH?	Death Death
disease or condition reaulting in death) Sequentially list condition if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification in the condition of the cause of t	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Oz Uniding, Inc.) 28b. PLACE Of building, Inc.	(OR AS A CO) (OR A	Ins. INSEQUENCE OF) INSEQUEN	Check only o OTHER: Mursing OF 2ac. RY M 1 [reet, factory, o	UNCERTAIN TO UN	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED NO CO	24b. CURED or Rural R	Interval Bet Onset and I S M 0	Dings Disse
disease or condition reaulting in death) Sequentially list condition if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification in the condition of the cause of t	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Oz Uniding, Inc.) 28b. PLACE Of building, Inc.	(OR AS A CO) (OR A	Ins. INSEQUENCE OF) INSEQUEN	Check only o OTHER: Mursing OF 2ac. RY M 1 [reet, factory, o	UNCERTAIN ONE TO THE STATE OF	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED NO CO	24b. CURED or Rural R	Interval Bet Onset and I S M 0	Dings Disse
disease or condition reaulting in death) Sequentially list condition if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification in the condition of the cause of t	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Oz Uniding, Inc.) 28b. PLACE Of building, Inc.	(OR AS A CO) (OR A	Ins. INSEQUENCE OF) INSEQUEN	Check only o OTHER: Mursing OF 2ac. RY M 1 [reet, factory, o	UNCERTAIN TO UN	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED? NO NJURY OCC IN Number Iner as stated due to the	24b. CURED or Rural R ed. e cause(e)	Interval Bet Onset and I S M 0	Dings Disse
DID TOBACCO USA MANNER OF DEATH Natural Natural Natural Natural CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL CONTROL CHESC OF ACCIONAL CONTROL	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Oz Uniding, Inc.) 28b. PLACE Of building, Inc.	(OR AS A CO) (OR A	Ins. INSEQUENCE OF) INSEQUEN	Check only o OTHER: Mursing OF 2ac. RY M 1 [reet, factory, o	Ving cause given in UNCERTAIN 109) 10me 5 Regidence INJURY AT WORK? YES 2 NO Iffice Ista and place, end due n, death occurred at the	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED? NO NJURY OCC IN Number Iner as stated due to the	24b. CURED or Rural R ed. e cause(e)	interval Bet Onset and I S M 0	Dings Disse
DID TOBACCO USA MANNER OF DEATH Natural Natural Natural Natural CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL ACCIONAL CHESC OF ACCIONAL CONTROL CHESC OF ACCIONAL CONTROL	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month), Or (Month), O	(OR AS A CO) (OR A	Ina. INSEQUENCE OF) INSEQUEN	tha underly (Check only o (Check only o There Nursing OF 2ac. RY M 1 [reet, factory, o at the time, o in my opinion	Ving cause given in UNCERTAIN 109) 10me 5 Regidence INJURY AT WORK? YES 2 NO Iffice Ista and place, end due n, death occurred at the	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED? NO NJURY OCC IN Number Iner as stated due to the	24b. CURED or Rural R ed. e cause(e)	interval Bet Onset and I S M 0	Dings Disse
disease or condition reaulting in death) Sequentially list condition if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification of the condition of the cause of t	ona, diata NG c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month), Or (Month), O	(OR AS A CO) (OR A	Ina. INSEQUENCE OF) INSEQUEN	tha underly (Check only o (Check only o There Nursing OF 2ac. RY M 1 [reet, factory, o at the time, o in my opinion	Ving cause given in UNCERTAIN 109) 10me 5 Regidence INJURY AT WORK? YES 2 NO Iffice Ista and place, end due n, death occurred at the	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED? NO NJURY OCC IN Number Iner as stated due to the	24b. CURED or Rural R ed. e cause(e)	interval Bet Onset and I S M 0	Dings Disse
disease or condition reaulting in death) Sequentially list condition if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or Injuthat initiated events reaulting in death) LAST PART II. Other algnification of the condition of the cause of t	ona, diata NG c. of the condition of the	DUE TO DUE TO DUE TO DUE TO Contributing to BUTE TO CAI HOSPITAL: Inpertent 2 28a. DATE OF (Month, Oz 28b. PLACE Or building, IAN: To the best of any COMPLETED CAUS	(OR AS A CO) (OR A	Ins. INSEQUENCE OF) INSEQUEN	tha underly (Check only o (Check only o There Nursing OF 2ac. RY M 1 [reet, factory, o at the time, o in my opinion	Ving cause given in UNCERTAIN 109) 10me 5 Regidence INJURY AT WORK? YES 2 NO Iffice Ista and place, end due n, death occurred at the	Part I. 2 6 Other (28d. DESCI 28f. LOCAT City or	4a. WAS AN. PERFOR J YES 2 Specify) RIBE HOW IR TOWN, State)	AUTOPSY MED? NO NJURY OCC IN Number Iner as stated due to the	24b. CURED or Rural R ed. e cause(e)	interval Bet Onset and I S M 0	Death Solves

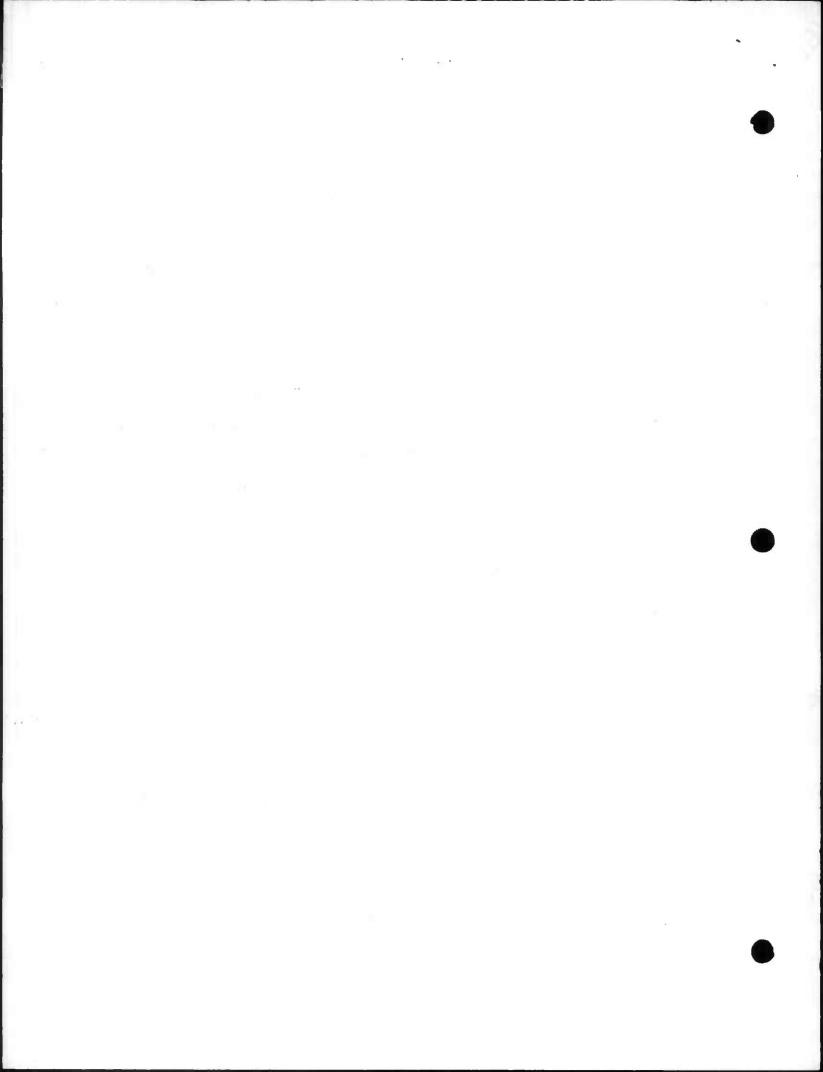
TO THE FUNEPAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020**

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

10



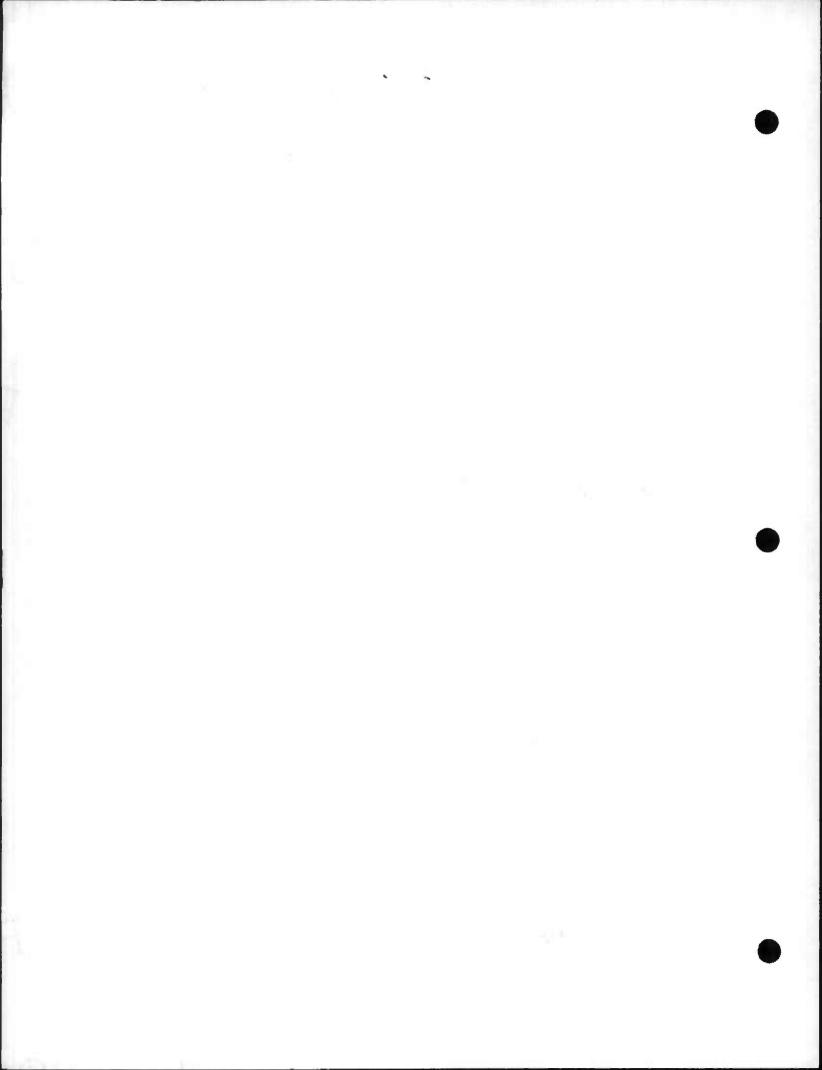
-
2
\approx
9
687
œ
ထ
-
<u>~</u>
BOX
m
ш
Ο.
٧.
0
_
10
97
CC
0
0
RECORDS
ш
CC.
AL
d
>
_
0
_
7
=
0
-
S
>
=

31. DATE FILED (Month, Day, N

32. REGISTRAR'S SIGNATURE This division he

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VERNIE Beach YEAR YODER 95 8:50 Рм 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year S. BIRTHPLACE (State or Foreign 212-54-8396 DAYS HOUR 1 M 2 X F 80 JUNE 19, 1915 MARYLAND should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GARRETT COUNTY MEMORIAL HOSPITAL Pages 1, 2, 3 OAKALND GARRETT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND GARRETT OAKLAND 1 YES 2 X NO use as the burial-transit permit, FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1357 BLUE RIBBON ROAD 21550 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 6 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) ALBERT 7 YODER SADIE KINSINGER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 PETER BEACHY 1375 BLUE RIBBON RD. OAKLAND, MD 21550 hours after death. Page 6 may be filled in by the funeral director, page on, or removal. Pe 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must SLABAUGH CEMETERY Donation 5 - Other (Specify) 8/12 OAKLAND, MARYLAND examiner 21. SIONATURE OF FURNILL SERVICE LICIENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 243 M00167 DURST FUNERAL HOME - OAKLAND, MD 21550 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximata shock, or heart failure. List pnly pne cause on each line interval Between cremation, or **IMMEDIATE CAUSE (Final** Onset and Death with disesse or condition completely resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF an and com executed traumatic CERTIFICATION In Sequentially list conditions, OR AS A CONSEQUENCE OF): if any, leading to immediate attending physician death certificate be prior cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or Injury other signed by the attending phy Health and Mental Hygiene that initiated events resulting in death) LAST proti desesse 6 ar Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. the MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? requires that t PERFORMED? shows any 1 YES 2 NO 1 TES AND peen 6 DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN PHYSICIAN: MP Dept. 23 certificate has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) The Item State SPITAL: 1 YES 2 NO OTHER: DR ATTENDING PHYSICIAN: Inpetient 2 - ER/Outpetient 3 -4 Nursing Home 5 Residence 8 Other (Specify) 0 the 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Natural 5 Pending М 1 YES 2 NO BY death Investigation After 2/ Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 COMPLETED 8 Could not be DIRECTOR: after 28 4 Homicide hours Hem CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. (Check only one) TO THE HOSPITAL
TO THE FUNERAL I
De filed within 72 h
IMPORTANT: If II HOSPITAL MEDICAL EXAMINER: On the be examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the ceuse(s) end menner as stated. 256. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIENED (Month BE 8 6 2 30. NAME AND ADDRESS OF PERSON WHO ES IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAVOPOULOS, M.D. 1104 E. STATE ST. TERRA ALTA, WV 26764

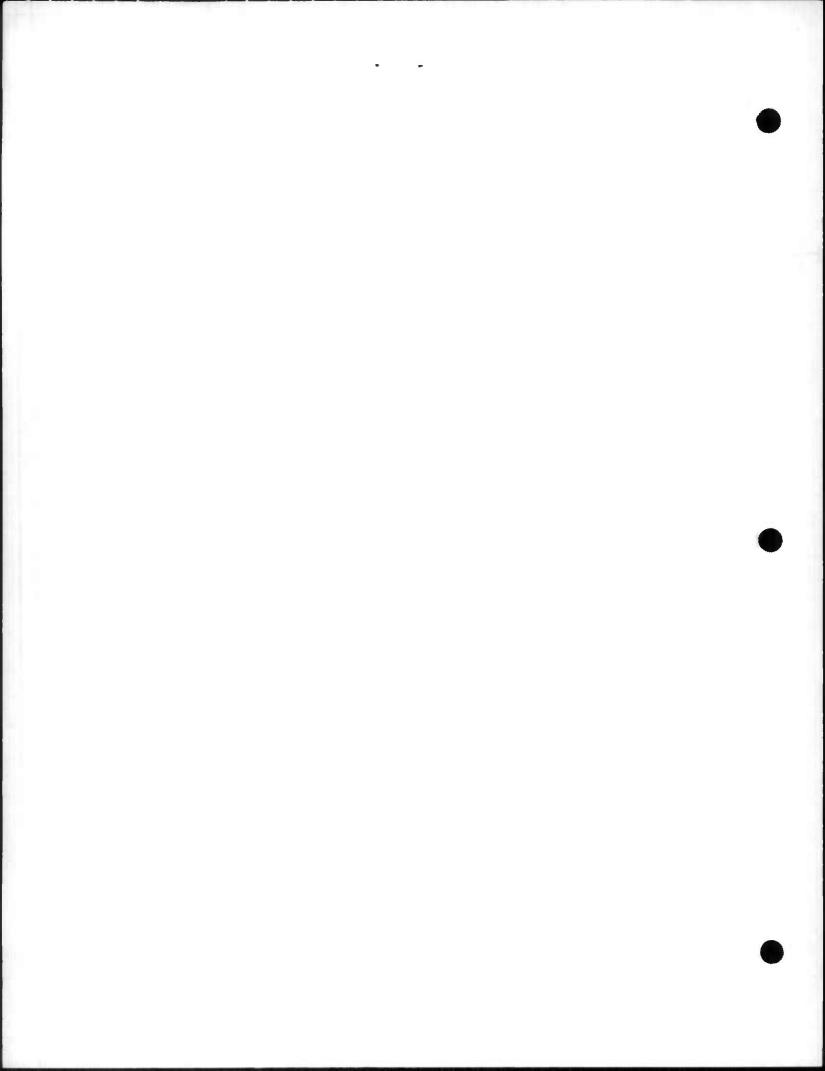


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be defined within the State Dept. of Health and Memal Hygiene prior brain, or removal.

MADRIANT IN THEM 28 IS marked on them 23 shows any litture or other fraumable event as a marked.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
		Catherine				8 06	1995	11:30 a m
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign ountry)
	219-44-0007 9e. FACILITY NAME (If not institution, give s	A O	8 YRS.	SE OUTH TOWN		Mar 10, 19		ryland
E E	282 Mitchell Rus				OR LOCATION OF D	EATH	9c. COUNTY O	
1 5	RESIDENCE OF DECEDENT			Acciden			Garret	t
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Garr	ecc	A	ccident	ZIP CODE			1 ☐ YES 2X NO
FUNERAL	620 Mitchell Rus	sh Poad		10	21520		USA	OF WHAT COUNTRY?
I S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC		NIC ORIGIN? (Specify Yes	or No- 14, R	IACE — American Indian,
BY F	1 Never Married 2 Married 3 XWidowed 4 Divorced	FDRCES? 1 YES			ecify Cuban, Mexico 2X NO Speci	an, Puarto Rican, etc.)		Black, White, etc.
	15. DECEDENT'S EDU	CATION	Les DEGENERALISM					white
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	USUAL OCCUPATION Work done during moise retired.)	on st of working	16b, KIND OF BU	SINESS/INDUSTR	Y
교	8	College (1-4 or 5+)	Homem	aker		Own Ho	me	
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden	Surname)	
BE	John Kahl				Laura			
TO BE COM	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
9	James F. Bowman	Lan				., Acciden		21520
200	1 XBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cer	metery, cremetory or On Cemet	OF DISPOSITION (No other place)	Aug 9,		ident, I	
	21. SIONATURE OF FUNERAL SERVICE LIC		OII COME		ID ADDRESS OF FA		idelic, i	MID
E X	A Gran	Moum	21)					0. Box 275
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do	not enter the mo	iller St	Grantsv	ille, M	D 21536 Approximata
	shock, of beaft failure. IMMEDIATE CAUSE (Final	List only one cause on e	each line.					Interval Between Onset and Death
1, 110	disease or condition resulting in death) Ventricular Arrhythmia, Acute							
E CACI		0.00	A CONSEQUENCE O	F):				
N N	Sequentially list conditions,	Ischemic	Heart	Disease				5 years
E E	if any, leading to immediata cause. Enter UNDERLYING				Vascular	Disease		Unknown
	CAUSE (Disease or injury that initiated events		A CONSEQUENCE C		Vascarai	DISCUSE		UIRHOWH
CERTIFICATION	resulting in death) LAST	d						
AL C	PART II. Other significant condition	a contributing to death I	out not resulting	In the underlying	cause given in	Part I, 24a. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS
S						PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC							K NO	OF DEATH?
Z	DID TOBACCO USE CONTR	RIBUTE TO CAUSE C	OF DEATH Y	S NO 🛚	UNCERTAI	N 🗀		tood
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA	TH (Check only one) OTHER:				
1×S	1 YES 2 NO 27. MANNER DE DEATH	1 Inpatient 2 ER/Out		4 - Nursing Hom	21	a Cother (Specify)		
	1 😾 Natural 5 🗌 Pending	(Month, Day, Year)	28b. TIA	JURY WO	PRY AT PRK? PES 2 ND	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	/ — At home, ferm,			28f. LOCATION (Street I	and Number or Run	ral Route Number,
i E	4 Homicide determined	building, etc. (Spe	crry)			City or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of my know	rledge, death occur	ed at the time, date	and place, and due	to the cause(s) and mar	nner as stated.	
S S	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investigation	on, in my opinion, d	with occured at the	lime, date and place, an	d due to the ceus	ee(a) and manner as stated.
BE	296-SIGNATURE AND TITLE OF CERTIFIES	11.	//	2	29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)
10	gesout of	Longs	lon 1	ner	D 056	558	Augu	st 7, 1995
-	Jorhant U Taiol				t 0-1-1 -	and Maurila	nd 215	50
	Herbert H. Leigh	32 REGISTRAR'S SIGN	ATURE	ak Siree	t, vakta	ma, maryla	nd 215	30
	AUG 1 1 1995		N-Rardall					
_								



9	
ω	
~	
22	
_	
×	
BOX 68760	
\approx	
ш	
<u>.</u>	
0	
ο.	
_	
10	
~	
\propto	
\cap	
\sim	
v	
RECORDS,	
\propto	
_	
4	
_	
_	
\circ	
ISION OF VITAL	
Z	
\simeq	
S	
_	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chours after death. Page 6 may be retained by the hospital or attending physician.

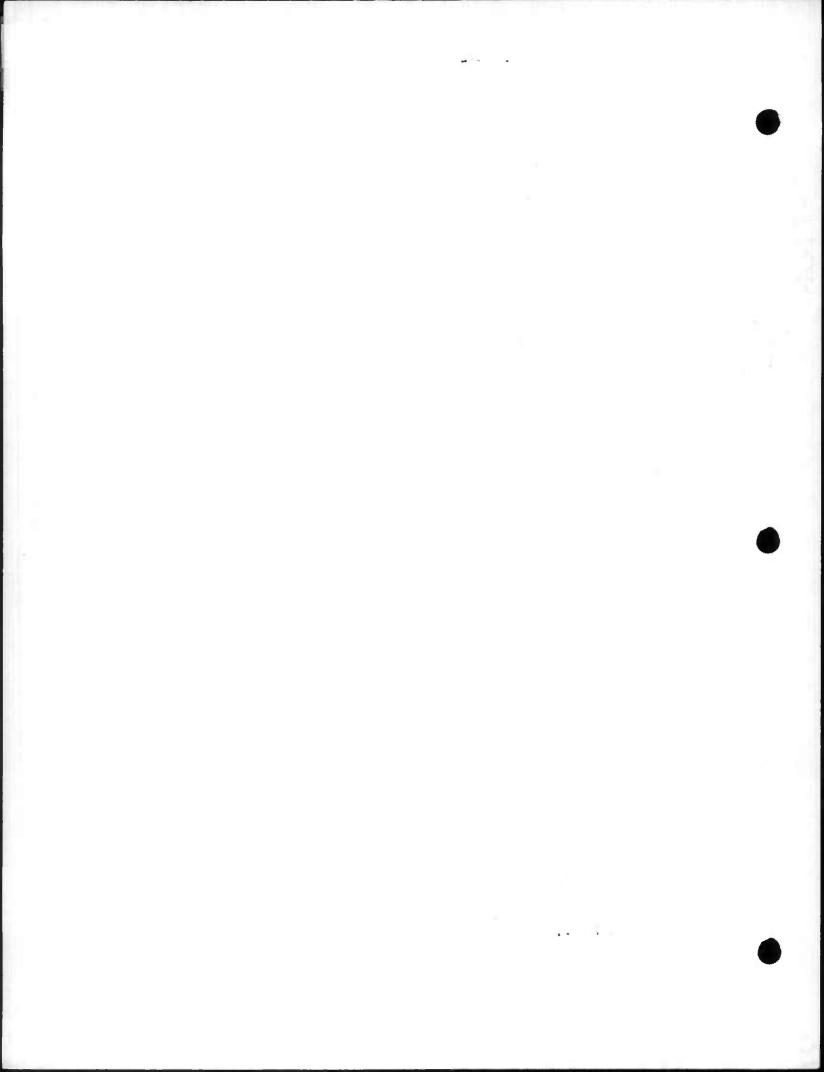
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 • STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AN ATE OF DEATH	D MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last)	W. HOPE	CULLEN	AIE OF BEATT	2. DATE OF DEAT	TH DAY YEA				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HR	July 2		11:28 AM M			
	219-36-7451	1 🗆 M 2 🔏 F	32 YRS. MO	NTHS DAYS HOURS MIN	Nov. 18	, 1912 M	IRTHPLACE (State or Foreign ountry) Laryland			
œ	9a. FACILITY NAME (If not institution, give s Waterview Health		98	Salisbury	F DEATH	9c. COUNTY (
570	RESIDENCE OF DECEDENT		WICO	mico						
FUNERAL DIRECTOR	Marriand Sor	nerset	10c. CITY, T	OWH OR LOCATION Crisfield			10d. INSIDE CITY LIMITS?			
LD	Maryland Sor	iici Set		101, ZIP CODE			1 TYES 2 NO			
RA	4355 Box Iron	Road		21817		100	USA			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HIS		y Yea or No.— 14, F	RACE — American Indian.			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA		If yes, specify Cuban, Me 1 TES 2 NO Sp	xican, Puarto Rican, etc ecify:		Specify: White			
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USI	IAL OCCUPATION	16h KIND O	F BUSINESS/INDUSTR				
ETE	(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	W View					
MPL	12	5	ic School	s (Maryland)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 71			NAME (First, Middle, Mi					
8	William S. (Colborn	Chr. Salling		arl Holla					
2	Steven Cullen (so	n)		DRESS (Street and Number or Ru Gillette Driv			21817			
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remains		PLACE AND DATE OF D			c. LOCATION — City of				
	1 Burial 2 Cremation 3 Remi	oval from State	etery, crematory or other.	memorial Park	7/29/95	Crisfiel	d, MD			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME AND ADDRESS OF Bradshaw &	FACILITY					
	Robert H. Brad	Bund le	w	306 W. Mai						
	23. PART I. Enter the disease, or :		the death. Do not				Approximate			
	IMMEDIATE CAUSE (Fine)						Interval Between Onset end Daath			
	disease or condition resulting in death)	· Agpira	how to	EUMOUG	RECUR	KENT	x >24E			
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate DEMENTS DUE TO (OR AS A CONSEQUENCE OF):									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury									
E	thet initieted events	DUE TO (OR AS A	CONSEQUENCE OF):							
CER		3								
AL	PART II. Other algnificant condition	a contributing to deeth be	ut not reculting in the	ne underlying cause given	In Pert I. 24s. WA	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
PHYSICIAN: MEDIC						S 2 NO	COMPLETION OF CAUSE OF DEATH?			
M	DID TODA GOO HOT GOVE						1 TYES 2 NO			
AN	DID TOBACCO USE CONTI-		F DEATH YES		AIN 🔲					
SICI	EXAMINER?	HOSPITAL:	01	Nursing Home 5 Residen	no 4 1 Other (Creek)					
¥	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c, INJURY AT		OW INJURY OCCURE)			
BY F	Natural 5 Pending Investigation	(MONIT, Day, 1881)	INSUNT	M 1 YES 2 NO						
	2 Suicide 3 Suicide 4 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or Yown, State)									
COMPLET	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred at	the time, date and place, and	due to the cause(a) and	menner as stated.				
NO				my opinion, death occured at			se(s) and menner as stated.			
	296. SIGNATURE AND TITUE OF CERTIFIER			29c. LICENSE	VUMBER	29d. DATE SIG	NED (Month, Day, Year)			
TO BE	value up		10	D320	14.	D7/26	6/93			
F	30. NAME AND ADDRESS OF PERSON WHO MAHESH MOONS 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	ISING DEI	VE SAINE	BULN M	p21801			
	31. DATE FILED (Month, Day, Year)	PRI PERISTRA CONTROL	NURE	- IV- R		101 101				
- 1	JUL 3 1 1995 July									

Service and the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing after death. Page 6 may be retained by the hospital or attending physician.	IUTHE FUNEALUMECTOR AND THE TRIS CHRIMIZED HAS DOED SUPPER AND THE ARREST OF THE TRIS OF T	IMPORTANT If from 28 is marked on them 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
---	--	---

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	NY YEAR	3. TIME OF DEATH
	James	Joseph		Clark		July 30,	1995	8:47 A M
	219-12-3848	6. AGE (In yrs.	H	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	JUNE 9, 19		RTHPLACE (State or Foreign SYLAND
~	9a. FACILITY NAME (If not institution, give siree				R LOCATION OF DE	АТН	9c. COUNTY O	F DEATH
Ŏ.	Physicians Memor	ial Hospita	1	La PL	ata		Char	les
DIRECTOR	MARYLAND 106. COUNTY CHARL	ES	10c. CITY NE	WBURG	ION			10d, INSIDE CITY LIMITS? 1 YES 2 NO
AL.	10e. STREET AND NUMBER			101.	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	#15467 ROCK POINT	ROAD			20664		UNITE	STATES
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDEN XEVER IN U.S. FORCES? 1 X YES 2 IF YES GIVE WAR OR DATES 1944-1946	ARMED NO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	8	ACE — American Indian, leck, White, etc.
TED	15. DECEDENT'S EDUICAT (Specify only highest grade col	TION 16a.	(Give kind of w	USUAL OCCUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y
LET	Elementary/Secondary (0-12) 5TH GRADE	College (1-4 or 5+)	ite. Do NOT use			PRIV	/ATE	
COMPL	17. FATHER'S NAME (First, Middle, Lest)			-	18. MOTHER'S NA	ME (First, Middle, Maiden		
	EMANUEL CLARK					EMPLEMAN (
TO BE	190. INFORMANT'S NAME (Type/Print) MILDRED E. CLARK					Route Number, City or Town		
				F DISPOSITION (Na		, NEWBURG,		
	20s. METHOD OF DISPOSITION 1.00 Buriel 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	from State HOLY				8/3/95 IS	SSUE, MA	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN		Man a l			RAL HOME,		
	LIDIA C. THORNT	ON JOHNSON MO	0583	1		_		7, MD.20640
	23. PART i. Enter the diseases, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on each i	ine.			sa cerdiec or reapi		Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CON	SEQUENCE OF):				
CAT	cause, Enter UNDERLYING CAUSE (Disease or injury							
분	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):				
4	d							1
OICAL	PART II. Other eignificent conditions of	contributing to deeth but no	ot reeuiting in	the underlying	ceuee given in	Part i. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 YES 2 NO
ä	DID TOBACCO USE CONTRIE				UNCERTAIN	۱ 🗆 L		
100		OSPITAL:		OTHER:				
Ĭ Ž	27. MANNER OF OEATH	□ Inpetient 2 □ ER/Outpetient 28s. DATE OF INJURY	28b. TIME	OF 28c. INJU	5 Residence URY AT	8 U Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED)
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO			
COMPLETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, et	tree1, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rur	ral Route Number,
PE	29a. CERTIFIER 1 CERTIFYINO PHYSICIA	N: To the best of my knowledge.	, death occurre	d at the time, data	and place, and due	to the cause(a) and man	iner ea stated.	
S S	MEDICAL EXAMINER:	On the beals of examination end	or investigation	n, in my opinion, de	eath occured at the	time, data and place, en	d due to the caus	se(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Charles 6 Dy	1 - (ful	4	29c. LICENSE NUN D-2734		29d. DATE SIGN	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO Howard M. Haft,		TEM 27) (Type,	700	Olde L	ine Cent	er,Sui	te 100
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATUR	E	Walo	ort. M	arvland	20602	
	AUG 0 1 1995	Jalia Davidsort	Cardall					

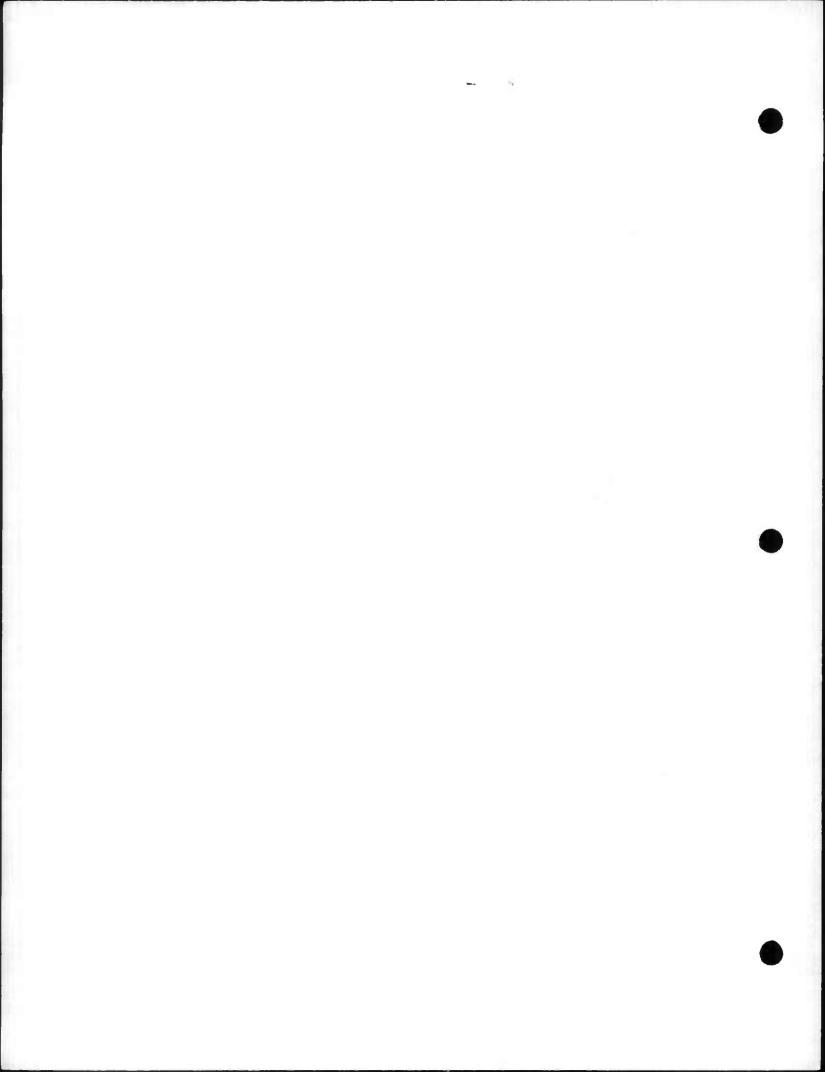


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing the hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - FOR STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)		ALL OF DEATH	2. DATE OF OEATH		3. TIME OF DEATH
	JOSEPH Elsby CARTE	3		July 31,	1995 YEAR	7:20 AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE		FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTI	IPLACE (State or Foreign
		34 YRS.	INTHS DAYS HOURS MIN.		960 Mar	ryland
OC	9a. FACILITY NAME (If not institution, give sireet and number)		b. CITY, TOWN OR LOCATION OF C		9c. COUNTY OF C	
DIRECTOR	Residence - 8508 Oak Drive		Brandywine		Prince C	eorge's
RE(10a. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?
	Maryland Prince George's	Bran	dywine			1 TYES 2 NO
FUNERAL	8508 Oak Drive		101. ZIP CODE 20613		10g. CITIZEN OF V	WHAT COUNTRY?
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF NISPA		or No.— 14. BACI	E — American Indian,
ВУ F	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR	DATES X	If yes, specify Cuben, Maxic		Spec	k, White, etc.
	15. DECEDENT'S EDUCATION	18s. DECEDENT'S US	1	16b, KIND OF BUSI		ite
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	done during most of working	TOB. KIND OF BUSI	NESS/INDUSTRY	
P.	12	Cloc	ker	Race T	rack	
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Maiden S	lumeme)	
BE	William Henry Carter 19a. INFORMANT'S NAME (Type/Print)			erine Eliza		loff
2	Katherine E. Carter		DAESS (Street and Number or Rural			
	20s. METHOD OF DISPOSITION 20	b.PLACEANDDATEOF	ak Drive, Bran		ATION — City or To	nern. State
	1X Buriel 2 Cremation 3 Removal from State 1 Donation 5 Other (Specify)	metery, crematory or other Cedar Hill	Cemetery		land, MD	
	21. SIGNATURE OF FURETAL SERVICE PACEUMS		22. NAME AND ADDRESS OF F			
	Mark G. Brohawn M00053		Huntt Funera P. O.Box 156			-0156
	23. PART I. Enter the diseases, or complications that ceuse shock, or heart fellure. List only one cause on	ed the death. Do not	enter the mode of dying, su	ch as cardiac or reepin	story arrest,	Approximate
	IMMEDIATE CAUSE (Final	10				Interval Between Onset and Death
	resulting in death)	A CONSEQUENCE OF):	SENSIS			
_	- M&LN	1112171 (on, Flui	0 = E(A	CT IM	B 2.3
CERTIFICATION	if any, leading to immediate	A CONSEQUENCE OF):		RECTUI		2
2	CAUSE (Disease or Injury	A CONSEQUENCE OF:	CA OF	10th City	<u> </u>	2 7 RS
E	that initiated events resulting in deeth) LAST	P 2	Trunt-			5-186
	3					1
₹ I	PART II. Other significent conditions contributing to deeth	but not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN A PERFORM		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDIC				1 YES 2 (DING .	OF DEATH?
	DID TOBACCO USE CONTRIBUTE TO CAUSE (OF DEATH YES	□ NO □ UNCERTAI	IN []		1 NES 2 DATO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATN	Check only one)			
YSIC	1 YES 2 NO 1 Inpetient 2 ER/Ou	patient 3 DOA 4	THER: Nursing Home 5 Residence	8 Other (Specify)		
	27. MANNER OF DEATN 1 Natural 5 Pending 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?	26d. DESCRIBE NOW IN.	JURY OCCURED	
BY	2 Accident Investigation 28e PLACE OF INJUR	Y — At home, farm, stre	M 1 YES 2 NO	28f. LOCATION (Street an	of Alumbas as Short S	Dark Market
COMPLETED	8 Could not be detarmined building, atc. (So	ocify)	.,	City or Town, State)	o Number of Riber P	route Namous,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my kno	wledge, death occurred a	t the time, data and place, end du	a to the cause(a) and menn	er es stated.	
MO	one) 2 MEDICAL EXAMINER: On the beels of examinate) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	IMBER	29d. DATE SIGNEO	(Month, Day, Year)
TO B	THE PLD.		100	-817	· 7/3	1145
	30. HAME AND ADDIVES OF PERSON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	3 F W. BA	BLUEDEM	5, B	BUTO aro
	AUG 0 1 1995 32. REGISTRAP'S SIG	NATURE LOS RONDALL				21215



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the burish that the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burish, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumalle event, the medical examiner must he maintenance to a new control of the standard or item 23 shows any Injury, or other traumalle event. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND			24451
	1. DECEDENT'S NAME (First, Middle, Lest) ADA MAC	Carter	CERTIFIC	CATE OF DEATH	2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 235-0/-2280 9e. FACILITY NAME (If not institution, give s	1 🗆 M 2 🔏 F	82 YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	JAN 31, 1	913 W	HARTHPLACE (State or Foreign Country)
DIRECTOR	1256 MASTER	s Drive		B. CITY, TOWN OR LOCATION OF	DEATH	AUN C	e Aryndel
	10e. STATE 10b. COUNTY 10b. COUNTY 10c. STREET AND NUMBER 200	re Arundo	10c. CITY,		LESTON		10d. INSIDE CITY LIMITS? 1 YES 2 TENO
FUNERAL	10. STREET AND NUMBER SES	5 Drive	RD,	101. ZIP CODE	25314	US	OF WHAT COUNTRY?
B≼	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CaTiON completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working etired.)	16b. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) 19. INFORMANT'S NAME (From/Prior)	. Holmes		18. MOTHER'S	NAME (First, Middle, Meiden	1891	NS
10	19a. INFORMANT'S NAME (Type/Print) SAUCA 20a. METHOD OF DISPOSITION	der-RAY	1 998	Via AMOCO	SA, ArNO	11 Me	21012
	1 Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 71. SIGNATURE OF UNERAL SERVICE LIC	oval from Stata	b. PLACE AND DATE OF metery, crematory or othe UNNING	AM MEMORIAL	PACK 2 ST	L. ALG	BANS . WVA
3	John Ba	muls		1495 Rite	HSONS FUL HIC HWU	Seven	INA PARK M.
	23. PART /. Enter the disease, or on shock, pr heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	eech line.	enter the mode of dying, s		iratory arrest,	Approximete interval Between Onset and Death Months
TION	Sequentially list conditions, if any, leeding to immediate	is.	A CONSEQUENCE OF):				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
MEDICAL C	PART II. Other significent condition	a contributing to death	but not resulting in	the underlying ceuse given	in Part i. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IN: ME	DID TOBACCO USE CONTI	RIBUTE TO CAUSE (MN 🗆		1 TES 2 TONO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEATH petient 3 DOA 4	(Check only one) PTHER: Nursing Home 5 Residence	e 8 🗆 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	Y WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I		
LETED	3 Suicide 8 Could not be determined	building, atc. (Spe			281. LOCATION (Street a City or Town, State)		ural Route Number,
COMPLET	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of examinati		it the time, data and place, and d in my opinion, death occured at t			ree(s) and manner as stated.
) BE	290 SIGNATURE AND TOTAL OF CERTIFIED	li		29c. LICENSE N	6964	29d. DATE SIG	NED (Month, Day, Year)

Highway,

AE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10. 1509 P Davidson Rarbell

Jul 31 1995

Arnold, MD. 21012

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN	_	
	1. OECEDENA'S NAME (East, Middle, Aast)	P CH	1 Clcus	101		2. DATE OF GEATH	17 9 YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 245-09-8976	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY OF	
DIRECTOR	Anne Arundel Me			Anna			Anne	Arundel
- 4		uilford		ry, town or locat High Poir				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	813 N Centennial				7262-421	7	100	States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEMENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR D	IN U.S. ARMED 2 NO DATES	13. WAS OEC	city Cuban, Mexica	NIC ORIGIN? (Specify Yea in, Puarto Rican, etc.) y:	or No — 14. RAC Blac Spec	E — American Indian, ck, Whita, atc. city: White
COMPLETED	15. OECEDENT'S EQUE (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
MP	12		Medica	I Technic	ian	Ci	vil Servi	ce
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)	
B	James A. Posey 19a. INFORMANT'S NAME (Typo/Print)					key Gordon		
2	James William Pe	oram				Route Number, City or Tow ive Annapol		and 21401
	20q. METHOD OF DISPOSITION 1	oval from State Con	b. PLACE ANO DATE	OF DISPOSITION (Na	me of	DATE 20c. LO	CATION City or T	own, State
	AT, SIGNATURE OF FUNERAL SERVICE VOI	EMSEE L.	Arrington	22. NAME AN	D ADDRESS OF FA	ry 8/1/95 A ^{aut} John M. Gloucester	Taylor F	uneral Home
CERTIFICATION	23. PART I. Enter the diseases, or conclude the condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infittated events.	DUE TO (OR AS	A CONSEQUENCE O	ia, conce		man cardiac or reapi	ratory arrest,	Approximata Interval Between Onset and Death (2 6 4 MoS
PHYSICIAN: MEDICAL CERTI	PART II. Other aignificent conditions	a contributing to death t	out not resulting	In the underlying	cause given in	Part I. 24a. WAS AN PERFOR	MEDI	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	DID TOBACCO USE CONTR	PIRLITE TO CALISE C	NE DEATH VE	S NO IX	UNCERTAIN		<i>'</i>	1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEA		DIACEKIAII	1		
Sic	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	29b. TIM	JURY WO	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be datarmined	28a PLACE OF IN HIDY. At home form street feature office						Route Number,
COMPLETED		CIAN: To the best of my known: 3: On the basis of examination						s) and manner as stated.
TO BE	299 SHOMATURITANN TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	entaw	ATU OTEM AT AT	(Drive)	29c. LICENSE NUN	438	≥ 7/2	Month/Day, Year)
	MICHAEL) - (31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN	ATH (ITEM 27) (Type,	D'RIDG	Ery A	IESTE IN	ANNA PO	4) Md2140).
	AUG 03 1995	Min Davidear			· · · · · · · · · · · · · · · · · · ·			

Parent & war & James A

68760	
~	
\sim	
~	
w .	
w	
24	
BOX	
\circ	
m	
P.0.	
\circ	
0	
4	
85	
ഗ	
0	
_	
ш.	
ORD	
\simeq	
\circ	
RECORDS,	
~	
_	
_1	
1	
4	
OF VITAL F	
_	
>	
11	
0	
_	
<u>z</u>	
$\overline{}$	
\simeq	
(A)	
DIVISION	
>	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Helen Mae Crampton July 27 .1995 3:40 P 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 8. BIRTNPLACE (State or Foreign 219-03-0438 1 M 2 XF 73 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Avalon Manor Home Inc. Hagerstown Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. Washington Hagerstown 1 YES 2 X NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12447 Gateway Ave. use as the burial-transit 21740 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 X NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify, Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, afc. 1 Never Married 2 Married BY Specify: White 3 KWidowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 12 Home. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surneme) Orville Hurley Stottlemyer Ħ Mettie Gretta Smith BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Brenda Kay Miller 12447 Gateway Ave. Hagerstown, Md. 21740 w requires that the death certificate be executed with. I hours after death, Page 6 may be been signed by the attending physician and completely filled in by the funeral director, page 3t, of Health and Mental Hygiene prior to burial, cremation, or removal. pe 20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Smith build Crematory 7-28-95 Smithsburg, Md. Digmettion & C Other (Specify) examiner SNATURE OF FUNERAL BERVICE LIGHT SEE 22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave. Davis Funeral Home Smithsburg, Md. 21783 prino the medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate interval Between ahock, or heart fallura, lalet only one cause on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Metastatic Com Camcon primary 4 months event, traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury. PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 TYES 2 NO OF DEATH? shows 1 TYES 2 T NO certificate has been the state Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | O 1 | Inpatient 2 | ER/Outpatient 3 | DOA 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) this c 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending Investigation м 1 YES 2 NO DIRECTOR: After the hours after death BY OR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 28 4 Homicide item CERTIFIER (Check only one)

A SERVICIAN: To the best of my knowledge, death occurred at the filme, data and place, and due to the cause(a) and manner ea stated. 29a. CERTIFIER FUNERAL within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: I th occured at the time, data and place, and dua to the cause(a) and menner as stated, 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MI 2 2 WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Haa Snik 201 erstown 2

M. PERISTRATO SIGNATURE

31. DATE FILED (Month, Day, Year)

2174

BALTIMORE, MARYLAND 21215-0020

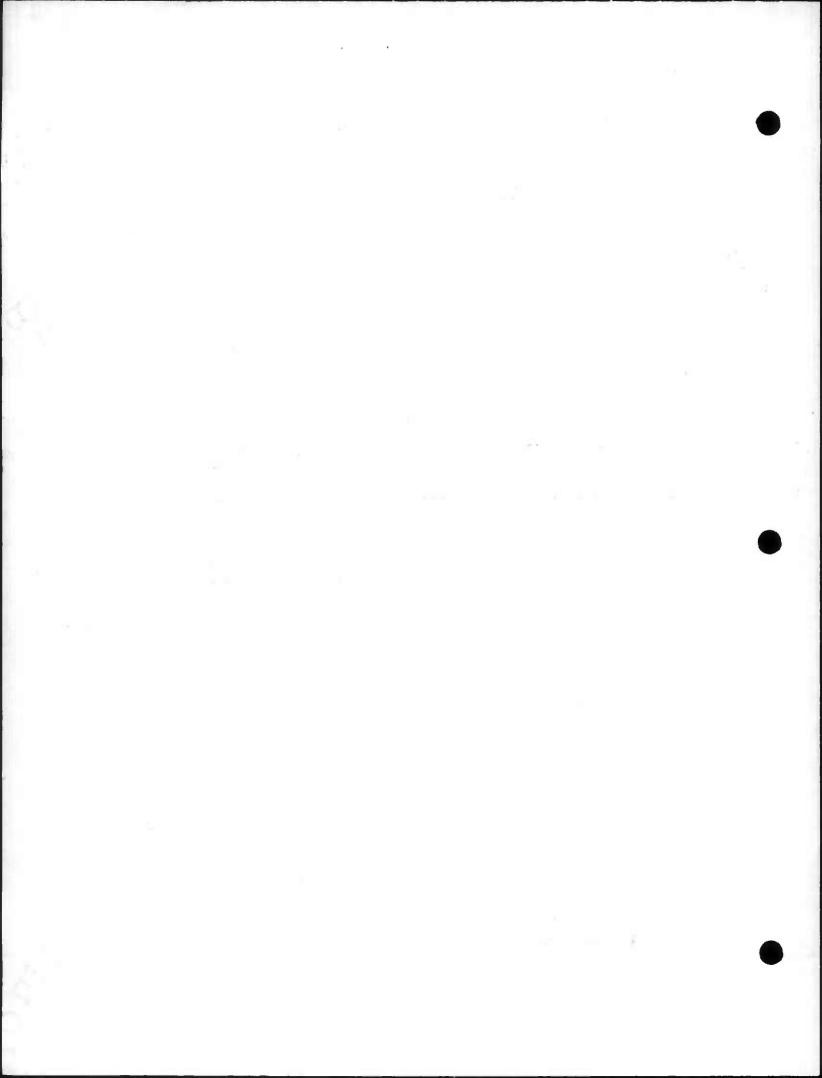
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Typiene prior to burial, ceremation, or enforced.

MEMORPHANT HI HI HAM 28 the captured are than 28 februars are after their properties and the contribution of whice their and their properties.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	HEGISTHAH		CERTIF	ICATE OF	DEATH	REG. NO	0.					
	1. DECEDENT'S NAME (First, Middle, Last) Michael	S.		CALI	AHAN		DAY)2 19	3. TIME OF OEATH 995 1:30 a.m. M				
	4. SOCIAL SECURITY NUMBER 217-16-8676	5. SEX 6. AGI	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 4, 1		BIRTHPLACE (State or Foreign Country) Maryland				
	9a. FACILITY NAME (If not institution, give s	treet and number)		Sh CITY TOWN	OR LOCATION OF C			TY OF DEATH				
DIRECTOR	Avalon Manor Home				own,		Washi					
	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY				
	Maryland Ba	ltimore		Catonsv	ille		LIMITS? 1 YES 2 X NO					
FUNERAL	3334 Frederick	Road		10	H. ZIP CODE 21228		EN OF WHAT COUNTRY? USA					
BY FU	11. MARITAL STATUS 1 A Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YES	2 X NO	If yes, s		NIC ORIGIN? (Specify Youn, Puerto Rican, etc.) fy:	es or No—	4. RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15, OECEDENT'S EOU (Specify only highest grade)	CATION completed)	16a. DECEOENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI	ON ost of working	16b. KIND OF B	USINESS/INOU					
PE	None	College (1-4 or 5+)	None	se retired.)		Nor	ne -					
6	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	n Surname)					
56 111	Clifford	Callahan			Madelin			nsby				
TO BE	190. INFORMANT'S NAME (Type/Print) Barbara Hic.	ks		ADDRESS (Street Katherin		Berk, Vi						
190	20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetion 3 Rem	21	b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. L	OCATION — C	Ity or Town, Stata				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	CENSES	Smithsbur	22. NAME A	ND ADORESS OF FA	CILITY		rg, Maryland				
examiller	Gualdo.	Gerald N. Minnich 305 N. P Funeral Home Hagersto										
em, me mence	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):											
	PART ii. Other significent condition	a contributing to deeth	but not resulting	in the underlyin	ig cause given in	Part i. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS				
EDICAL	Lange Pharma	man man	Lang		cephalas	PERFO	ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ	cours man	on Acciden	40			_		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)						
Sic	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Ou	tpetlant 3 🗆 DOA	OTHER:	ne 5 🗆 Rasidence	6 Other (Specify)						
BY PHYSICIAN:	27. MANNER OF DEATH 16 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		IE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	PRED				
	2 Accident investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUI building, atc. (Sp	tY — At home, ferm, ecily)	street, factory, offic	ce	281. LOCATION (Street City or Town, State	t and Number o	r Rural Route Number,				
COMPLET	200)	CIAN: To the best of my kno						1. cause(s) and menner as stated.				
BE COME	29b. SIGNATURE AND TITLE OF CERTIFIES	- Cartt	h n		29c. LICENSE NU			SIGNED (Month, Day, Year)				
0					0180	(9	1	\$ 2,1985				
	20. NAME AND ADDRESS OF PERSON WH	A, MO 33	h nec		MALER	STOWN,	~ 2	-1740				
	AUG 3 1995	Li d'Indian la	ALL E		· · · · · · · · · · · · · · · · · · ·			500				

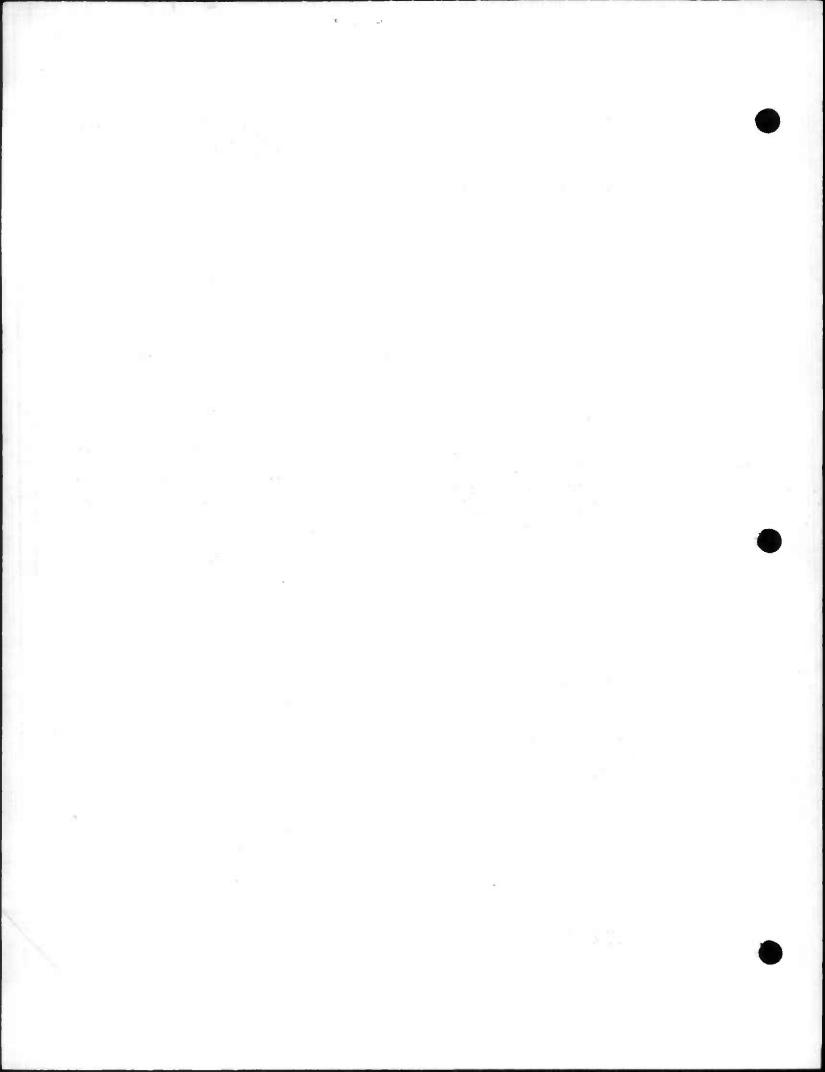


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH			
	BLANCHE LEON				August 1	1995 0242 Am			
	040 40 0500	SEX 6. AGE (In yrs. last	t birthday) IF UNDER :	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	a. BIRTHPLACE (State or Foreign 1921 ^{Country)} MARYLAND			
	9e. FACILITY NAME (If not institution, give street		(2011)	TOWN OR LOCATION OF D		COUNTY OF DEATH			
DIRECTOR	WASHINGTON COUNT			GERSTOWN		WASHINGTON			
REC	10e. STATE 10b. COUNTY		10c. CITY, TOWN O			10d, INSIDE CITY			
		HINGTON	BOONS	SBORO		1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 212 MAPLE AVENUE	E	101. ZIP CODE 21713	10g	U.S.A.				
N		PORCES? 1 YES 2 N	MED 13. W	AS DECENDENT OF HISPA yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or N	o- 14, RACE - American Indian.			
BY F	1 Never Married 2 Merried 3 X Widowed 4 Divorced	Black, White, etc. Specify:							
	15. DECEDENT'S EDUCATI	ION tea DE	OFDENTIO HOUSE OO			WHITE			
COMPLETED	(Specify only highest grade corr	npleted) (G/	CEDENT'S USUAL OC ive kind of work done do Do NOT use retired.)	iring most of working	16b. KIND OF BUSINES	S/INDUSTRY			
1PL	10		OMEMAKER	3	OWN H	OME			
SO	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Meiden Surna	ime)			
BE (ELBY		EISTON	LILI		SMITH			
10	190. INFORMANT'S NAME (Type/Print) EUGENE R. STAHI	L 196	225 JACKS	(Street end Number or Rural ON AVENUE,	Route Number, City or Town, Stell HAGERSTOWN,	MARYLAND 21740			
	20a. METHOD OF DISPOSITION 1/A Burlet 2 Cremation 3 Removet	20b. PLACE A	AND DATE OF DISPOSIT		DATE 20c. LOCATIO	DN — City or Town, State			
	4 Donation 6 Other (Specify)	REST	HAVEN EL			STOWN, MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Brady	22. N AN	IDREW K. CO	FFMAN FUNERAL	HOME, INC.			
			40) E. ANTIET	AM STREET, HA	GERSTOWN, MD. 21740			
	23. PART I. Enter the diseases, or com shock, or heart failure. List	pricetions that raused the de- t only one ceuse on each line.	ath. Do not enter t	ha mode of dying, suc	ch as cardiac or respirator	y arreat, Approximata interval Between Onset and Death			
	IMMEDIATE CAUSE (Fine) disease or condition	lon_ Harat tall							
	resulting in death) a	DUE TO OR AS A CONSEQ	DUENCE OF);	lallur	<u>e</u>	10425			
z		Corenary +	4-teru	Disease		1000			
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	WENCE OF):	21,003		17973			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	Dut To (07 to 1 covers							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):						
B	d								
AL	PART ii. Other significent conditions co	ontributing to deeth but not re	suiting in the und	eriying ceuse given in	Part I. 24s. WAS AN AUTO PERFORMED?				
ö	Hypertension	Peripheral V	ascular	Disease	1 - YES 2 N	O COMPLETION OF CAUSE OF DEATH?			
M	DID TOPACCO LISE CONTRIB	LITE TO CALICE OF DEAT	FIL VEC TO	0 []		1 - YES 2 - NO			
PHYSICIAN: MEDIC	DID TOBACCO USE CONTRIB 25. WAS CASE REFERRED TO MEDICAL		E OF DEATH (Check or		N L I				
SIC		OSPITAL: Vinpatient 2 ER/Outpatient 3	OTHER	ng Home 5 🗆 Raeldenca	& C Other (Sneath)				
¥	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	8c. INJURY AT	28d. DESCRIBE HOW INJURY	Y OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(WORKI, Day, Total)	INJURY M	WORK?					
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, ferm, atreet, fector	y, affice	281. LOCATION (Street and Number or Rural Route Number, City or Yown, Stete)				
Ē	29e. CERTIFIER								
COMPLETED		N: To the best of my knowledge, dealer the basic of examination end/or in				s stated. to the cause(s) end manner as stated.			
	296. SIGNATURE AND TITLE OF CERTIFIES	2 1 ()		29c, LICENSE NU					
H	Worsoth	1 (Imos	-	1)454		August 1, 1995			
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEN	1 27) (Type, Print)	1 0 1-1					
	Dwayne T Shuk	art MD ?	2911 Jet	Ferson Box	levard Smiths	ibung, Maryland			
	AUG 2 1995	32. REGISTRAD'S SIGNATURE	reall						



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Lest) Edna		CARBAUGH				July 14 1995 6:50 p.				3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Mae 5. sex	6. AGE (In yrs. I	ast birthday)	IF UNDER	_	IF UNDER	24 MBS	7 DATE O	E DIOTH			IPLACE (State or Fore	
	217-28-6256	1 M 2 X F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Mall	28, Year) 1	908	Spung	iginia	
	9e. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH						NTY OF D					
۳	Avalon Manor Ho	<u> </u>			Hagerstown									
DIRECTOR	RESIDENCE OF DECEDENT	me, Inc.			nage	ISLC	WII				wasn	Washington		
	10e. STATE 10b. COUN	10c. CITY	r, TOWN O								10d. INSIDE CITY LIMITS?			
	Md.			Sma	thsbu	rg					1 - YES 2 X N			
3	10e. STREET AND NUMBER			10f	ZIP CODE				10g. CIT		WHAT COUNTRY?			
افِ	Rt 3 Box 254				21	783				и.	S.A			
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2						NC ORIGIN?	(Specify Yea	or No-	14, RACI Blac	E — American Indian k, White, atc.	
ВУ	3 Widowed 4 Divorced	`	1	YES	2 X NO	Specify	e			Spec	" White			
_	16. DECEDENT'S ED	UCATION	16a. C	DECEDENT'S	USUAL OC	CUPATIO	ON .		16b.	CIND OF BUS	SINESS/INI	DUSTRY	wruce	
١	(Specify only highest grad Elementary/Secondary (0-12)	(completed) College (1-4 or 5+)		(Give kind of wife, Do NOT use	rork done d e retired.)	luring mo	sl of working	g	100.	01 000	JH1630/H16	0001111		
립	12	Cominge (I'V of 5 Y	'	Hom	emak	er					Home	2		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH			ddle, Maiden				
BEO	Edward Matthews							Loz	tie (valte	rs			
10 8	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING										
۴	Edna M. Stoneber	14047	Edg	emor	it Rd	. Sn	riths	ourg, N	Md. 2	1783	3			
	20e. METHOD OF DISPOSITION 1X Burlel 2 □ Cremation 3 □ Res	E AND DATEO				1-	DATE		CATION -					
	4 Donatton 5 Other (Specify)		Smil	instract						Sm	ithsk	ourg,	ма.	
	21. SIGNATURE OF YUNERAL SERVICE	ICENSEE	-		22. NAME AND ADDRESS OF FACILITY 12525 Bradbury Ave.									
	> Lemis 2	- 1a	w		Davis Funeral Home 12323 Briddburg Ave. Smithsburg, Md. 21783									
Z	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		se on each lir	16.						ec or respi	iretory sr	rest,	Interval Be	
RTIFICATION	disesse or condition		OR AS A CONS	16.	w asc	fn ula	eum v C	acc	tis	up			Interval Bet	
I: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Initiated events	b	OR AS A CONS	EQUENCE OF	asc Clu	In wla oti	eym n C	acc las	tis et de	up	LSCQ	el	Interval Bei Onset and 3 pa 4 d o	
MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	b. DUE TO (OR AS A CONS	EQUENCE OF	asc Clu	In who	CHYM C V	IAS	tis et de	AL D	LSCQ	el	Interval Bei Onset and S pa 4 do 10 Y C WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	
SICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	OR AS A CONS OR AS A CONS OR AS A CONS death but not	EQUENCE OF	S C	In who	CUM Ĉ \	IQ S	tus et de caul	24a. WAS AN PERFOR	LSCQ	el	Interval Be Onset and 3 pm 4 do 0	
SICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (1	OR AS A CONS OR AS A CONS OR AS A CONS Death but not ER/Outpatient INJURY	POURNCE OF EOUENCE OF	The unit of the un	In who	CUM Cause g Cause of De	IQ S	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	240	Interval Be Onset and 3 pm 4 do 0	
PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH Natural 5 Pending	b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (interpretable) HOSPITAL: 1 Impetent 2 28e. DATE OF (Morith, Da	OR AS A CONS OR AS A CONS OR AS A CONS Death but not ER/Outpatient INJURY	EQUENCE OF	The unit of the un	In who will be seen to the see	CUM C C C C C C C C C C C C C	ICC ICC ICC Identification	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	240	Interval Bei Onset and S pa 4 do 10 Y C WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	
D BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be	b. DUE TO (c. DUE TO (d. Bits contributing to (in inpetient 2 28e. DATE OF (Morith, Da 28e. PLACE OF	OR AS A CONS OR AS A CONS OR AS A CONS Death but not ER/Outpatient INJURY	EQUENCE OF FOUNDER OF THE PROPERTY OF THE PROP	other Num	derlying 26. PL 1: ing Hom 28c. INJ 1 1	CUMAL COLOR OF DE	ICC ICC ICC Identification	Part I. Beck only one Bed. DESC	24a, WAS AN PERFOR 1 YES (Specify) RIBE HOW II	AUTOPSY IMED? NO	24b	Interval Bei Onset and S pa 4 do 10 Y C WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANYER OF DEATH Netural 5 Pending Investigation	b. DUE TO (c. DUE TO (d. Bits contributing to (in inpetient 2 28e. DATE OF (Morith, Da 28e. PLACE OF	OR AS A CONS OR AS A CONS OR AS A CONS OR AS A CONS ER/Outpetlent INJURY (), (987)	EQUENCE OF FOUNDER OF THE PROPERTY OF THE PROP	other Num	derlying 26. PL 1: ing Hom 28c. INJ 1 1	CUMAL COLOR OF DE	ICC ICC ICC Identification	Part I. Beck only one Bed. DESC	24a. WAS AN PERFOR	AUTOPSY IMED? NO	24b	Interval Bei Onset and 3 pa 4 do 10 Y C	
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO 27. MANYER OF DEATH Natural 5 Pending Investigation 1 Suicide 8 Could not be determined.	b. DUE TO (c. DUE TO (d. Bits contributing to (in inpetient 2 28e. DATE OF (Morith, Da 28e. PLACE OF	OR AS A CONS OR AS	EQUENCE OF EQUENCE OF	other Number of	derlying 26. PL ing Hom 28c. INJ ory, office	CUM C C C C C C C C C C C C C	ICC ICC IOC Ilven In	Part I. Beck only one Beck Only one City on	24a. WAS AN PERFOR 1 YES (Specify) RIBE HOW II	AUTOPSY IMED? NO	24b	Interval Be Onset and 3 pc 4 do 4 do 4 do 4 do 4 do 4 do 4 do 4 d	
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUER OF DEATH Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined	b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (Morth, De 28e. PLACE Of building, d.	OR AS A CONS OR	EQUENCE OF EQUENCE OF	or AER	derlying 26. PL ing Hom 28c. INJ pry, office	GUYM C C C C C C C C C C C C C	ICC ICC ICC ICC ICC ICC ICC ICC ICC ICC	Part I. 28d. DCA' City on	24a. WAS AN PERFOR 1 YES (Specify) TION (Street & Town, Stele)	AUTOPSY IMED? NO	24b	Interval Be Onset and 3 pc G d o G d	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANUFER OF DEATH Natural 5 Pending investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only)	B. DUE TO (b. DUE TO (c. DUE TO (d. DUE	OR AS A CONS OR	EQUENCE OF EQUENCE OF	or AER	derlying 26. PL ing Hom 28c. INJ pry, office	GUYM C C C C C C C C C C C C C	I/O Soldence INO Indiana In	Part I. Part I. 28d. DESC. City of to the cause time, date of	24a. WAS AN PERFOR 1 YES (Specify) TION (Street & Town, Stele)	AUTOPSY MED? NO NJURY OC and Number hiner as sta	CURED or Aural I	Interval Be Onset and 3 pc 4 do 0 long to 10 y C lo	
BE COMPLETED BY PRISICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined. 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. DUE TO (b. DUE TO (c. DUE TO (d. DUE	OR AS A CONS OR	EQUENCE OF EQUENCE OF	or AER	derlying 26. PL ing Hom 28c. INJ pry, office	ACE OF DE	I/O Soldence INO Indiana In	Part I. Part I. 28d. DESC. City of to the cause time, date of	24a. WAS AN PERFOR 1 YES (Specify) TION (Street & Town, Stele)	AUTOPSY MED? NO NJURY OC and Number hiner as sta	CURED or Aural I	Interval Be Onset and 3 pc 4 do 1 lo y C 1 lo y	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be datermined. 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	B. DUE TO (DUE	CLECANS OR AS A CONS CLECANS OR AS A CONS OR	TO POLITICAL TO THE POL	n the und	derlying 26. PL ing Hom 28c. INJ pry, office	ACE OF DE	INO INO INSE NUMBER OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	Part I. eck only one 2 and Description to the caus time, date of 18ER 96	24a. WAS AN PERFOR 1 YES (Specify) RIBE HOW III	AUTOPSY IMED? NO NJURY OC and Number and et at the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of triangle	CURED Tor Aural II ted. The cause(e	1 YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO 27. MANYER OF DEATH 1 Natural 5 Pending Investigation and Suicide 8 Could not be determined. See CERTIFIER (Check only one) 2 MEDICAL EXAMINERS. SIGNATURE AND THE OF CERTIFIER.	B. DUE TO (DUE	CLECANS OR AS A CONS CLECANS OR AS A CONS OR	TO POLITICAL TO THE POL	n the und	derlying 26. PL ing Hom 28c. INJ pry, office	ACE OF DE	INO INO INSE NUMBER OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	Part I. eck only one 2 and Description to the caus time, date of 18ER 96	24a. WAS AN PERFOR 1 YES (Specify) RIBE HOW III	AUTOPSY IMED? NO NJURY OC and Number and et at the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of triangle	CURED Tor Aural II ted. The cause(e	Interval Bei Onset and S pa 4 d o 10 Y C WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 NO	
EDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 24 NO 27. MANYER OF DEATH 1 Natural 5 Pending Investigation and Suicide 8 Could not be determined. See CERTIFIER (Check only one) 2 MEDICAL EXAMINERS. SIGNATURE AND THE OF CERTIFIER.	B. DUE TO (b. DUE TO (c. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (d. DUE TO (Month, De 28e. PLACE OF building, d. Duilding, d. Duilding, d. Due 28e. PLACE OF building, d. Duilding,	Class a cons OR AS A CONS OR AS	TO DOA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n the und	derlying 26. PL ing Hom 28c. INJ pry, office	ACE OF DE	INO INO INSE NUMBER OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	Part I. eck only one 2 and Description to the caus time, date of 18ER 96	24a. WAS AN PERFOR 1 YES (Specify) TION (Street & Town, Stele)	AUTOPSY IMED? NO NJURY OC and Number and et at the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of the triangle of triangle	CURED Tor Aural II ted. The cause(e	Interval Be Onset and 3 pc 4 do 1 lo y C 1 lo y	

The state of the s TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	IN THE FUNKFAL UNKLYINK: After this sertificate has been signed by the artending physician and completely filled in by the funeral directior, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON V/NO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

955 FREDERICK STREET,

32 FREDERICK STREET,

32 FREDERICK STREET,

DR. VIK POONAI,

FOR		STATE OF M	IARYI AN	ID / DEPAR	IMEN:	T NE H	IFAITH AND	MENTAL HYGIEN	9;	0 6	24400
1 - STATE REGISTRAR		OINIE OF I		CERTIFI				REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH	av .	YEAR	3. TIME OF DEATN
	EPHINE	ROS	ELLA		VANA	UGH		JULY 26		995	11:45A *
4. SOCIAL SECURITY NUMB	20	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
219-44-0061		1 M 2 F	89	YRS.				Apr 4, 190)6		MD
9a. FACILITY NAME (If not ins					9b. CITY	, TOWN	OR LOCATION OF D	EATN	9c. COU	NTY OF D	EATN
MEMORIAL HO	SPITAL	& MEDIC	AL CE	NTER	CUM	BERL	AND		AL	LEGA	NY
10e. STATE	10b. COUNTY			10c, CITY	TOWN (OR LOCAT	TION				10d. INSIDE CITY
MD	Allega	any		Cum	ber]	Land					LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER							. ZIP CODE		10g. CITI	ZEN OF V	WHAT COUNTRY?
805 Winifre	ed Road					2	1502		USA		
11. MARITAL STATUS	1	2. WAS DECEDENT FORCES? 1			13.	WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE	E American Indian, k, White, atc.
1 Never Merried 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		IF YES, GIVE W	AR OR DATE	X_NO			2 NO Specif	nn, Puerto Rican, etc.) y:		Speci	
Λ											vhite
(Specify only	EDENT'S EDUCAT	mpleted)	16	(Give kind of w life. Do NOT use	ork done	during mo	ON st of working	16b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-	-12)	College (1-4 or 5 +)					Q == 11			
17. FATNER'S NAME (First, Min	ddle Lest)			Homemal	ker		40 MOTHER'S NA	Own Ho			
_ James J.										٠,١	
190. INFORMANT'S NAME (7)				19b. MAILING	ADDRES	S (Street o		K. (Helmst Route Number, City or Tow			
N. Maureen	Tudir										
20e. METNOD OF DISPOSITION	ON		20b. PL	ACE AND DATE O				berland, M	CATION —	1502 Otty or To	wn. State
1 Donation 5 Other	n 3 🗆 Removi (Specify)	al from State	cemeter	berland	er place)				nberl		,
21. SIGNATURE OF FUNERAL				DET TALK	22.	NAME AN	D ADDRESS OF FA			cu ici y	
N man	7	VIn		111.	S	carp	elli Fun	eral Home			
23. PART I. Enter the dis	200000 01 001	molications that	ap	VVC	<u> </u>	umbe	rland, M	D 21502			
shock, Dr he	eart fallure. Lis	st only one ceu	se on each	ine.	ot enter	tne mo	ae or ayıng, suc	n as cardiec of respi	ratory arr	eat,	Approximate interval Between
IMMEDIATE CAUSE (Fine disease or condition											Onset and Death
resulting in death)	→ a.,	Renal DUE TO	Failu	CG							3 years
):						
Sequentially list condition		Nephro	OR AS A CO	NSEQUENCE OF	k:						2 years
If any, leeding to immed cause. Enter UNDERLY!	NG			Heart Fa		re					2 years
CAUSE (Disease or injut that initiated events	y .			INSEQUENCE OF		1. C					2 years
resulting in death) LAST	ď.										
PART II. Other algoliticar	nt conditions	contributing to	death but	not regulting in	the	ado et alea	naves alves to	Book L. Dec. 1980 cm			
	A CONGRESSION	contributing to	deetii but i	not resulting in	i tire ui	ideriyiriç	cause given in	Part I. 24a. WAS AN PERFOR		24b.	MERE AUTOPSY FINDINGS AMILABLE PRIOR TO
			-					1 YES 2	NO		OF DEATH?
DID TORACCO HIS	CE CONTRU	DUITE TO CAL	ICE OF I	DEATH VE		VIO E	/				1 YES 2 NO
DID TOBACCO US		BUIE TO CA		PLACE OF DEATI			UNCERTAI	<u>ч </u>			
EXAMINER?	F	IOSPITAL:			OTHE	R:					
27. MANNER OF DEATH		Inpatient 2 28e. DATE OF		nt 3 🗆 DOA		sing Nom 28c. INJ		8 Other (Specify)			
1 Natural 5 🗆 F	Pending	(Month, De	y, Year)	INJU	RY	WO	RK?	28d. DEŞCRIBE NOW II	NJURT OCC	TURED	
2 Deviate	nvestigation	28e. PLACE OF	INJURY —	At home, ferm, at	reet fect			28f. LOCATION (Street of	and Mumbar	or Purel S	Bouto Alumbas
_	Could not be latermined	building,	etc. (Specify)		,	,		City or Town, State)	HUITIDEF	⇔ nuser⊓	rouse (Validon)
29e. CERTIFIER	EVINO PULCOS	1									
								to the cause(e) end mer time, date end place, an			
		the needs of ex	-, mistion an		, iii my c	garnion, d			a due to th	e cause(a) and manner ee stated.
29b. SIGNATURE AND TITLE	OF GENTIFIEN						29c. LICENSE NUI	MBER	29d. DATE	SIGNED	(Month, Day, Year)
VIK	Fing						D 3676	6	JU	LY	26 1995

CUMBERLAND, MD

21502

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	amended #200	=, 7/25/	95 1).	8. S. a	Clagar	a Co.		-	24464			
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA	RTMENT OF I	IEALTH/ AND	MENTA						
	1. DECEDENT'S NAME (First, Middle, Last)		OLNII	TOATE OF	DEATH	2. DATE	REG. NO		3. TIME OF DEATH			
	PAULINE BRACE CA	MAN				JUI	H D		EAR			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.		Y 2		95 0:2:00 A M BIRTHPLACE (State or Foreign			
	214-07-6643	1 🗆 M 2 🔯 F	30 YRS.	MONTHS DAYS	HOURS MIN.		h, Day, Year)		Country)			
	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF		16_		MARYLAND OF DEATH			
DIRECTOR	SACRED HEART HO	SPITAL		CUMBER	LLEGANY							
	MARYLAND ALLE	GANY	10c. C	CUMBERI					10d. INSIDE CITY LIMITS? XXYES 2 \(\text{NO} \) NO			
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEI	OF WHAT COUNTRY?			
NES	216 CENTRAL AVI				21502				S A			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 \(\subseteq \)	R IN U.S. ARMED ES 2 TO NO	13. WAS DEC	ENDENT OF HISP ecify Cuben, Maxi	ANIC ORIGIN	7 (Specify Yes	or No- 14	. RACE — American Indian, Black, White, atc.			
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		2 NO Spec		,		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 8 +)	18a. DECEDENT (Give kind o life. Do NOT		ist of working		KIND OF BUS	SINESS/INDUS	TRY			
AP.	12	0011090 (1-4 01 0 +)	TELEPI	RECI	EPTION:	IST	CLER	CAT				
Ö	17. FATHER'S NAME (First, Middle, Last)			IVIII. VI	18. MOTHER'S N							
BE (BENJAMIN F. R	ANDALLS					EL ELI					
5	ALBERT SAVILLE		P.0	BOX 4	98, RI							
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremation 3 Remov	al from State	20b. PLACE AND DATE cemetery, crematory or	other place)		DATE			or Town, State			
	4 Donation 5 Other (Specify)		ZION MEN		PARK ND ADDRESS OF F	7/25/	95 C	<u> JUMBE</u>	RLAND, MD			
	Dounder !	4 8	20	HAFE	R CHAPI	EL OF			S MORTUARY			
ERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
F 1		DUE TO (OR A		OF):								
CERI	d.,											
ᄗ		contributing to dest	h but not resulting	In the underlying		_	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ᄗ	DID TOBACCO USE CONTRI	contributing to dest	h but not resulting	In the underlying		_	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ᄗ	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to deat	OF DEATH Y	In the underlying TES NO X ATH (Check only one) OTHER:	UNCERTA	IN []	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ᄗ	DID TOBACCO USE CONTRI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUTE TO CAUSE	OF DEATH Y 26. PLACE OF DE. Pulpetlant 3 DOA	TES NO XATH (Check only one) OTHER: 4 \(\text{Nursing Hom} \)	UNCERTA 5 □ Rasidence	IN D	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	Contributing to deat	OF DEATH Y 26. PLACE OF DE. Pulpetlant 3 DOA	TES NO XATH (Check only one) OTHER: 4 Nursing Hom ME OF Zec. INJ. WO	UNCERTA 6 5 Rasidence	IN D	PERFOR	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation	BUTE TO CAUSE OSPITAL: Openion 2 (ER/C (Month, Dey, Yee)	OF DEATH Y 26. PLACE OF DE. Putpettlent 3 DOA TY 28b. Till DRY — At home, farm,	TES NO XATH (Check only one) OTHER: 4 Nursing Hom ME OF 28c. INJ URY WO 1 1	UNCERTA 5 Rasidence UNY AT RK? (ES 2 NO	8 Other 28d. 0ES	PERFOR 1 VES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 CONO 27. MANNER OF DEATH Natural 5 Pending Investigation	BUTE TO CAUSE OSPITAL: Inpetient 2 SERVC Month, Dey, Yer	OF DEATH Y 26. PLACE OF DE. Putpettlent 3 DOA TY 28b. Till DRY — At home, farm,	TES NO XATH (Check only one) OTHER: 4 Nursing Hom ME OF 28c. INJ URY WO 1 1	UNCERTA 5 Rasidence UNY AT RK? (ES 2 NO	IN	PERFOR 1 VES 2	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIL 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 5 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL CONTRI	BUTE TO CAUSE HOSPITAL: Inpetiant 2 (LER/C 28a. OATE OF INJUI (Month, Dey, Yes 28a. PLACE OF INJUI abuilding, etc. (S)	OF DEATH Y 26. PLACE OF DEATH WAY 28b. TII BRY — At home, farm, pecify) owledge, death occur	TES NO XATH (Check only one) OTHER: 4 Nursing Hom ME OF JURY WO 1 Y street, factory, office	UNCERTA 5 Rasidence UNTY AT RK? (ES 2 NO	8 Other 28d. OESt 28f. LOCA City of	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a pr Town, State)	MED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIL 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 5 NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL CONTRI	BUTE TO CAUSE HOSPITAL: Inpetiant 2 (LER/C 28a. OATE OF INJUI (Month, Dey, Yes 28a. PLACE OF INJUI abuilding, etc. (S)	OF DEATH Y 26. PLACE OF DEATH WAY 28b. Till BRY — At home, farm, pecify) owledge, death occur	TES NO XATH (Check only one) OTHER: 4 Nursing Hom ME OF JURY WO 1 Y street, factory, office	UNCERTA 5 Rasidence URY AT RK? ZES 2 NO a and place, and du eath occured at th	28f. LOCAL City of time, data	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a pr Town, State) se(a) and man and place, and	MED? HJURY OCCUR and Number or i	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number, Bural Route Number, Buse(a) and manner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 CNO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	BUTE TO CAUSE HOSPITAL: Inpetion 2 Ker/C 28a. OATE OF INJU Month, Dey, Yet 28a. PLACE OF INJU building, atc. (3	OF DEATH Y 26. PLACE OF DE. butpettert 3 DOA 187 At home, farm, pocify) DOWNEDGE, deeth occur tition and/or investigat	TES NO ATH (Check only one) OTHER: 4 Nursing Hom ME OF 28c. INJ URY M 1 Nursing Hom The Att Nursing Hom Th	UNCERTA • 5 Rasidence URY AT RK? RES 2 NO and place, and du eath occured at th 29c. LICENSE No.	IN De 8 Other 28d. OES. 28f. LOCA City of the cause time, data	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a r Town, State)	MED? NO NUMBER OF IT THE PROPERTY OF IT TH	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number, Bural Route Number, GNED (Month, Day, Year) LY 23,1995			
PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	BUTE TO CAUSE HOSPITAL: Inpetion 2 Ker/C 28a. OATE OF INJU Month, Dey, Yet 28a. PLACE OF INJU building, atc. (3	OF DEATH Y 26. PLACE OF DE. butpettert 3 DOA 187 At home, farm, pocify) DOWNEDGE, deeth occur tition and/or investigat	TES NO ATH (Check only one) OTHER: 4 Nursing Hom ME OF 28c. INJ URY M 1 Nursing Hom The Att Nursing Hom Th	UNCERTA • 5 Rasidence URY AT RK? RES 2 NO and place, and du eath occured at th 29c. LICENSE No.	IN De 8 Other 28d. OES. 28f. LOCA City of the cause time, data	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a r Town, State)	MED? NO NUMBER OF IT THE PROPERTY OF IT TH	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number, Bural Route Number, GNED (Month, Day, Year) LY 23,1995			
BE COMPLETED BY PHYSICIAN: MEDICAL C	DID TOBACCO USE CONTRIL 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	BUTE TO CAUSE ON PLACE OF INJUINGMENTAL: 28a. OATE OF INJUINGMENTAL, Day, Yes 28a. PLACE OF INJUINGMENTAL, COMPLETED CAUSE OF INJUINGMENTAL COMPLETED CAUSE OF INJ	OF DEATH Y 26. PLACE OF DE. Dutpetlant 3 DOA 197 28b. Till DEATH (ITEM 27) (Type COMPANDED DEATH (ITEM 27) (Type COMPANDED COMPANDED DEATH (ITEM 27) (Type COMPANDED	TES NO ATH (Check only one) OTHER: 4 Nursing Hom ME OF 28c. INJ URY M 1 Nursing Hom The Att Nursing Hom Th	UNCERTA • 5 Rasidence URY AT RK? RES 2 NO and place, and du eath occured at th 29c. LICENSE No.	IN De 8 Other 28d. OES. 28f. LOCA City of the cause time, data	PERFOR 1 YES 2 (Specify) CRIBE HOW IN ATION (Street a r Town, State)	MED? NO NUMBER OF IT THE PROPERTY OF IT TH	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Bural Route Number, Bural Route Number, Buse(a) and manner as stated.			

it is w

\

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ex hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	LURA	ALVERDIAC	HEEK			200	o 95	7:32 AH			
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	a, BIRTI	HPLACE (State or Foreign			
	223-12-1273 9a. FACILITY NAME (If not institution, give	1 M 2 F 77	YRS.	NTHS DAYS	HOURS MIN.	April 13,	1918 T	/irginia			
DIRECTOR	University of Ma	ryland Shock									
EC	10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCAT	ION		10d. INSIDE CITY				
L DIF	Maryland 100. STREET AND NUMBER	Harford			Edgew	ood		1 X YES 2 NO			
FUNERAL	3801 Walters	Road		101	21040			USA			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAI city Cuban, Maxics 2 XNO Specific	NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No — 14. RAC Blac Spec	E — American Indian, k, Whita, atc. //y: White			
9	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USE			16b. KIND OF BUS	SINESS/INDUSTRY	WILLOC			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 pr 5+)	Computer 1	done during mo	st of working = illm						
MP	9			otograp		U	.S. Gover	mment			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden					
BE		exton				Sexton Ha	-				
2	Betty Eikens					Route Number, City or Yow gewood, Mai		21040			
	20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3		PLACE AND DATE OF D				CATION — City or To				
	4 Donation 8 Dother (Specify)	A Be	I. All Mem			8/2/95 Be	el Air, N	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE OF	KMon	Lan H	Howard		omas III Fi y Road, Ab:					
	23. PART I. Enter the diseases, or	complications that caused List only one cause on ea	the death. Do not	antar the mo	da of dylng, auc	h aa cardiac or respi	ratory arreat,	Approximate			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. BRONCH	O PLEUR	AL	FISTULI	4		Interval Between Onset and Death			
- 1	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	1	Total Microsophia	Alleria To					
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	C		100	nald A	Wright M.	D	ðf!			
띮	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	0 (-APP	ROVED-(THAT				
Ä	readiting in dawth) CAST	d		0.0	/• /\I	MOVED-(JUINE				
AL O	PART II. Other algnificant condition	na contributing to daeth be	ut not resulting in ti	ne undarlying	cause given in			WERE AUTOPSY FINDINGS			
	FALL ON	THE DAY O	F ADMI	SSION	LEADIN	VC, 1 YES 2		AWAILABLE PRIOR TO COMPLETION OF CAUSE			
	TO PNEUMOTH						7	OF DEATH?			
ž	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YES		UNCERTAIL						
SIA CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (
PHYSICIAN: MEDIC	1 TES 2 NO	1 Inpetient 2 ER/Outpo		THER: Nursing Home	5 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJI WO	JRY AT RK?	28d. DEŞCRIBE HOW II					
B	1 Netural 5 Pending 2 Accident Investigation	JULY 21, 9			ES 2 NO	SUBJECT !	ELL				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	ify)	t, tactory, office		28t. LOCATION (Street a City or Town, State)					
Ē		Hor				3801 WALTER		JOHD MD			
COMPLETED	(Check only 1 N CERTIFYING PHYS	ICIAN: To the best of my knowle ER: On the besis of examination) and manner as stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIE	R		$\overline{}$	29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)			
BE	18/1elson	CRITICAL	CARE FE	LLON				30, 1995			
일	30. NAME AND ADDRESS OF PERSON WI-	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	rt)							
	BARRINGTON /	ELSON, St	HOCK TRAC	MAC	ENTER,	22 SOUTH	GREENE S	T, BACTIMORE			
	AUG 0 1 1995	32. REGISTRAR'S SIGN	artall								

7 Page 1

_	
	١
	,
23	
260	
Q.	
00	
68	
w.	
BOX	
\sim	
\cap	
_	
m	
_	
-	
P.0.	
٠.	
0	
an.	
S	
0	
000	
-	
RECORDS,	
\circ	
111	
-	
Œ	
_	
-	
-	
-	
_	
VITAL F	
Sec.	
ш.	
_	
ō	
_	
$\overline{}$	
dia.	
\circ	
\sim	
-	
V)	
>	
DIVISION	
0	

		FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
		1. DECEDENT'S NAME (First, Mic										2. DATE	OF DEATH		VEAD	3. TIME OF D	EATH
		Barbara			Cage							Ju.	ly 29	, 19	95	8:21	
Pin		4. SOCIAL SECURITY NUMBER 219-34-7155		5. SEX 1 M 2 F	6. AGE (1	'in yrs. last 7	YRS.	IF UNDER	DAYS	HOURS	MIN.	Ju	of BIRTH th, Day, Year) une 20	0 19	Country	PLACE (State of y) MD	Foreign
2, 3 should	TOR	50.4 West I	Indus		Blvd	đ				or Locati	land	ATH		2.0	lega		
permit. Pages 1,	DIRECTOR	10a. STATE 10	BENT BE COUNTY				10c. CITY, TOWN OR LOCATION Cumberland									10d. INSIDE C LIMITS? 1X YES 2	
- ts	IERAL	100. STREET AND NUMBER 504 W. Indus	stria	l Blvd.					101	21502				10g. CITI		THAT COUNTRY	-
1215-0020 or attending physician. r use as the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	irried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	1 YES	2 X N	X NO If yes, specify Cuban, Maxica					an, Puerto Ricen, etc.) Bia- fly: Spe				- American in White, etc. by: Thite	ıdlan,
	COMPLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12)			+)	(G/v	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					166, KIND OF BUSINESS/INDUSTRY				111,00	
YLAND 21 by the hospital or be detached for at once.	OMP	12 17. FATHER'S NAME (First, Middle	is (act)			Но	mema	ker		40 1407	***************************************		Own Ho				
RYLA ned by the ould be de led at or	BE		old V. Miller					122000		A	da Pı	ryor					
E, MARY y be retained to sage 5 should be notified	욘	Robert W. Ca	age			50	4 W.	Ind	ustr	ial		; Cu	mberla	nd, M	MD 2	21502	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20s METHOD OF DISPOSITION 1A Burlel 2 Cremation 4 Donation 5 Other (Special Signature of Funeral Signature of Special Signature of Special Signature of Special Signature of Special Signature of Special Signature of Special Signature of Special Signature of Special Signature of Special	pecify)		0.0004		nd date of natory or of awn	ther place) Memo	rial	Gar			02 LaV	/ale,		wn, Stata 21502	
0 = 0		· Clanes -	20	Acon	pel	Li		S	carp umbe	elli rlan	d. M	eral D 2	. Home 1502				
24 hours filled in the tion, or ref		23. PARTAL. Enter the disease ahock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t fellure, L	List only one ceu a. Hyper Due to	use on ea	ach line.										Onset a	mate Between and Death
D 5 - 5	N			b										, , ,			110
or t or	ICATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury															
P.O. ath certification of the other of the other of the other other of the other of the other of the other of the other of the other	CERTIFICATION	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):														
RECORDS, F w requires that the death been signed by the atta- pt. of Health and Mental shows any Injury, of	MEDICAL (PART II. Other significent of Diabete		s contributing to	death bu	ut not re	sulting i	n the ur	derlying	; cause (given in F	Part i.	24a. WAS AN PERFORI	MED?		WERE AUTOPSY AMAILABLE PRIC COMPLETION O OF DEATH?	OR TO F CAUSE
AL RE le law request begin of Dept. of a 23 sho	AN: N	DID TOBACCO USE		RIBUTE TO CA	USE O	F DEAT	H YE	s 🗆 i	NO 🔀	UNC	ERTAIN					1 TES 2) NO
VITAL AN: The law tificate has e State Depl	SICIA	25. WAS CASE REFERRED TO MI EXAMINER? YES 2 NO	EDICAL	HOSPITAL:			OF DEAT	OTHER	R:	1/							
PHYSICI this cer with th	/ PHYSICI	27. MANNER OF DEATH		28a. DATE OF (Month, De	INJURY	Itterit 3 t	28b. TIM		28c, INJU WOI	URY AT		_	SCRIBE HOW IN	JURY OCC	URED		
TTEND TOR: A after d	TED BY	3 Sulcide 8 Coul	etigation uld not be ermined	28a. PLACE Of building,	of INJURY atc. (Specia	— At hom	ne, Jarm, s	treat, fact				281. LOC	ATION (Street ar or Town, State)	nd Number	or Rural Ro	oute Number,	
DI TAL OR AL DIRI 72 hour 14 item	COMPLET			CIAN: To the best of ex												and menner ar	stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	298, SIGNATURE AND TITLE OF	(-	~		Dp	ty I	Med	Ex		091					(Month, Day, Yea	
2	2	Paul Sno							nh F	5.A. O	1502)		-		3.53	
0		31. DATE FILED (Month, Day, Year)		3 PERISTRA			1 11	Cui	AD P	10 Z	1302	-					

M G

BALTIMORE, MARYLAND 21215-0020

_	
	ì
	۲
O	
76	
~	
~	
89	
ဖ	
BOX	
=	
\mathbf{c}	
=	
\mathbf{m}	
_	
0	
\smile	
0	
S	
-	
\Box	
-	
4	
RECORDS	
v	
15	
\circ	
111	
-	
œ	
- 1	
=	
•	
OF VITAL	
$\overline{}$	
\rightarrow	
LI.	
0	
_	
_	
~	
U.	
_	
S	
41	
=	
>	
-	
0	
_	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

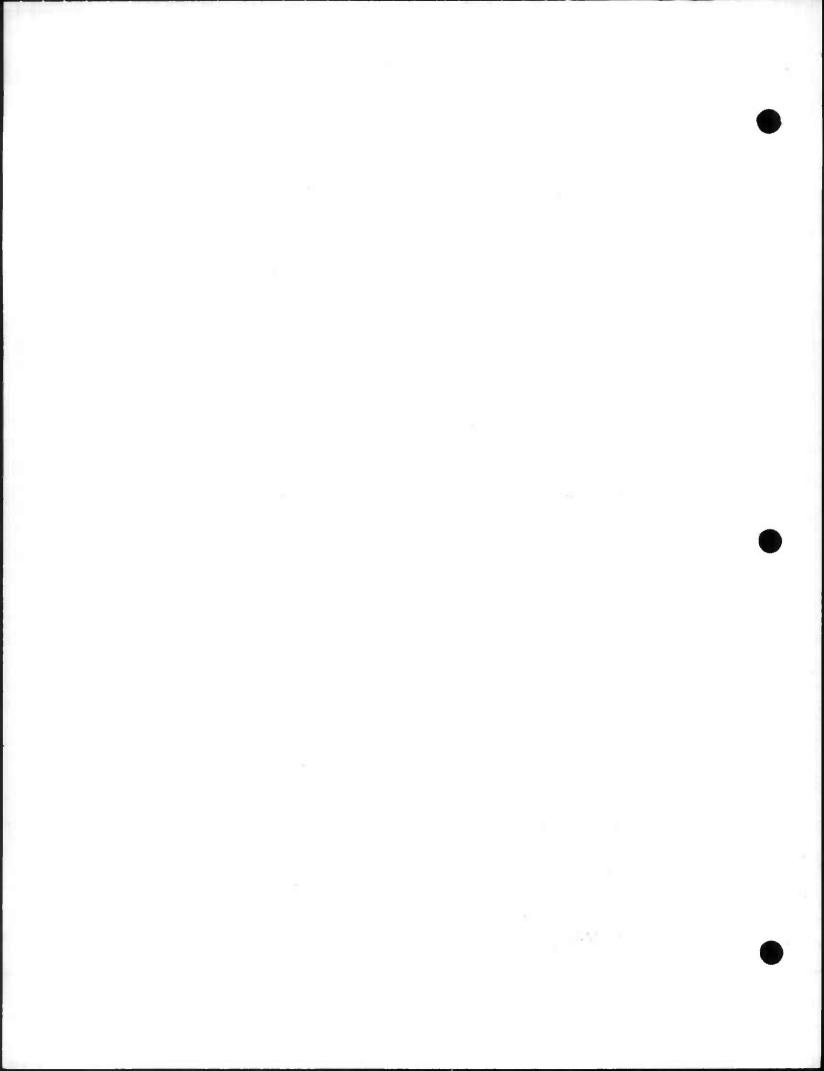
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH			TIME OF DEAT	TH	
CHARLES	HERMAN	COC	OK	Ju]	лн ду 25,		/EAR	6:35	Рм	
4. SOCIAL SECURITY NUMBER		1404	UNDER 1 YEAR IF UNDER 24 HR	(Mo	E OF BIRTH nth, Day, Year)		BIRTHPLA Country)	CE (State or Fo	reign	
236-03-7281 9a. FACILITY NAME (If not institution, give:	1X M 2 □ F 92	2 YRS.		Mar	21, 19		W			
MEMORIAL HOSPITA			CITY, TOWN OR LOCATION OF	FOEATH		9c. COUNTY		н		
RESIDENCE OF DECEDENT	L & MEDICAL	CENTER CI	JMBERLAND			ALLE	GANY			
10e. STATE 10b. COUNT		10c. CITY, TO	WN OR LOCATION				100	1. INSIDE CITY		
WV Mine	ral	Wiley	Ford				1[YES 2	NO	
10e. STREET AND NUMBER			101. ZIP CODE			-	N OF WHAT	COUNTRY?		
P.O. Box 64	12. WAS DECEDENT EVER		26767			USA				
1 Never Married 2 Merried	FORCES? 1 YES	8 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me	xicen, Puerto		or No— 14	Black, W	American Indichite, etc.	en,	
3 Wildowed 4 Divorced	Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 X NO					specify: specify: white				
15. OECEDENT'S EDU (Specify only highest gracie	CATION completed)	16e. DECEDENT'S USU	AL OCCUPATION done during most of working	16	66. KIND OF BUS	INESS/INDUS				
Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT use ret	(red.)							
12			Farmin							
					NAME (First, Middle, Meiden Surname)					
Edward Cook 99. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street et al. 19b. MAILING ADDRESS				Ida (Spencer) nd Number or Rural Route Number, City or Town, State, Zip Code)						
100-1007 00-100							ode)			
Herman A. Cook	20	P.O. BOX	64: Wiley Fo			67 CATION City		David.		
M Burlet 2 Cremation 3 Rein	noval from State C6	ametery, cremetory or other p	lace)	1	28 Sho					
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	be Celleter	22. NAME AND ADDRESS OF	FACILITY		it Ga	D, 111			
+ Ganes 7	Dans	111.	Scarpelli Fu Cumberland,	neral	L Home					
iMMEDIATE CAUSE (Final	e. ASPIRATION	each iina.		such aa ca	rdlec or reapir	ratory arread	,	Approximatinterval Be Onaet and	tween Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): UROSEPSIS 1 WEEK									
PART ii. Other significent condition	ns contributing to death	but not resulting in th	a underlying cause given	in Part i.	24s. WAS AN /	AUTOPSY	24b. WEI	RE AUTOPSY FI	NDINGS	
					PERFORI			ILABLE PRIOR		
					1 169 2	D'NO	l	DEATH?		
DID TOBACCO USE CONT	RIBUTE TO CAUSE (OF DEATH YES	NO UNCERTA	AIN 🗆			, ,	,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	heck only one)		<u> </u>					
1 TYES 2 WNO	1 Inputient 2 ER/Out		HER: Nursing Home 5 - Residen	ce 6 🗆 Oth	er (Specify)					
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DE	SCRIBE HOW IN	JURY OCCUR	RED			
2 Accident Investigation M 1 YES 2 NO										
3 Suicide 8 Could not bit determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)						8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
29e. CERTIFIER										
			the time, date end place, end or my opinion, death occured at							
		on one investigation, in			e ena piece, end				ated.	
296. MONATURE AND TITLE OF CENTURED							Tuly 26, 95.			
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (5 21)	D 23	3/1		June	1) 21	0/13		
				1 1	MD 03	F.O.C				
31. DATE FILED (Marity Day Year)	# 82. MEGISTRAR'S SE	ATURE B	ldg., Cumber	ıand,	MD 21	502			-	
JUL 2.7 1995	82. HEGISTHAR'S SIC	ardall							- 1	



1. DECEDENT'S NAME (First, Middle, Last)

2

Frances W

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Collins

1995

9c. COUNTY OF DEATH

USA

Wicomico

10g. CITIZEN OF WHAT COUNTRY?

Specify:

13

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

N.J.

10d. INSIDE CITY

14. RACE — American Indien, Black, White, atc.

1 X YES 2 NO

White

11:00

PM

2. DATE OF DEATH

July

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 216-38-7952 HOURS 1 M 2 XF 79 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Wicomico Nursing Home Salisbury RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Wicomico SHARPTOWN permit. FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit o burial, cremation, or removal. P.O. Box 326 21861 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XINO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 XMarried If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify. BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Peninsula Regional Medical College (1-4 or 5+) 4 Registered Nurse Center 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Julius Roth notified at Edna Waller Roth BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Gordy B. Collins P.O. Box 326 Sharptown, Md. 21861 9 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Firemens Cemetery Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William Short Funeral Home, Inc. 700 W. St. Laurel, De. 19956 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition_ reauiting In death) other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760 nt. n CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): the attending physician at Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY signed by the Health and A mila Ken 1-17/6 been s DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN has by Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural м 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 6 Could not be DIRECTOR: / COMPLETED 4 Homicide 29e. CERTIFIER 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D02026

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JEM 27) (Type, Print)

F.G. Arthes

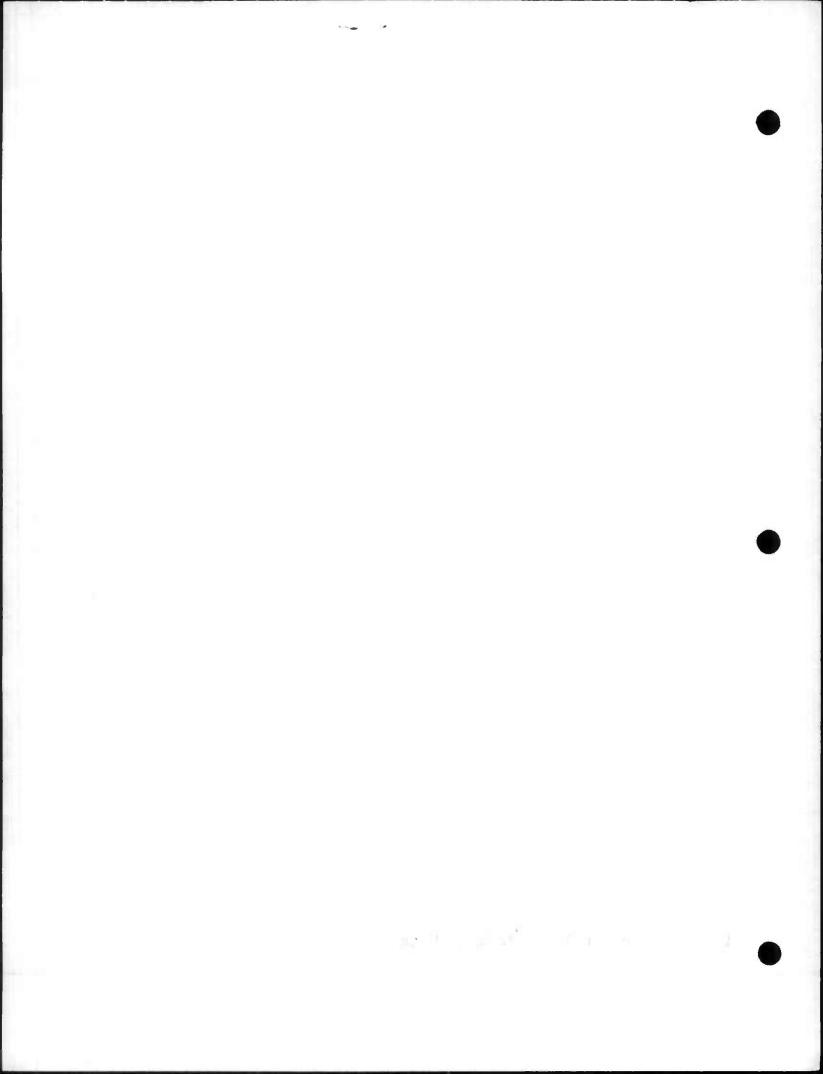
JUL 24 1995

31. DATE FILED (Month, Day, Year)

1622

Jalia Dawelson Ravell

20c. LOCATION - City or Town, State Sharptown, Md. Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 29d. DATE SIGNED (Month, Day, Year) 7-2001 A Ocean Pines, Berlin, Md. 21811 DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760

15+ 14A

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
if examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
s certificate his been signed by the attending physician and completely niled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	TO THE FUNEXALL DIRECTORY, After this destinated has been signed by the artending physician and competery filled in by the flued within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
is death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhours after death. Page 6 may be retained by the hospital or attending physician.

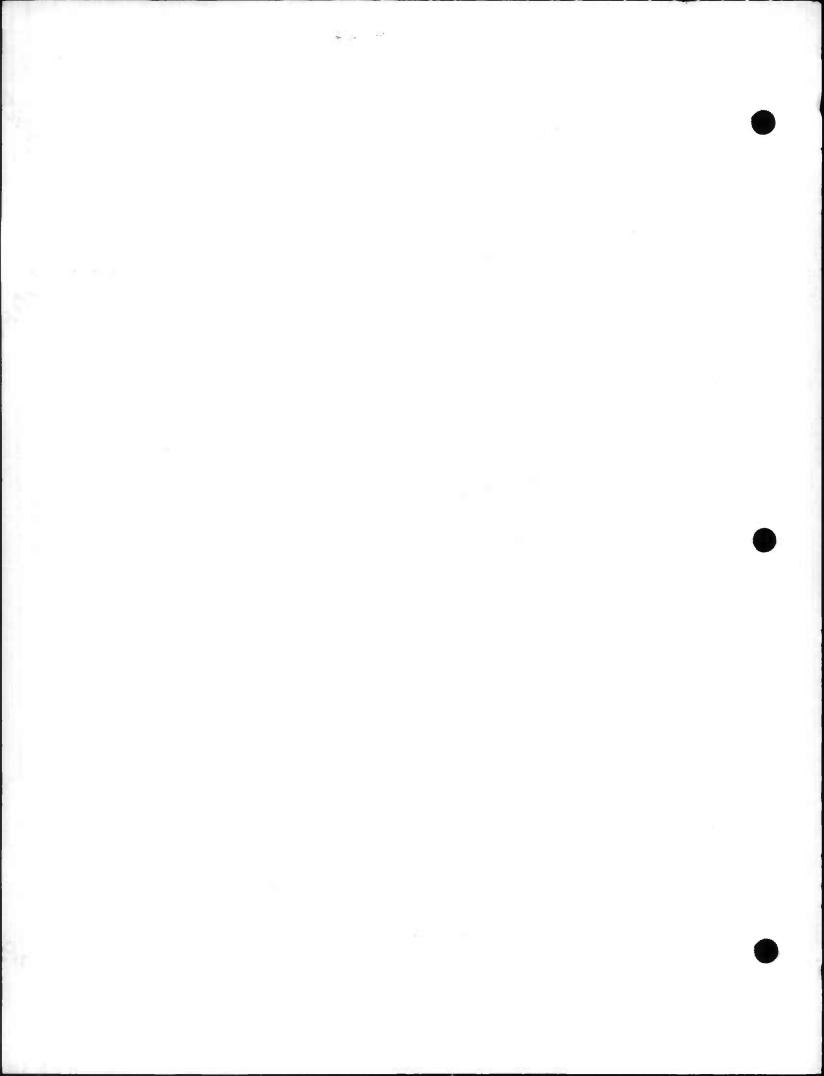
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DONALD F		Coc	H	2. DATE OF DEATH DAY	1995	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-34-7911			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SAITH (Month, Day, Year) 5-6-1938	8, BIRTH Countr	IPLACE (State or Foreign y) MASS	
N.	9e. FACILITY NAME (If not institution, give at PENINSULA REGION	90. FACILITY NAME (If not institution, give street and number) PENINSULA REGIONAL MEDICAL CENTER 9b. CITY, TOWN OR LOCATION OF DEATH WICOM							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MD. WIC	COMICO	EDEN				LIMITS? 1 YES X		
FUNERAL	5125 CAMPGROUN	ND ROAD	107	101. ZIP CODE 21822			A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Y YES IF YES, GIVE WAR OR DARMY - GUARI	U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2/F NO Specify:					— American Indien, t, Whita, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	life. Do NOT use	retired.)	IN st of working	16b. KIND OF BUSIN			
OMP	17. FATHER'S NAME (First, Middle, Last)		SERVICE	TECH.	18. MOTHER'S NA	PROPANE ME (First, Middle, Maiden St.	GAS CO.	•	
BE C	FRANCIS E. CO)OK			RU	TH MARY RICH	HARDS		
2	190. INFORMANT'S NAME (Type/Print) ELEANOR RAE COOK					Route Number, City or Town. , EDEN, MD.	State, Zip Code) 21822		
	20s. METHOD OF DISPOSITION 1 X Burlel 2 C Cremetion 3 Remo 4 Donation 5 Sther (Specify)		20th PLACE AND DATE OF DISPOSITION (Name of 7/24 SILOAM, MA						
	21. SIGNATURE OF FUNERAL SERVICE LICE	GNOEE CONTRACTOR		22, NAME AND ADDRESS OF FACILITY					
-	23. PART I. Enter the diseases, or E	omplications that caused	the deeth. Do no			L HOME, SAL	_	MD. 21801	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arreet, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF):								
~		111	The state of the s					8 2045	
ATIO	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING		CONSEQUENCE OF)					8 00Y	
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		CONSEQUENCE OF)					. 561	
	a. PEPPE PRILORE								
PHYSICIAN: MEDICAL	MYOCARDIA VINEARCTION PERFORMED?							WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N. W	DID TOBACCO USE CONTR				UNCERTAIN	V 🗆		1 TYES 2 NO	
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Sinpatient 2 ER/Outp		OTHER:	5 🗆 Residence	6 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJU	JRY AT	28d. OESCRIBE HOW INJ	URY OCCURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, lerm, etr	eet, factory, office		281. LOCATION (Street and City or Town, State)	1 Number or Rural R	loute Number,	
COMPLETED		CIAN: To the best of my knowl R: On the besis of examination						and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		-0-		Da 9/		Pad. DATE SIGNED		
5	SO NAME AND ADDRESS OF PERSON WHO	560	KIVER	side f	2 St	115 Ben	not.		
	31. OATE FILEO (MONTH, Dily, Year) JUL 21 1995	32. REGISTRAR'S SIGNA	or hardell						

0	
(8876	
2	
õ	
_	
×	
80	
00	
0	
-	
ш	
10	
9	
Œ	
0	
Ō	
ECORDS	
~	
-	
_	
AL	
\vdash	
_	
1	
0	
_	
Z	
0	
1.0	
9)	

TO BE COMPI	event, the medical examiner must be notified at once.	ial, cremation, or removal.	completely filled in by the funeral director, page 5 should be detached	ned with cours after death. Page 6 may be retained by the hospi
TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	ND / DEPARTA CERTIFIC			MENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	DORIS M.	CAR	EY			7-20-19	95 YEAR	08:15 M		
	4. SOCIAL SECURITY NUMBER		100	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	RTHPLACE (State or Foreign untry)			
	214-32-0767 9. FACILITY NAME (If not institution, give str		Z YRS.			4-21-193		MD.		
DIRECTOR	34595 PITTS		36		SVILLE	OMICO				
REC	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
	MD. WICOMICO			TSVII			1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 34595 PITTS		101	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
NE NE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13 WAS DEC	21850	IC ORIGIN? (Specify Yee	U.S.A. or No.— 14. RACE — American Indian,			
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	city Cuben, Mexical NO Specify	n, Puerto Rican, etc.)	81	eck, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16e. DECEDENT'S US	UAL OCCUPATIO	IN st of working	16b. KIND OF BUS	INESS/INDUSTRY	,		
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	MEATCUT	itired.)	st or worming	CROCER	Y STORE	,		
MP	17. FATHER'S NAME (First, Middle, Last)		HEATCOT.	LEK						
	FURMAN RUARK					ME (First, Middle, Meiden : RET WILLIA				
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		loute Number, City or Town				
2	GENE CAREY		34595	PITTS A	VE., PIT	TSVILLE, M	D. 218	50		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Commention 3 Remo		PLACE AND DATE OF D			1	CATION — City or			
	PITTSVILLE CEMETERY 7/22 PITTSVILLE, MD.									
	Sund (the House	12/	1	D ADDRESS OF FAC		I.T.SBIIRY	,MD. 21801		
	23. PART I. Enter the diseeses, or co	omplicatione that caused	the death. Do not					Approximate		
	IMMEDIATE CAUSE (Final							Interval Batween Onset and Death		
	diseese or condition resulting in death)	MEMS	APEC	60	wa.	CARRO		MONS		
		DUE TO (OR AS A	CONSEQUENCE OFT:					16		
NO.	disease or condition resulting in death) B. MATHER LUNG CALLER DUE TO (OR AS A CONSCOUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENCE OF):									
CAT	if any, leading to Immediate cause. Enter UNDERLYING									
Ē	CAUSE (Disease or Injury that initiated evente	OUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	reaulting in death) LAST	l.								
AL C	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING									
	malignent	pleent	elfuni	27		PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME		7	UV			/		1 TES 2 NO		
PHYSICIAN: MEDIC	DID TOBACCO USE	CONTRIBUTE TO	CAUSE OF	DEATH	YES IN NO					
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL THER:	ACE OF DEATH (Che	ck only one)				
ΤΥS	1 O YES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/Outp	ntient 3 DOA 4		5 Reeldence					
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	/ WO	RK?	28d. DEŞCRIBE HOW IN	IJUNY OCCURED			
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, term, stre-			281, LOCATION (Street e	nd Number or Run	al Route Number,		
Ē	4 Homicide determined	building, atc. (Speci	77)			City or Town, State)				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	t the time, date	end place, end due	to the cause(e) end man	ner ee atated.			
MO		R: On the basis of examination						e(e) end manner ee stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	nun			29c. LICENSE NUM	IBER	294. DATE SIGN	(Money Day, Year)		
TO B	Mane	_ / //			1) 460	80	· 7/	2195		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA				C , ,		1		
	31. DATE FILED (Month, Day, Year)	MO PKMC	JOU EAST	CARR	oll St.	Salisbu	My, M	0 2/10/		
	JUL 21 1995	Julia Danulan	rhandell							

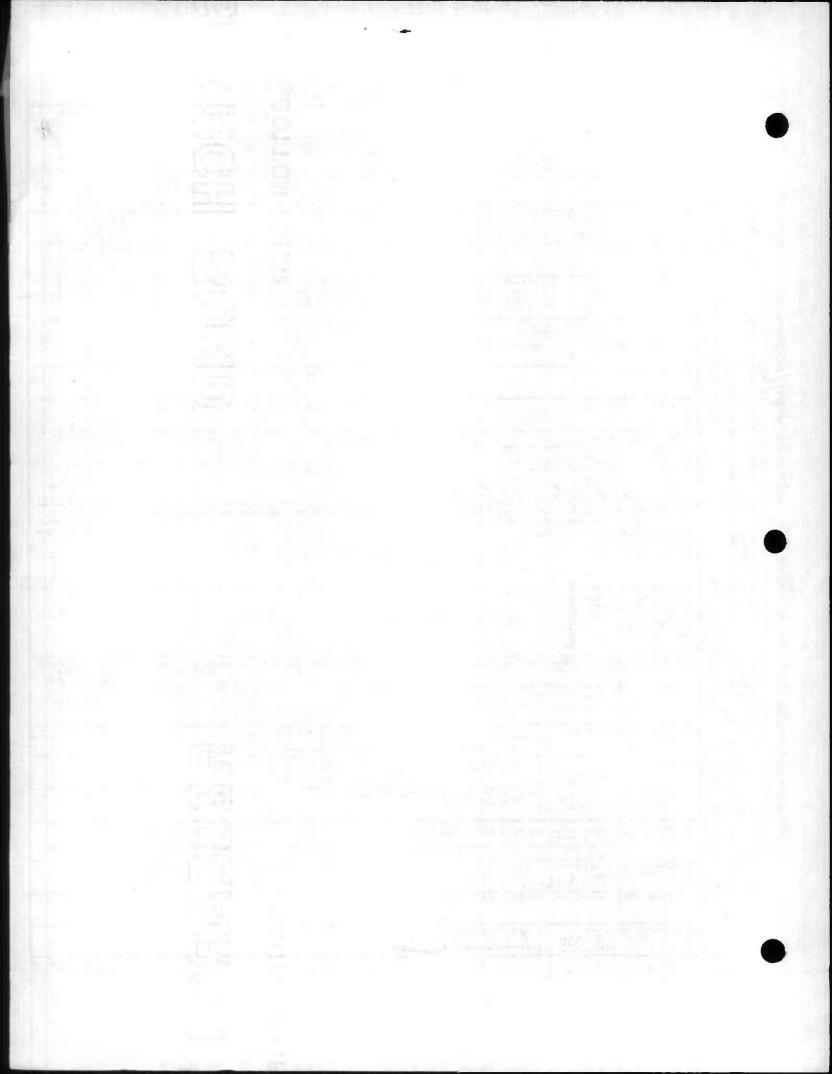


		pino
		P.
		es.
		sage
		4
		permit
BALLIMORE, MARYLAND 21215-0020	ed within nours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
P	ling.	#
5	end	SS
N	PE -	esn
N	0	ğ
	Spit	9
Z	90	tach
٩	華	de
-	2	2
Y	Pe	묫
٩	stair	S
2	9	6.5
Ц	ay	pag
Ŧ	E	10,
5	96	rec
-	E	P
3	E.	nec
4	9	e 1
n	after	4
	S	P.
-	0	completely filled in by the
		=
3.	슬	tely
20	Wit	ple
7	20	PO.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	9	Ø		
	5	#		
	2	SS		
	atte	9		
	10	'n		
	70	Š		
	Spit	90		4
	100	ach		6
	9	det		5
	y t	8		*
	10	P		73
	De	3		fle
	eta	S		=
	9	5		
	N P	990		P
	E	7		15
	9	octo		-
	906	dir		-
	4	10		Inc
	att.	Je .		E
	90	2		ex
	ter	#	Ova	100
	60	3	EW.	alc.
	DAM	.5	7 70	ne
١	Ž.	led	'n,	
		y fi	OIL.	r traumatic event, the medical
	富	etel	E	=
	×	Jan Jan	S	Ž.
	200	200	69	6
	5	D	5	=======================================
	600	9	0	33
	3	lan	00	36
	nte	Sic	Ē.	4
	fica	8	Je J	96
	er.	8	96	otto
	9	pur	£	10
	eat	atte	142	*
	9	e .	Mei	3
	5	W.	2	E
	that	P	100	J.
	55	She	att	20
	- F	20	H e	M
	9	Ben.	6	5
	N.	S	g.	23
	9	that i	3	1 2
	F	ate	tate	le g
	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within anours after death. Page 6 may be retained by the hospital or attending pil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	C	Dec.	Ē	0
	3	Si	É	8
	2	=	5	E
	NG	fee	eath	Ë
	9	A.	0	.00
	=	B.	afte	8
	A	EC	S	5
	8	SH OH	100	9
	7	1	2	-
	110	8	U /	2
	8	3	Ē	3
	X	IL.	3	E
	H	H	3	2
	2	2	9	3
	-	-	-	-

1 - STATE REGISTRAR			TE OF DEATH	D MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DAY	3. TIME OF DEATH					
Marie K.				5:36						
4. SOCIAL SECURITY NUMBER 212-03-6974	1 - M 2 XX	(In yrs. lest birthday) IF MON	a. 7. DATE OF BIRTH (Month, Day, Year) Nov. 19.1904 Maryland							
9310 Romancok	F DEATH Sc. C	Queen Anne's								
RESIDENCE OF DECEDENT 100. STATE Maryland Que	en Anne's		wn or Location vensville		10d. INSIDE CITY LIMITS? 1 YES 25 NO					
10e. STREET AND NUMBER 9310 Romancok	e Road		CITIZEN OF WHAT COUNTRY?							
11. MARITAL STATUS 1 Never Married 2 Married 3 Married 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	13. WAS DECENDENT OF HIS II yes, specify Cuben, Me	THISPANIC ORIGIN? (Specify Yes or No- Mexican, Puerto Rican, etc.) Specify: U.S.A. 14. RACE — American Indian, Black, White, atc. Specify: White							
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Iffn. Do NOT use ret	ione during most of working	16b. KIND OF BUSINESS/INDUSTRY						
17. FATHER'S NAME (First, Middle, Last) William Beall			18. MOTHER'S	S NAME (First, Middle, Melden Surnan Cherine Wehr	-					
19a. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or R	ural Route Number, City or Town, State						
Mrs. Doris K. Birch 20a. METHOD OF DISPOSITION 1										
21. SIGNATURE OF FUNERAL SERVICE L		Metro Cre	22. NAME AND ADDRESS O	Balt	imore, Md.					
23. PART I. Enter the diseases, or	Helfen	fein	106 Shamro	ck Rd., Ches	al Homes, P.A. ster, Md. 2161					
ahock, or heart failure. List only offe cause on each line. Interval Between Onset and Death										
PART II. Other elgoificant condition	ons contributing to death to	1 in Part i. 24e. WAS AN AUTOF PERFORMED? 1 YES 2 ANN	AVAILABLE PRIOR TO COMPLETION OF CAUSE							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH	(Check only one)						
1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		HER: Nursing Home 5 🕰 Reside	nce 8 🗆 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide Could not be determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26b. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
	HER: On the basis of examination				a stated. to the cause(a) and manner as stated. DATE SIGNED (Month, Dey, Year)					
36. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Prin)	369	/ - / 1					
31. DATE FILED (Month, Day, Year) JUL 05 1995										

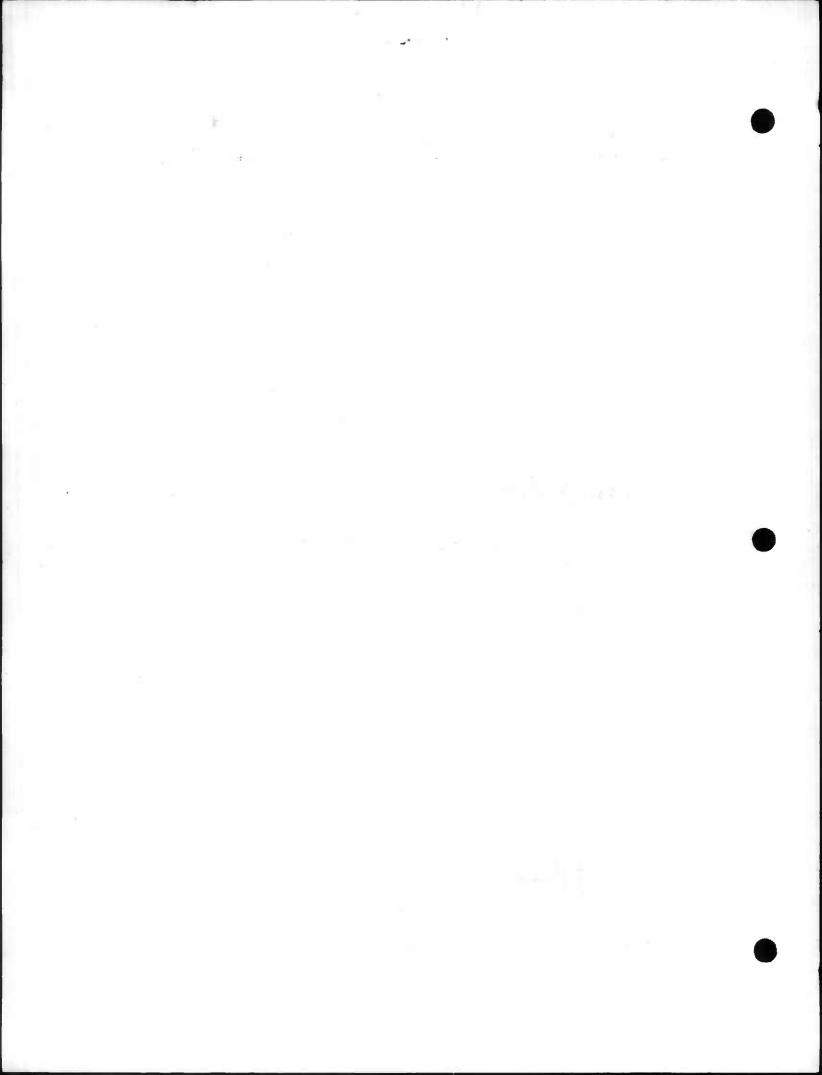


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	HEALTH AND N	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
- 8	Bertha Jane	CODDINGT	ON	A.			1995 YEAR	12:15 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreign		
	219-46-1685	219-46-1685 1□M2 XF 85			HOURS MIN.	Jan. 19,	ryland			
~	9e. FACILITY NAME (if not institution, give st			9b. CITY, TOWN	OR LOCATION OF DE	ATH	DEATH			
DIRECTOR	Garrett County Memorial Hospital			0akl	and		Garrett			
<u>ا</u> پي	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
	MD Garrett			0akland			1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE	_	10g, CITIZEN OF WHAT COUNTRY?			
	513 East Oak Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI			140 3300 000	21550		USA			
	1 Never Merried 2 Merried	FORCES? 1 YES	2 ANO	If yee, a	ecify Cuben, Mexican 2 X NO Specify:		Bla	r No— 14. RACE — American Indian, Black, White, etc. Specify:		
BY	3 X Widowed 4 Divorced			'''	Z MIO Specify.		Spe	White		
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DECEDENT'S I	ork done during m	ON osl of working	16b. KIND OF BU	SINESS/INDUSTRY			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	ısewife		Ho	me			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Malden				
BE C	Lawson	Wright			Henri			Friend		
0	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow				
-	Ronald Coddingto					Oakland, M		21550		
	20a_METHOD OF DISPOSITION 1		netery, crematory or other	her place)	ame of		CATION — City or 1			
	4 Donation 5 Other (Specify) Oakla 21. SIGNATURE OF FUNERAL SERVICE LICENSEE			nd Cemetery 8/8 Oakland, Mar				iryland		
	▶ B W. B	Mark			art Fune					
\dashv	23. PART I. Enter the disease, or o	omplications that cause	the death. Do n	ot enter the me	Second	St., Oakl	and, MD	21550		
	shock, or heart fallure.	List only one cause on e	sch line.	or onter the in	rae or aying, such	i as cardiac or reap	ratory arrest,	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. acute myocare			dial infarction			immedia			
ı	reauting in death)		CONSEQUENCE OF							
Z	Sequentially list conditions,						years			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	high bloc	consequence of od pressu					vears		
	CAUSE (Diseese or Injury that initiated events		CONSEQUENCE OF							
H	resulting in death) LAST	1.								
- 11	PART II. Other algnificent conditions	s contributing to deeth b	out not resulting in	n the underlyin	a ceuee alven in f	Part I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
CAL	COPD			•		PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 ☐ YES 2	XNO	OF DEATH? 1 YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P OTHER:	LACE OF DEATH (Che	ck only one)				
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 XER/Outp		4 - Nursing Hor	ne 5 🗆 Reeldence (
בַּ	1 X Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED			
311	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, at			28f. LOCATION (Street		Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Spec	эпу)			City or Town, Stete)				
7	29e. CERTIFIER (Check only 1 X CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurre	d at the time, date	end plece, end due	to the cause(e) end me	nner ee stated,			
Ö. ∥	one) 2 MEDICAL EXAMINE	R: On the basis of examination	n end/or investigation	n, in my opinion,	leath occured at the t	time, date end place, er	d due to the ceuse	(e) end manner ee stated.		
	290. SIGNATURE AND TITLE OF CERTY WIR				29c, LICENSE NUM			B (Month, Day, Year)		
	20 NAME AND ADDRESS OF THE				D1533	3	▶ 8/7/	95		
	30. NAME AND ADDRESS OF PERSON WHO				Oakland	Maryland	21550			
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGN	ATURE	,	Juntana,	- Janu				
	AUG - 7 1995	the Drudeor	Kardall							
		/								



		1 - FOR STATE REGISTRAR	TATE OF MARYL	AND / DEPAR	TMENT OF H	HEALTH AND	MENTAL HYGIEN		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		JOHN J 4. SOCIAL SECURITY NUMBER 5. S		ARMI		T		1995	
			M 2 F	n yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
should		9a. FACILITY NAME (If not institution, give street a	nd number)	70	9b. CITY, TOWN	OR LOCATION OF D		1917 Pe	nnsylvania
1, 2, 3 s	CTOR	Washington Adventist Hospital Takoma Park Montgomery							
it. Pages	DIRE	Maryland Prince	George		y, town or local adover H:				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
permit.	FUNERAL	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
an. transit	NEF	4818 Glenoat Road		_		20784-14		USA	
5-0020 nding physician. Is the burial-transit	BY FU	1 Never Married 2 TV Married	WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	CENDENT OF HISPA Fecify Cuben, Mexics 2 X NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	Ble	CE — American Indian, ok, White, atc. White
or afte	ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col	N leted)		USUAL OCCUPATION WORK done during mose retired.)		16b. KIND OF BU	JSINESS/INDUSTRY	***************************************
the hospital detached to once.	COMPL	Grade 4		Tool ar	nd Dye Se	etter	Lawn F	urniture	Manufacturer
ay be retained by page 5 should be to be notified at		17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maider	n Sumame)	
	BE	Frank D'Armi 190. INFORMANT'S NAME (Typo/Print)		10h MAII INC	ADDRESS (Complete		Giordano Route Number, City or Tox		
	2	Marjorie S. D'Armi							20784-1483
	- 3	20a. METHOD OF DISPOSITION 1 □ Burtel 2 □ Cremetion 3 ☑ Removal f	20b.	PLACE AND DATE	DE DISPOSITION (N	ama of		DCATION - City or 1	
Page 6 ma Il director, p	- 0	4 Donation 5 Other (Specify)	H	loly Cro	ther plece) Ss Cemet			adon, Pen	nsylvania
death. Pag tuneral di I. examiner	\	21. SIGNATURE OF PUNERAL SERVICE LICENSE		/		Ldson Fur	neral Home	, P.A.	
A L 2 M		23. PART I. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate							
filled in or he me		IMMEDIATE CAUSE (Final disease or condition resulting in death)	Bilater	1 D	LUMO?	~	h aa cardiac or reap	piratory arrest,	Approximate Interval Between Onset and Death
th certificate be executed tending physician and com I Hygiene prior to buriat, or other traumatic ex	ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	ene 7	Disee.	re		one year
equires that the cen signed by the of Health and Me	MEDICAL C	PART II. Other algnificent conditions con Cardiae Arr heart Direc	neth m	ie, C	eroner	8	PERFO	RMED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
12 G 88 G	AN	DID TOBACCO USE CONTRIBU				UNCERTAI	N XI		- Ki
E as a E	YSICIAN:	EXAMINER? 1 YES 2 NO 19	SPITAL:	R8. PLACE OF DEAT	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
The with the Company	ву рну	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIM INJ	URY WO	URY AT RK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
TTENOI TOR: A after d	ETED 8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specif	— At home, ferm, s	street, factory, office	•	281. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
Z Z Z ₩	COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINIER: On	To the best of my knowle the bests of examination	edge, death occurre	n, in my opinion, d	and place, and due	to the cause(a) and ma time, date and place, a	nner as stated, nd due to the cause	(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	8	294 STANFORM SHOTTLE OF CENTIFIER	den	mo		29c, LICENSE NUR 1436	MBER	29d. DATE SIGNED	O (Month, Day, Year)
15	5	M. H. CHAUDHA	PLETED CAUSE OF DEA		Prine)	Ave 300	Takoma	Park,	Md 20912
			32. REGISTRAR'S SIGNA						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. If hours after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

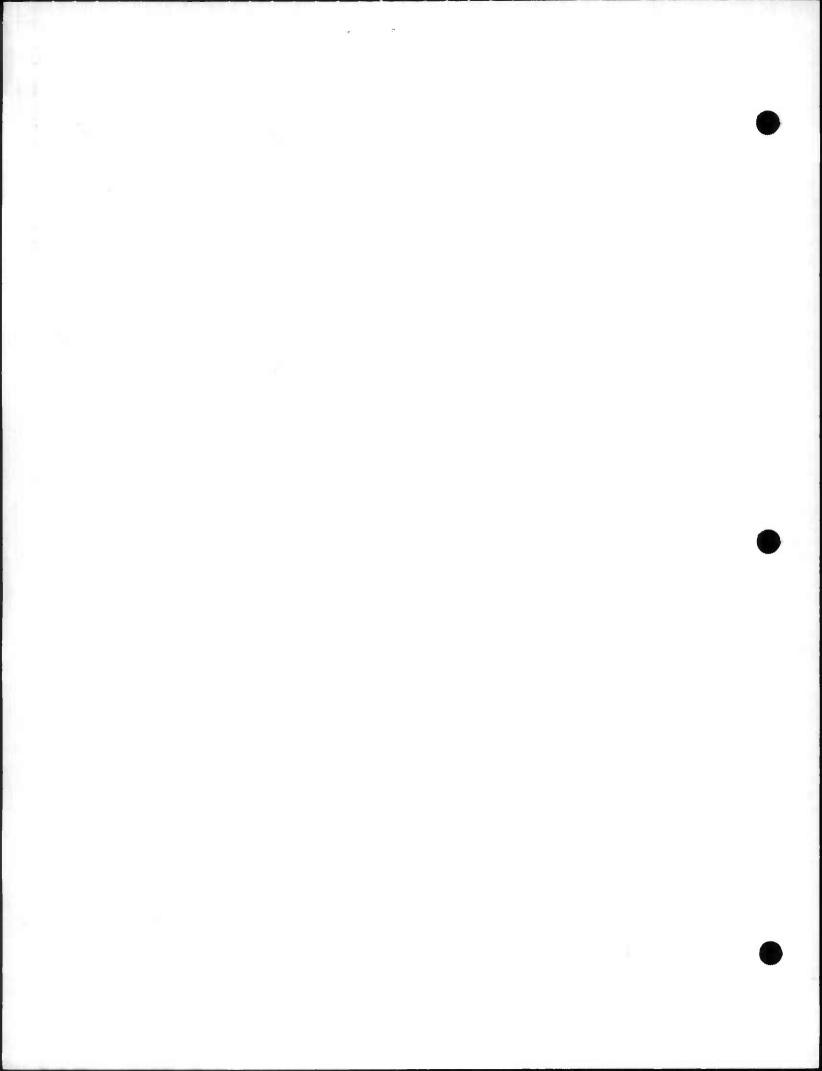
DIVISION OF VITAL RECORDS, P.O. BOX 68769

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, L	ast)			DEATH	2. DATE OF DEATH	1	3. TIR	AE OF DEATN	
	CAROLINE CA	ATHERINE DOR	AN			S	6 · am .			
	4. SOCIAL SECURITY NUMBER	100000	TOTAL CONTROL OF CONTR				R 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (S			
1	224-92-9240	40 1 M 2 AF 90 YRS.				NOV. 8, 1904 MARYL			/LAND	
a .	Sa. FACILITY NAME (If not institution, g		9	b. CITY, TOWN C	OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATN		
CTOR	WASHINGTON COL	H/	AGERSTOWN	ASHING	GTON					
DIRE		100.011, 10				TOWN OR LOCATION				
	MARYLAND WASHINGTON 10e. STREET AND NUMBER				NSBORO		YES 2 NO			
FUNERAL	112 NORTH MAIN	I STREET		10f. ZIP CODE 10g. CITIZEN 21713						
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify	Yes or No- 14	U.S.A.	terican Indian.	
BY F	1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	FORCES? 1 YES			clify Cuban, Maxicar 2 X NO Specify	n, Puarto Rican, atc.)		Black, White Specify:	, atc.	
0	15. DECEDENT'S	EDITOR							HITE	
ETE	(Specify only highest g	rade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most obtained.)	on st of working	16b, KIND OF	BUSINESS/INDUS	TRY		
COMPLET	Elementary/Secondary (U-12)	College (1-4 or 5 +)		EMAKER			OWN HOM	Æ		
Š.	17. FATNER'S NAME (First, Middle, Last,				18. MOTHER'S NAM	WE (First, Middle, Maid				
BE (ANTONIO LANASA	1			GIUSEPE	PA SANSON	E			
2	19n. INFORMANT'S NAME (Type/Print)					loute Number, City or		ode)		
	MICHAEL V. DOF					BORO, MA		21713		
	20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 1 4 Donation 8 Other (Specify)	lamovat from State 20t	DEPLACE AND DATE OF LESSEN, CREMETORY OF OTHER CONSBORO				CONTEROR			
	21. SIGNATURE OF FUNERAL SERVICE		ONSBORO C		IO ADDRESS OF FAC	HLITY	OONSBOR			
8	+ Tout M.	Alan Paul	M. Dean	BAST I	FUNERAL H	ICONTE:	6 Old N nsboro,		al Pike 21713	
	23. PART I. Enter the diseases,	or complications that cause	the death. Do not	enter the mo	de of dying, auch	as cerdiac or re	apiratory arres	t,	Approximata	
	IMMEDIATE CAUSE (Finel							Interval Between Onset and Death		
	disease or condition resulting in death)	. ATHELD	CLEROTIC CARDIOVASOVLARO CONSEQUENCE OF:			2 DISE	DISEASE 10			
z	- ISCHEMIC BOWEL.								27 0945	
일	If any, leading to immediate									
	cause. Enter UNDERLYING CAUSE (Disease or injury	CHRONIE DUE TO COR AS A	CONSEQUENCE OF:	TIBRA	LLATIO	WS.	<u> </u>			
CERTIFICATION	that initiated events resulting in death) LAST	2	¥					į	×	
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS									
CAL	PART II. Other significant condi		ut not resulting in t	in the underlying ceuse given in Part I, PERFO			AN AUTOPSY ORMED?	AWAILA	AUTOPSY FINDINGS BLE PRIOR TO	
MEDIC						1 YES	2 7 NO	OF DE		
≥ :	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?		26. PLACE OF DEATH	Check only one)						
YSIC	t 🗆 YES 2 🗖 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		THER: Nursing Nome	5 - Residence	8 Other (Specify)				
PH	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT RK?	28d. DESCRIBE NO	W INJURY OCCUP	RED		
BY	2 Accident Investigati		- N//		ES 2 NO	NA				
ETED	3 Suicide 8 Could not datarmine		At nome, farm, atre-	et, tectory, office		28t. LOCATION (Stre City or Town, Ste	et and Number or ite)	Rural Route No	imber,	
LE	29a, CERTIFIER CERTIFYING PI	YSICIAN: To the best of my know		d the time date	and place, and due t	o the emiliates and a				
COMPL		AINER: On the basis of examination						ause(a) and m	anner sa stated.	
	296. SIGNATURE AND TITLE OF CERT				29c. LICENSE NUM			IGNED (Month,		
TO BE	Manzan 9	has.			D 283	365	> 7	. 27.	95	
	30. NAME AND ADORFIELS OF PERSON	- 11265	ATH (ITEM 27) (Type, Pri		11	1		1	2 . 2 . 1/ 2	
	Dr. Manzar Sha	The network a whe	- MILLS	Street	Hage	stown	mar	1 Cand	21740	
	JUL 4 0 1999 9	Mar de marche serve								

within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygieve prior to burial, cremation, or removal.	ent, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	The state of the s

	FOR											2	1:475)
	1 - STATE REGISTRAR	STATE OF M				T OF H E OF				GIEN I	E			
	1. DECEDENT'S NAME (First, Middle, Last)	-							2. DATE OF O	EATH		1	3. TIME OF DEAT	TH
	GARY PAUL DONALDS	SON							монтн 08	02	10	995	8:07	P.
Ι.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BE	DTM		8. BIRTH	IPLACE (Stote or Fo	reign
	215-72-5435	1 💢 M 2 🗆 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	July 1	3.	1957	Was	hington,	D.C.
	9e. FACILITY NAME (If not institution, give			9b. CIT	Y, TOWN O	R LOCATI	ON OF DE				NTY OF D			
H.	12035 North Scott	ish Court				Hage	rsto	wn			Was	shine	gton	
5	RESIDENCE OF DECEDENT													
DIRECTOR	100.00011					OR LOCATI							10d, INSIDE CITY	
1 - 1		nington		н	ager	stow							1 TYES 2	NO
FUNERAL	100. STREET AND NUMBER					101.	ZIP CODI				10g. CITI		WHAT COUNTRY?	
	12035 North Scott				21740 U.S.A.					.A.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 X Divorced	EVER IN U.S. AR YES 2 X N R OR OATES		13.	H yes, spe 1 TYES	cify Cuba	F HISPAR n, Mexica Specifi	ANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc.) Specify: White						
	15. DECEDENT'S EDI	ICATION	16e DF	CEDENT'S	IJSUAL (OCCUPATIO	iù.	_	16h VIND	OF BUILD	INECCUND	HOTOV	white	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Gi	ive kind of a	work done	during mos	st of working	g	TOD, KIND	16b, KIND OF BUSINESS/INDUSTRY				
립	12 Years	College (1-4 or 5+)		fina	Con	trac	tor		Sel	f-Fi				
ŏ	17. FATHER'S NAME (First, Middle, Last)							IER'S NA	ME (First, Middle,		A	-		
BE	Robert Thomas Dor	aldson					Jo	seph	ine San	for	-Employed ord r kown, State, Zip Code) agerstown, MD 21740 c. LOCATION — City or Town, State			
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or							400				Code)		
임	Brenda L. Fantone 12035 North Scottish Court, Hagerstown, MD 21740										0			
	20a. METHOD OF DISPOSITION 1 \$\frac{1}{2}\$ Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or after place) ROSE HILL Cemetery 08/05/95 Hagerstown, Maryland													
1 1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Mose	11111		. NAME AN				пас	erst	OWII,	Maryrai	ild
	Douglas A. Fie		dn K	Quer	(D	ougla 331	as A East	. Fi	ery Fun	orti	h. Ha	ac I	21742-34 MD	89
	23. PART I. Enter the diseases, pr shock, pr heart fellure. IMMEDIATE CAUSE (Final disease pr condition resulting in death)	List only one caus	caused the de a on each fine. On as a consuc	eth. Do	ot onto	fue mod	de of dyl	ng, suc	h sa cardiec p	r reapir	ratory arr	est,	Approximinterval Book Onaat and	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST													
EDICAL (PART II. Other significent conditions contributing to deeth but not resulting in the underlying couse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 THO OF DEATH?													
Σ	DID TOBACCO USE CON'I	DIRLITE TO CALL	ICE OF DE A	TU V	· C 🗖	NO F	10.10	EDTA I					1 YES 2 1	40
A	25. WAS CASE REFERRED TO MEDICAL	RIBUTE TO CAU		E OF DEAT			UNC	ERTAIN						
YSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHE	R:	5 % Ra	eldence	6 Other (Spec	offy)				
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IP (Month, Day,		28b. TIM INJ	E OF URY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2) NO	28d. DESCRIBE	HOW IN	JURY OCC	CURED		
8	3 Suicide 6 Could not be determined	28s. PLACE OF building, et	INJURY — At hor ic. (Specify)	me, farm, :	street, tec	ctory, office			281, LOCATION City or Town	(Street ern, State)	nd Number	or Rural R	Route Number,	
COMPLET	29a. CERTIFIER t CERTIFYING PHYS	CIAN: To the bast of m											and menner es at	ated.
BE CC	290 SIGNATURE AND TITLE OF CERTIFIE		his	>			29c. LICE			T			(Month Day, News)	_

Tabia d'aveles Reido



X
3
2
687
~~
•
×
0
=
ш
_'
P.0
0
ш.
- 5
S
~
-
\circ
00
M
œ
_
TAL
=
>
ц,
OF
_
Z
0
\simeq
S
===
>
=
DIVISION

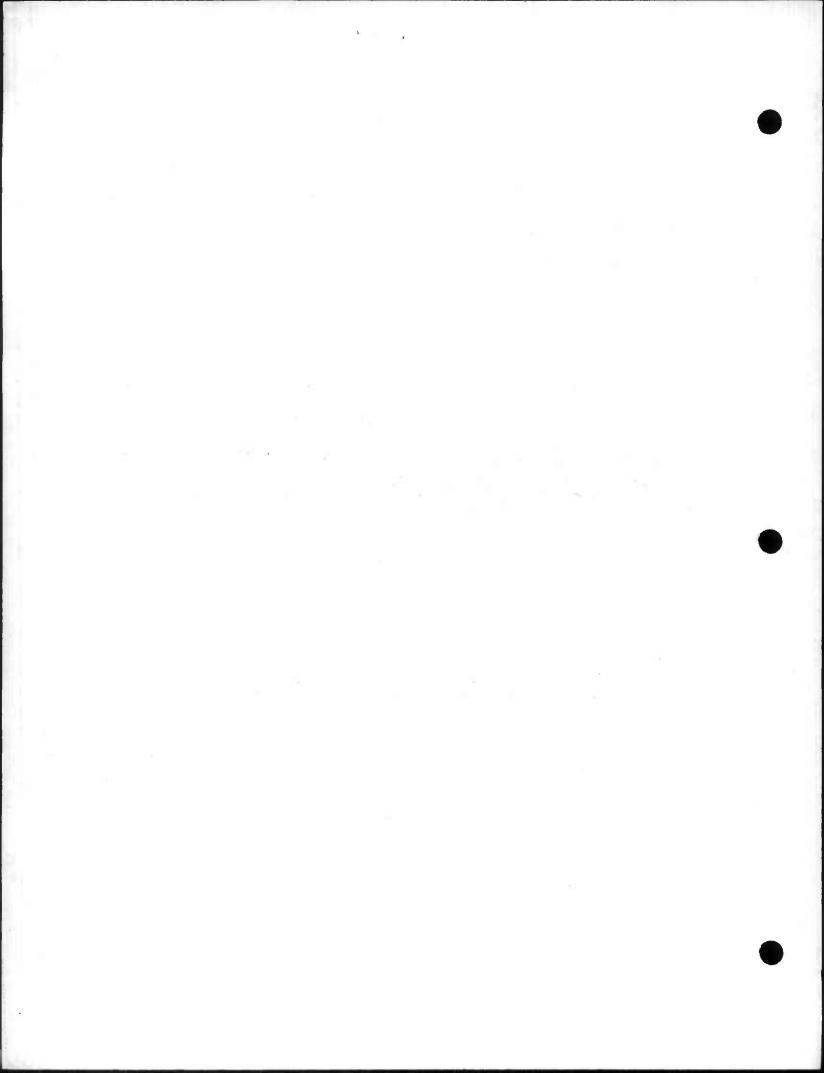
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 54 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STATE	0F	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1	. 1.	2. DATE OF DEATH	3, TIM

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
		PIE DEICK	nAN			2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH JULY 29 1995 8:25				
		6. AGE (In yrs. last	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MHI.	7. DATE OF (Month, De	y, Year) 12, 192() Mai	ryland	
Harford Memorial Hospital Havre de Grace								Hai	rford	
		Maryland Harford Bel Air							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	407 Underwood Lane	<u> </u>		101	21014		10g. C	USA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 1 Never Merried 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARK FORCES? 1 ☐ YES 2 ☑ NI IF YES, GIVE WAR OR DATES		If yes, spe	ENDENT OF HISPAI ecity Cuben, Maxica 2 X NO Specif	in, Puerlo Ricer		14. RAC	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5 +)	CEDENT'S USUAL C ve kind of work done Do NOT use retired.)	during mo:	DN st of working	16b. KIN	D OF BUSINESS/I	NDUSTRY		
₩ O	17. FATHER'S NAME (First, Middle, Last)		one lake.	_	18. MOTHER'S NA	ME (First, Middle	none, Maiden Surname)		
BE	George Britton N 19e. INFORMANT'S NAME (Type/Print)	lorris					ie Schu			
2	Margaret A. Peters				nd Number or Rural					
	20e. METHOD OF DISPOSITION 1	cemetery, cren	ND DATE OF DISPO	SITION (Na.	me of	•ATE	20c. LOCATION W. Che	— City or To	•	
	21. SIGNATURE OF FUNERAL SERVICE LICES	Ill and	*	lowar 1317	d K. Mc(Cokesbu	Comas I	II Fune	ral H	kome, P.A. kd. 21009	
	23. PART I. Entar the disease, or bon shock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEC	carci			h aa cerdiac	or reapiratory	errest,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENT OUE TO (OR AS A CONSEQUENT)								
E	resulting in death) LAST									
MEDICAL	PART II. Other algnificant conditions of the part of t	thry dicea	tension.	alu NO 🗆	cause given in	5	. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES: 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE	OF DEATH (Check	only one)	OTTOLKIAII	101				
I X	1 TYES 2 NO	OSPITAL: Inpetient 2 ER/Outpetient 3	DOA 4 Nu		5 Residence		ecify) BE HOW INJURY O	OOUBED		
BY PI	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOI	RK?	Zed. DEŞCHIE	E HOW INJURY C	CCOMED		
ETED B	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE OF INJURY — At horn building, etc. (Specify)	ne, ferm, street, fac	tory, office		28f. LOCATION City or Tox	N (Street and Numl wn, State)	er or Rural F	Route Number,	
COMPL		N: To the best of my knowledge, dear On the basis of examination and/or in							i) and menner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	(Gm			29c. LICENSE NUM	4BER 364	28d. D.	Swin	(Month, Day, Year) 30,1995	
	219 West Bel A	OMPLETED CAUSE OF OEATH (ITEM	0 0	den	1. Mar	wan	d.	(
	31. DATE PILED AUG 01 1995	32, PEGISTRAL'S SIGNATURE O				0				



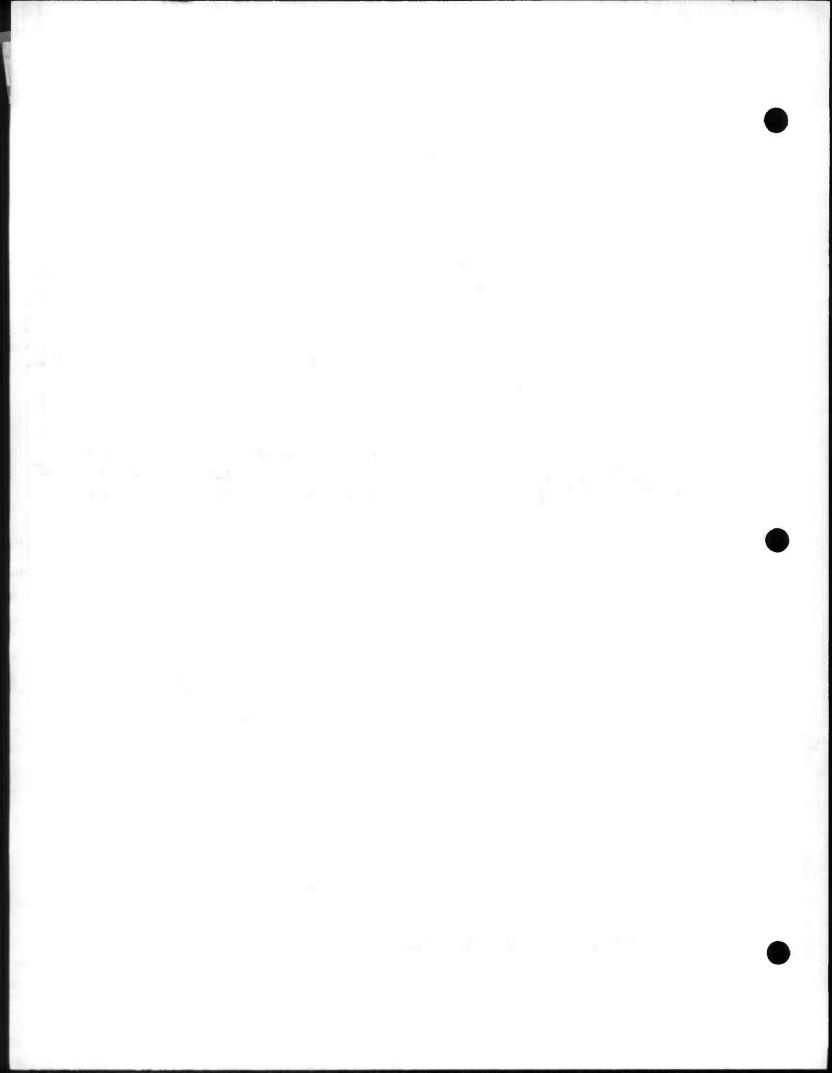
	-
	регтіп.
physician.	etely filled in by the funeral director, page 5 should be detached for use as the burial-transit
Bu	the
tend	38
or at	use.
100	ě
er death. Page 6 may be retained by the hospital or attending phys	detached
-	92
2	9
8	Ž
etair	ş
63	5
ay D	pag
E	0,
9	5
ge.	ij
-	E
aat	Š
0	92
ife.	=
50	5
9	.5
5	100
	×
Ê	e
₹	g
8	00
5	10
9	8
92	8
9	Sic
cat	E
rije	0
8	듄
듄	ten
de	स्र
the death certificate	by the attendir
at t	3

Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the footh of the hosp of may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detaiched he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										
	Edwin Goodwin Paus 07-30-95 95 A.										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdsy) & FUNDER 1 YEAR & FUNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTINPLACE (State or Foreign										
	206-14-1390 10 M2 DF 69 YRS. MINISTER 05-22-26 P.A.										
_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	DEATN	9c. COUNTY OF DEATH								
DIRECTOR	UNION HOSPITAL EIKTON		Ceci/								
E I			10d. INSIDE								
E	PA. Philadelphia philadelphia		1 X YES								
A	10e. STREET AND NUMBER 16f. ZIP CODE		109. CITIZEN OF WHAT COUNT	RY?							
FUNERAL	2626 South Lloyd St. 19142		USA								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF NIS 1 Never Merried 13. WAS DECEMDENT OF NIS 14. WAS DECEMDENT OF NIS 15. WAS DECEMDENT OF NIS 16. VES 2 NO H yes, specify Cuban, Merried	PANIC ORIGIN? (Specify Yes or	No- 14. RACE — American Black, White, atc.	Indian,							
ВУ		ecify:	Specify: Whi	te.							
	15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION	16b, KIND OF BUSIN		/							
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use mitted.)		1								
P	Elementary/Secondary (0-12) College (1-4 or 5+) Stationary Engine	el road 1-1	lanufactur.	Na							
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S	NAME (First, Middle, Maiden Su	mame)								
BE		la Good									
2	100. INFORMANT'S NAME (Type/Print) Doreed Shaw DAVIS 2626 South Lloyd:	rel Route Number, City or Town,	State, Zip Code 10 10 14	12							
				-							
	20g. METNOD OF DISPOSITION 1 DE Burlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or, other place)		TION — City or Town, State								
	1 of Burial 2 Cremation 3 Hamoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF DUTAL SERVICE LINENSEE 22. NAME AND ADDRESS OF	8/2/95 000	omall, KA	151145							
	e de la		FUNERAL H	OME							
	259 E. Main.	St. Elkton, r	np 21921								
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, a shock, or heart failure. List only one cause on each line.	such as cardiac or respira		oximata rai Between							
	IMMEDIATE CAUSE (Fine)			t and Death							
	disease or condition a. ASC VI)		Ve	ars							
	DUE TO (OR AS A CONSEQUENCE OF):		1								
8	Sequentially list conditions, b. N / DDM DUE TO (OR AS A CONSEQUENCE OF):										
AT	if any, leading to immediate cause. Enter UNDERLYING HYPERTENSION	1									
윤	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):			SUA >							
CERTIFICATION	resulting in death) LAST										
	DADT II Other significant conditions conditions to death but not continue to the underlying	in Part I. 24s, WAS AN AI									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given	PERFORM		RIOR TO							
ă		1 TYES 2	NO OF DEATH?								
	DID TODACCO LICE CONTRIBUTE TO CALICE OF BEATLY VEC TO NO TO HAVE BE	ADL PO	1 TYES	NO							
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERT. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	AIN A									
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Name 5 Residen	es 8 🗆 Other (Secolar)									
ΞÏ	27, MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE NOW INJ	URY OCCURED								
7	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 Netural 5 Pending Investigation J N 3 0 1995 0 8449 M 1 YES 2 NO	nla		- 1							
BY	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify)	28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,								
国	4 Nomicide determined residence	City or lown, State)									
٦	29a. CERTIFIER (Check only) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and	due to the cause(a) end mann	er as stated.								
One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner											
							BE		5838	V	1995
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1 /								
	p.a. ryals, md; union hospital, elkton, md	21921									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE AUG - 1 1995 Julia Stucken Review										
	AUG-1 1995 Julia Mwelson-Karlay										
			DH	MH-18 Rev 1/89							



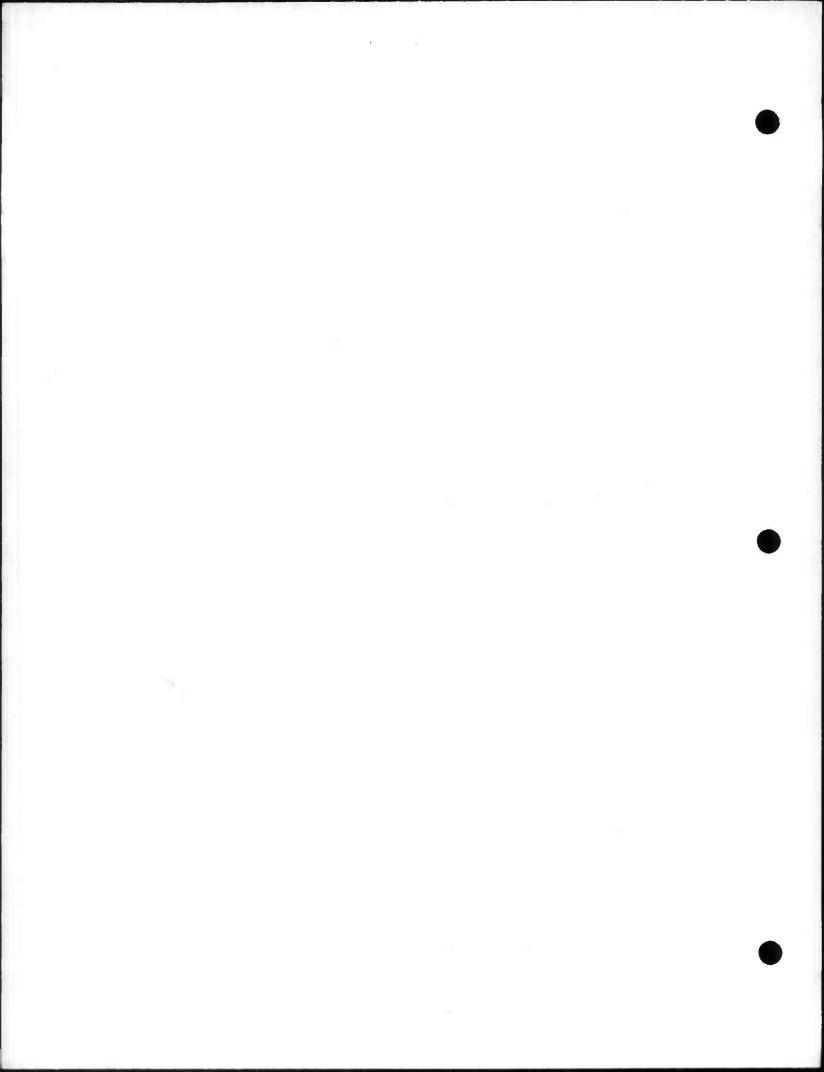
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI		24410
	1. DECEOENT'S NAME (First, Middle, Lest) JAMES Norman	i	EDELEN			2. DATE OF DEAT MONTH	N	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-07-4895	5. SEX 6. AGE (1) M 2 D F 85	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTIN (Month, Day, Yea Oct 15	l (1	BIRTHPLACE (State or Foreign Country) Maryland
OR	9a. FACILITY NAME (If not institution, give st 425 Halsey Road	freet and number)			A LOCATION OF DE	EATH		ry of DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MD Anne	Arundel	10c. CITY	, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 425 Halsey Road	Arunder		Annapo 101	21401			1
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 V NO	If yes, sp	ENDENT OF NISPAN	NIC ORIOIN? (Specifi in, Puerlo Ricen, etc. y:	y Yes or No- 1	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUT (Specify only highest grade Elementary/Secondary [0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	ork done during mo a retired.)	ON st of working	200LS2-14	BUSINESS/INDU	1.00
MP	17. FATNER'S NAME (First, Middle, Last)		Carp	enter	Darrie de la constante de la c		arpentry	У
	James Elmer Ed	elen				ME (First, Middle, Ma		1.0
BE	19a. INFORMANT'S NAME (Type/Print)	CIOII	19b. MAJLINO	ADDRESS (Street a		Route Number, City or		(ode)
5	Virgie C. Edele	n				polis, Ma		
	20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remo	oval from State com	PLACE AND DATEO	F DISPOSITION (Na	me of		LOCATION — CI	
	4 Donation 5 Other (Specify)	H	etery, crematory or of			31/95	Annapoli	s, Maryland
	1. SIGNATURE OF FUNERAL SERVICE LIC	Ly fir		147 D	uke of G	loucester	St. An	r Funeral Home napolis, MD
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	BENAL DUE TO (OR AS A OUE TO (OR AS A	FAILU	RE PAT,	de of dying, such	h as cardlec or n	espiratory arres	at, Approximata interval Between Onset and Death
	that initiated events resulting in death) LAST	d						
MEDICAL	PART II. Other significant conditions ANEM II		ut not resulting in	the underlying	cause given in	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	DID TOBACCO USE CONTR				UNCERTAIN	۷ 🗆		
Si	EXAMINER?	HOSPITAL:	26. PLACE OF OEATI	OTHER:	V			
PHYSICIAN:	27. MANNER OF OEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJI		6 Other (Specify) 28d. DESCRIBE NO	OW INJURY OCCU	RED
red BY	Accident Investigation 3 Suicida 6 Could not be detarmined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, st			281. LOCATION (Str City or Town, S		Rurel Route Number,
COMPLETED		CIAN: To the best of my knowle						i. cause(a) and menner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER WM Q N COU	n	.)		Day7	1BER 168	29d. DATE S	SIGNED (Month, Day, Year)
	DAUSS, WM	A	(Print) DOO	RIDGE	ELY A	15 , Y.	ANNA
	AUG 03 1995	32. REGISTRAR'S SIGNA				/		



DIVISION OF VITAL RECORDS, P.O. BOX 68760

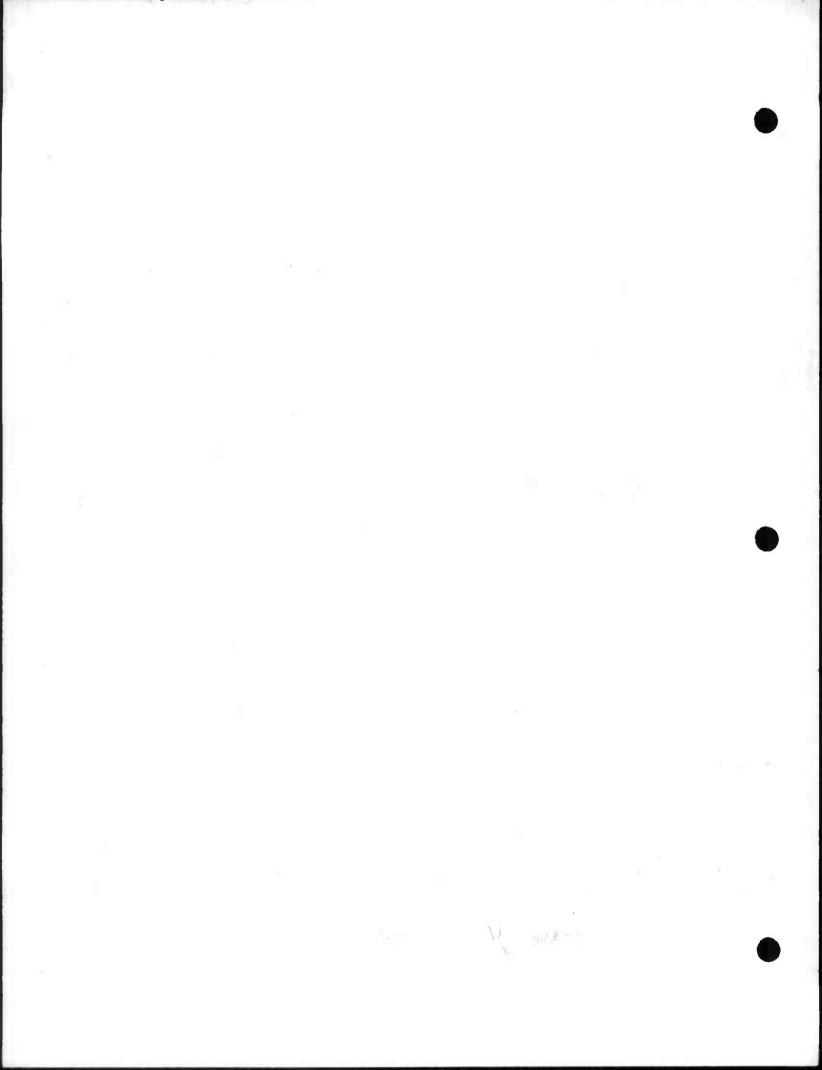
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within resthours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ELEANOR	BEATRICE			EYE	2. DATE OF DEATH MONTH JULY 23	DAY	year 2215 P M		
		5. SEX 6. /	AGE (In yrs. lest birthday) 7 7 YRS.	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year) 8.	BIRTHPLACE (State or Foreign Country) EST VIRGINIA		
OR	9. FACILITY NAME (If not institution, give stre SACRED HEART HC				N OR LOCATION OF DIBERLAND	EATH	9c. COUNTY	Y OF DEATH LEGANY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY		
	WEST VA MINE	RAL	K	EYSER				1 TES 2 NO		
FUNERAL	100. STREET AND NUMBER				101. ZIP CODE			N OF WHAT COUNTRY?		
ON I		12. WAS DECEDENT EV		13. WAS	26726 DECENDENT OF HISPAI	NIC ORIGIN? (Specify	Yes or No- 14	S . A . I. RACE — American Indien,		
ВҰ	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 1 1		If yes	specify Cuben, Mexice YES 2 (X) NO Specifi	en, Puerto Ricen, etc. y:		Specify: WHITE		
TEC	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a, DECEDENT'S (Give kind of life, Do NOT u	work done during	ATION most of working		BUSINESS/INDUS			
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	ETARY			OF WE	I GHWAYS		
E COMPLETED	17. FATHER'S NAME (First, Middle, Last) OLIVER GUY WALK	ER				ME (First, Middle, Meil STELLA	den Surneme)	Lankars		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Stre	et and Number or Rural	Route Number, City or	Town, State, Zip Co	ode)		
-	WILLIAM EYE				RCHLANE					
	1 X Buriel 2 Cremetion 3 Remov	at from State	cometery, cremetory or c			11 - 12	T. AS			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE .		FT.	ASHBY F	CILITY UNERAL I	HOME, I	INC.		
	23. PART i. Enter the diseases, or co	mplicationa that ca	used the death. Do	P 0	BOX 126	0-FT. A	SHBY W	V 26719		
	IMMEDIATE CAUSE (Final disease or condition	ist only ona ceuse of	STATI					interval Between Onset and Death		
	resulting in death) a.	DUE TO (OR	AS A CONSEQUENCE O	F):	BEIVUCI	rx Cho	/11//7	3 7710,		
TION	Sequantially list conditions, if sny, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FICA	CAUSE (Disease or injury CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST			SVENCE OF J.						
	PART II. Other significant conditions	contributing to daa	th but not resulting	in tha underi	ring cause givan in	Part i. 24a. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL							2 NO	COMPLETION OF CAUSE OF DEATH?		
Σ	DID TOBACCO USE CONTRI	BUTE TO CAUS	E OF DEATH YE	S 🗆 NO	UNCERTAIN			1 🗆 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	26. PLACE OF DEA	TH (Check only o		· A				
IXSI		Inpatient 2 ER/			lome 5 - Reeldence					
	1 Natural 5 Pending	28e. OATE OF INJU (Month, Day, Ye	JRY 286, TIM	IURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	iED .		
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide Additional County of the Dutiding, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
COMPLET	29e. CERTIFIER (Check only one)									
S	2 MEDICAL EXAMINER:	On the beele of exemin	nation end/or investigation	on, in my opinion	n, death occured at the	time, date end place,	end due to the c	euse(e) end menner es stated.		
H	296. SIGNATORE AND TITLE OF CERTIFIER	De ven ru	-Omi		29c. LICENSE NUM	774	29d. DATE SI	IGNED (Month, Day, Year)		
2	30. NAME AND A GORESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	, Print)	000	///	1	10/11/10		
	DR. PAUL LIVENCE 31. DATE FILED (Month, Day, Year)		912 SETON	DR. CUN	BERLAND,	MD. 21502				
	JUL 2 8 199	32. REMETHAR'S	SIGNATURE RANGO	14						



-	
٠,,	•
-	п
_	
Ω	
_	
-	
Y	
~	
Ω.	
_	
-	
~	
\supset	
_	
1	
_	
-	
-	
1	
_	
85	
Ω	
n	
-	
_	
-	
I	
MECOMI	٠.
_	
_	
•	
_	
1.0	
-	
Ψ.	
-	
_	
4	
1	
_	
_	i
-	
	1
>	-
	1
7	
	- 1
7	1
_	ď
	i
7	
-	1
-	
.)	
=	1
-	1
n	1
_	
>	
-	1
5	-
_	
	١,
	- 1
	-

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and completely filled in by the foreath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with the control of the	IMPORTANT: If Item 28 Is market

should

								95	21	4480	
	FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF I	HEALTH AND		YGIENE IEG. NO.		fine "	7 - 7 - 0 - 0	
	1. DECEDENT'S NAME (First, Middle, Lest) Harold F. Eskri	dge				2. DATE OF MONTH July	26,	1995	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-22-8484	1 x M 2 □ F 6	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da Oct. 2	y, Year)		Country)	ACE (State or Foreign	
TOR	96. FACILITY NAME (If not institution, give street and number) 5636 Newhart Mill Road RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUNT Dorc	y of DEAT		
DIRECTOR	100. STATE 10b. COUNTY Delaware Dorch			v, town on Local	TION				100	d. INSIDE CITY LIMITS? VES 2 1 NO	
FUNERAL	100 STREET AND NUMBER 5636 Newhart Mill Road			101. ZIP CODE 10g. CITIZEN OF 19973 U. S. A				T COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 X NO	13. WAS DEC	CENDENT OF HISPAN Hecity Cuban, Mexica 5 2 1 NO Specifi	in, Puerto Ricar	pecify Yes o		4. RACE — Black, W Specify:	American Indian, hite, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us	,	ON ost of working	Produce, Grain & Poultry					
	17. FATHER'S NAME (First, Middle, Last)		1 2 4 2 11 2 11 6		16. MOTHER'S NA	ME (First, Middl	e, Maiden Su	imeme)	11 & 1	oultry	
TO BE	Cleophus F. Eskri	dge	19b. MAILING	ADDRESS (Street	Mildred Mildred Mildred Mumber or Rural i				lode)		
	Peggy C. Eskridge				Mill Rd.						
	20e. METHOD OF DISPOSITION 1x Buriet 2 Cremation 3 Removel from State 20b. PLACE AND DATE of DISPOSITION (Name of cametery, crematory or other place) Wheatley Family Cemetery 7-28							TION — CH	N — City or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE ///	wheatley r	22. NAME A	ND ADDRESS OF FA	CILITY	Gale	STOW	n, MI)	
	William M	Hort	4	700 1	Funeral West St.	Lauro	1 De	199	56		
	23. PART I. Enter the diseases, or conshock, or heert fellure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Districtions the calculations of the calculati	as a consequence of		ode of dying, suc				et,	Approximata Interval Batween Onset and Death 8 mos.	
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PERFORM 1 YES 2						PERFORM	ED?	CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
N: N	DID TOBACCO USE CONTR	IBUTE TO CAUSI			UNCERTAIN	V 🗆					
SICIA		HOSPITAL:	28. PLACE OF DEAT	OTHER:	- N/s						
ЖНс	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	IRY 28b. TIM	E OF 28c. INJ	URY AT	6 ☐ Other (Sp 28d. DESCRIE		URY OCCU	RED		
ВУ	1) Accident 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
TED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, tectory, office City or Town, State) 281. LOCATION (Street and Number or Rural Route No. City or Town, State)								Number,		
COMPLETED		AN: To the best of my k								d menner es stated.	
TO BE (29b. SIGNATU TITLE OF CERTIFIER				29c. LICENSE NUM	ABER 507	2	Pd. DATE S	27	onth; Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO 145 E. COUTO II S. 31. DATE FILED (Month, Day, Year)	treet S	alishuru		21801						
	JUL 27 1995	32 REGISTRAR'S S	sor Randall								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

	1 - FOR STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	2,7,2,7,7,7		a Guild Erns	2. DATE OF DEATH MONTH ULY DAY	201995 3. TIME OF DEATH 95 04:30 AM				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 9a. FACILITY NAME (If not institution, give street and number)	4 YRS. M	W UNDER 1 YEAR W UNDER 24 HRS. ONTHS DAYS HOURS MIN. OD. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) Massachusett				
DIRECTOR	Arundel Medical Center		Annapolis		nne Arundel				
	Maryland Queen Anne's		nester		10d. INSIDE CITY LIMITS? 1 □ YES XX NO				
FUNERAL	1412 Queen Anne Drive		101. ZIP CODE 2161	U.S.A.					
BY	11. MARNITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Mexic 1 YES 2 NO Specify	can, Puerto Rican, etc.)	No- 14. RACE — American Indian, Black, Whita, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 2		SUAL OCCUPATION rk done during most of working retired.) C & Homemake	16b. KIND OF BUSINE					
ш	17. FATHER'S NAME (First, Middle, Last) Herbert Guild			AME (First, Middle, Maiden Sun rice Hayne					
TO B	19a. INFORMANT'S NAME (Type/Print) Wentworth A. Ernst	19b. MAILING AI	DDRESS (Street and Number or Rural Queen Anne		er, Md. 21619				
	1 Burial 2 Spermation 3 Ramoval from State Come M	PLACE AND DATE OF tery, cremetory or other tro Cre	ematory	ly 21, 199	10N — City or Town, Stata 5 timore, Md				
	21. SIGNATURE OF SINERAL SERVICE LICENSE!	eni	106 Shamroc	ouny bein Funera k Rd Ches	al HOmes, P.A.				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	B. PLACE OF DEATH		N 🗆	1 YES 2 NO				
BY PHYSICIAN:	1 YES 2 NO 1 Manual 2 ER/Outpet 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) Netural 5 Pending			8 ☐ Other (Specify) 28d. DE\$CR/BE HOW INJU	RY OCCURED				
4	2 Accident investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of the								
TO BE	296. SIGNATURE-IND TITLE OF CERTIFIER WORM WASS M.	0	29c. LICENSE NU DA38	MBER 29	7-20-95				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT THOMAS WALSH MO 277 Pews 31. DATE FILED (Month, Day, Year) 32. PAGISTRAR'S SIGNAT	MSULA /	Farm Roan	ARNOLD M.	0 21012				
	JUL 21 1995 Juli Denises	- fundall							

2 31 11

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. A hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) RUSSell	Victo	or	F	riend		2. DATE OF DEATH MONTH July 27,1	995 YEAR	3. TIME OF OEATH 9:28 PM m	
	4. SOCIAL SECURITY NUMBER 578-05-3750	1 🔀 M 2 🗆 F	The state of the s			ER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year) April 5,	8. BIRT	HPLACE (State or Foreign try) Ohio	
TOR	90. FACILITY NAME (If not institution, give st Southern Maryla RESIDENCE OF DECEDENT				Clinto		ATH	ec county of Prince	George's	
DIRECTOR	10a. STATE 10b. COUNTY	ce George's		v, town of Upper	Marlb	oro		10		
FUNERAL	100. STREET AND NUMBER 8508 Crain Hid	ghway S.E.			10f. ZIP CO	0772		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1XXYES IF YES, GIVE WAR OR D. 1943	11	AS DECENDENT yes, specify Cui	barı, Maxicar	IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	es or No— 14. RACE — American Indian, Black, White, etc. Specify: Caucasian			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of the Do NOT under Salesma	vork done du le retired.)	CUPATION ring most of wor	king	16b. KIND OF BUSINESS/INDUSTRY C. Lloyd Johnson			
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry H.	Friend			16. MQ		ME (First, Middle, Maiden S Florence	Sumame) Codor	i	
TO E	Joyce Miles		994	3 Boy	ds Tur	n Roa	d Owings,	Maryland		
9	20s. METHOD OF DISPOSITION Description S Comments Commen	<u>M</u>	PLACE AND DATE (etery, cremetory or o aryland	State	Veter	ans C	,1995 20c. Loc em. Ch	eltenham	Maryland	
	21. SIGNATURE OF PUNERAL SERVICE LIC	acla.		663	3 Old 2	Alexa	ndria Ferr	y Rd ₂ Cli	e, Inc. nton, Md	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heert fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. C. H. C. O.B.ST.R. CTVB. PNLMONARY DISEASE 2 MA									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST BROWC HO PARUMONIA OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	CARCINOMA COLON PERFORMED? RECPIRATIRAL TOLONGO COLONGO OF								. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	DID TOBACCO USE CONTR 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEAT		O UN	CERTAIN				
BY PHYS	1 VES 2 NO 27. Manner OF CEATH 1 Netural 5 Pending Investigation	1 Inpetiant 2 I ER/Outp	28b. TIM		Bc. INJURY AT WORK?		6 Other (Specify) 28d. DESCRIBE HOW IN	Other (Specify) Id. DESCRIBE HOW INJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, atc. (Speci	treet, factor	28t. LOCATION (Street as City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE (296. SIGNATURE TO STILLE OF CERTIFIER	m	mofa	77	29c. LI	PENGE NUM	7744	29d. DATE SIGNED	28 95	
	30 NAME AND ADDRESS OF PERSON WHO	A) MI) 9191	PIS	CATA	WAL	IRD C	inti	owwo.	
	AUG 0 1 1995	32. REGISTRANE SIGN	son Randall							

or attendin	use as th	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior in burial cremation or manual.	ace.
ained by th	hould be d	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
y be ret	page 5 s	be no
ge 6 ma	irector.	r must
beath. Pa	funeral o	xamine
urs after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dent, of Health and Mental Honlene prior to burial, cremation, or removal	edical e
in 24 ho	ety filled	, the m
rted with	complete	event
be execu	cian and lor to bur	raumati
ertificate	ing physi	other t
e death o	Mental H	ury, or
that the	th and I	any In
requires	been sign	shows
The law	ate has	tem 23
YSICIAN	s certific th the S	d, or
DING PH	After this death wi	marke
ATTEN	RECTOR:	m 28 l
PITAL OF	RAL DIF	E If Ite
HE HOSE	HE FUNE ed withig	DRITAN
TO T	2 2	IMP

31. DATE FILED (MONT), Par 12

1995

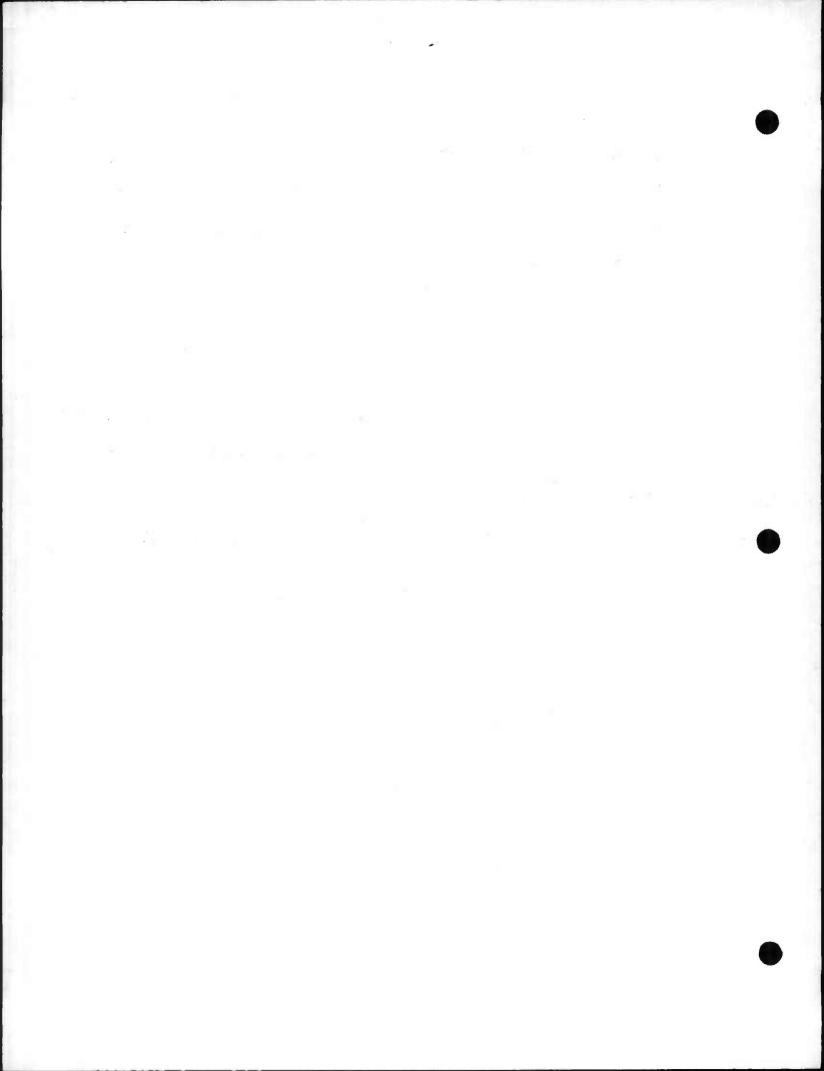
				ŗ						0.0	- 0	1100
	FOR										2	4483
	1 - STATE REGISTRAR	STATE OF I		/ DEPAF ERTIF					MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI		DEA		2. DATE OF DEATH	<i>)</i> .	T	3. TIME OF DEATH
	John Marvin FARROW								31 14	YEAR GG L	0425 M	
	4. SOCIAL SECURITY NUMBER	5. SEX						7. DATE OF BIRTH 8. BIRTHPLACE			LACE (State or Foreign	
	219-14-9714	1 ₹ M 2 □ F	80	YRS.	MONTHS	DAY8	HOURS	MIN.				yland
~	9a. FACILITY NAME (If not institution, give s	1				OR LOCATIO	ON OF DE	DEATH 9c. COUNTY OF DEATH				
0	Washington Count	al		Ная	gerst	own	_		Wa	shing	ton	
DIRECTOR	10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY	
PIG	Maryland Wash	ington			Ha	agers	town				- 1	LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODE	_		10g. CI1		IAT COUNTRY?
FUNERAL	15705 Jones Chape	1 Lane					21	740		US	A	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT O	F HISPAN	NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	o or No-	14. RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					2 X NO				Specify:	:
	16. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	I I ALIPEI	OCCUPATION	ON .		165 VIIID OF BU	10111500 (11)	whit	e
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	Give kind of e. Do NOT u	work done	durina mo	st of workin	g	16b. KIND OF BU	JSINESS/IN	DUSTRY		
P P	8	0	College (1-4 or 5+) farmer						farmin	g		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH		ME (First, Middle, Maide			
BE (John Charles Farr	WO						Nar	nny Vernal	Shar	ık	
2	19s. INFORMANT'S NAME (Type/Print)		19	1 4 6 2 1	ADDRES	SS (Street e	nd Number	or Rural I	Route Number, City or To	vn, State, Zi	p Code)	21700
	Gary A. Farrow 14631 Hicksville Rd., Clear Spring, Md. 21722											
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cametery, crematory or other place) 20c. LOCATION — City or Town, State											
	4 Donation 5 Other (Specify) Cedar Lawn Memorial Park 8-3-95 Hagerstown, Maryland 21. SIGNATURE OF FOWERAL SERVICE LICENSEE											
	MINNICH FUNERAL HOME											
-	Jeou!	1/1/	mu	ex		415 E	.Wil	son	Blvd., Hag	ersto	wn, Md	21740
	23. PART I. Enter the diseases, or c shock, or heert fellure.	Omplications the List/only one cau	t caused the d ise on eech lin	eeth. Do i e.	not ente	r the mo	de of dyl	ng, suci	h aa cardlec or resp	olratory ar	reat,	Approximete Interval Between
	immediate cause (Finel disease or condition resulting in death) Tankin Carimana (Market W. M. M. 40 45 15 45										Onset and Death	
	resulting in death) DUE TO (OR AS A CONSCOURAGE OF):											6 days
z		Mark	s Ac	lias	,							
ERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	OUE TO	(ON AS A CONSE	OUBNICE O	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c/										
TE	that initiated eventa	DUE TO	(OR AS A CONSE	OUENCE O	F):							
CER		s										-
	PART II. Other algnificant condition	a contributing to	deeth but not	resulting	In the u	nderlying	ceuse g	iven in				VERE AUTOPSY FINDINGS
MEDICAL									PERFO		C	MAILABLE PRIOR TO COMPLETION DF CAUSE
ME										95		F DEATH?
	DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF DEA	ATH YE	S 🗆	NO [UNC	ERTAIN	v 🗆 .			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLA	CE OF DEAT								
YSI	1 VES 2 NO	1. Inpatient 2		1		rsing Hom		sidence	8 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, Da	INJURY ay, Year)	28b, TIM INJ	E OF URY	28c, INJI WO	RK?		26d. DESCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Cauld not be	28s. PLACE O	F INJURY — At h	ome term	etreet for		'ES 2 _	NO	201 OCATION (See	and March		
日	4 Homicide 8 Could not be	building,	atc. (Specify)	onne, tariti, i	straat, rac	nory, orne			281. LOCATION (Street City or Town, Stete	and Number	r or Hurel Hou	ite Number,
Ē	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	enu tenominata - 1	anth and	ad as as	Alma C						
COMPL	(Check only one) 2 MEDICAL EXAMINE								to the cause(s) and ma			and manner as stated
	290. SIGNATURE AND TITLE OF CERTIFIED	7				T						
H	Wtoday Mo	1_					DA LICE	GA 1	/ /		SIGNED (N	forth, Day, Year)
임	36. HAME AND ADPRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH.	M-27) (7ma	Duly)		150	00 4	-/	1/	20010	

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

124 365 Ja M. ORVANAI,

32. RESISTENT SIGNATURE RANGE!

Sapostavo,



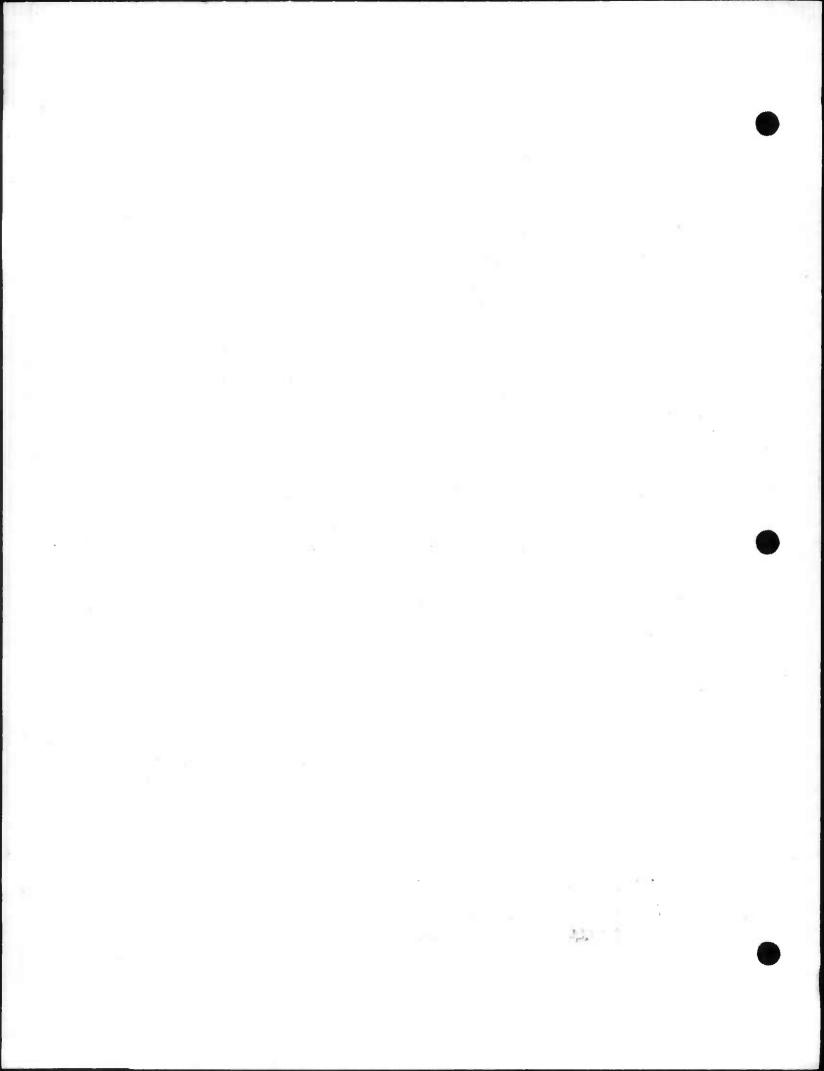
DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 the fleath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

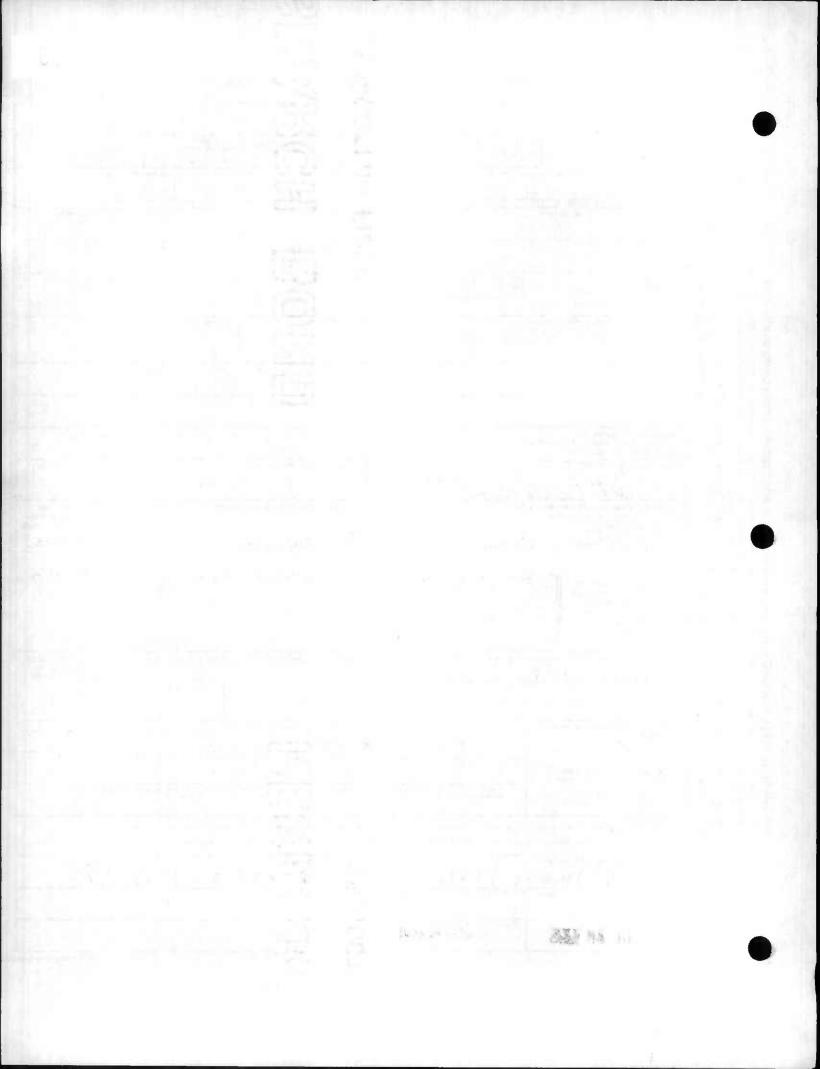
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Lest) CLYDE HENRY FOOR SR			3. TIME OF DEATH 8:00 AM							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9a. FACILITY NAME (If not institution, give street and number) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH										
CTOR	Se. FACILITY NAME (If not institution, give street and number) Sacred Heart Hospital Cumberland Alleganx RESIDENCE OF DECEDENT										
DIRECTOR	Manyland Hlegary	10c. CITY, TOWN OR LOCATION LONGONING		10d. INSIDE CITY LIMITS? 1 KY YES 2 NO							
FUNERAL	15 Allegany Street	101. ZIP CODE 2/539	10g. CITIZEN OF WI	The second secon							
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	NO PES 2 NO If yes, specify Cuban, Maxica I NO DATES 1 YES 2 NO Specify	n, Puarto Rican, etc.) Black,	- American Indian, White, etc. White							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		16b. KIND OF BUSINESS/INDUSTRY								
	17. FATHER'S NAME (First, Middle, Last) Harry Paul Foor		transportation ME (First, Middle, Meiden Surname) e trost								
TO BE	190. INFORMANT'S NAME (Type/Print) Laura Foor	19b. MAILING ADDRESS (Street and Number or Rural)	Route Number, City or Town, State, Zip Code) ONACONING, Mcd,								
	20a, METHOD OF DISPOSITION 1 D Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetter), crematory or of per place) COURT OF THE CONTROL OF TOWN, State COURT OF THE CONTROL OF TOWN, State COURT OF THE COURT OF TOWN, MORN OF TOWN										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Fast Main 5	CKENZIC FUNEVUL t. LCNOCONING, MC								
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. HSATC FALURE CRYPTO CEHIC CIRRHOSIS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 10 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PINDIN ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?										
	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 22. NO 25. WAS CASE REFERRED TO MEDICAL 22. PLACE OF DEATH (Check only one)										
Y PHYSICIAN:	EXAMINER? HOSPITAL:										
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 5 City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED		ny knowledge, death occurred at the time, data and place, and dua imination and/or investigation, in my opinion, death occured at the		and manner as stated.							
TO BE 0	206. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	29c. LICENSE NUM D31221	BER 29d. DATE SIGNED (A ▶ JULY	Aonth, Day, Year)							
	2017	. 224 WASHINGTON STREET CUM	BERLAND, MD 21502								



Quended # 5 96, 166, 7/25/95, M.S., allegany Co FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

95 24485

	REGISTRAR	CERTIFI	CATE OF DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DE	ATH DAY	3. TIME OF DEATH				
	Olive C. Facenbaker		July 23, 1995 5.30 A.							
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE ((In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI	7. DATE OF BIF	тн	B. BIRTHPLACE (State or Foreign Country) Midland				
	98. FACILITY NAME (If not institution, give airest and number) 99. CITY, TOWN OR LOCATION OF DEATH Egle Nursing Home Lonacon 19 Allegany									
	10a. STATE 10b. COUNTY WV Mineral		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
FUNERAL (100. STREET AND NUMBER 51 Jones St. Apt 511		101. ZIP CODE 267	50	1007	EN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR D.	2 NO	If yes, specify Cuben, M	MAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — 17 yes, specify Cuben, Maxican, Puerto Rican, etc.) 12 YES 2 100 Specify: White Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of w life. Do NOT use	ISUAL OCCUPATION ork done during most of working retired.)		OF BUSINESS/INDU					
MP	6	Wai	tress		estaura	ants				
	17. FATHER'S NAME (First, Middle, Lest) Enoch Thrasher		The same shall	annah Da						
BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or F	ural Route Number, City	or Town, State, Zip	Contractions				
5	Audrey F. Schmidt	RR4	Bax 112A Fiv	e Shore	Drive	LakeNy10925				
33	20e. METHOD OF DISPOSITION A Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	PLACE AND DATE O	F DISPOSITION (Name of	DATE	28c. LOCATION — C	ity or Town, State				
	**Cl Burlel 2 Cremation 3 Removal from State cemetery, cremetory occiter place) 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Photology Cemetery 26 Westernport, Md 22. NAME AND ADDRESS OF FACILITY Fredlock Funeral Home P.O. Box 4 Piedmont Wv26750									
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1 YES 2 NO 1 YES 2 NO									
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATI	(Check only one)						
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpution: 2 ER/Outp	outlent 3 DOA	OTHER: 4 Nursing Home 5 - Reside	nce 6 - Other (Spec	ify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 1 Accident	28b. TIME INJU	OF 28c, INJURY AT WORK? M 1 YES 2 NO		28d. DEŞCRIBE HOW INJURY OCCURED					
_	2' Accident investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Your, State)									
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER On the best of examination									
BE	29b. SIGNATURE AND TYPLE OF CERTIMER	D	DO7	NUMBER OO 4	29d. DATE	SIGNED (Marth, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE 10 St Peter Place Lon	aconing								
	31. DATE FILED (Month, Day, Year) 72 REGISTRAR'S SIGN	-Karlall								



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUL 2 8 1995

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an order of the forest form of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

									0	0 6	. 4400	
FOR STATE	STATE OF N						D M	ENTAL HYGIEN	IE			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OZITI IOATE O											
1. DECEDENT'S NAME (First, MIODIE, Last)								2. DATE OF DEATH D	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	5. SEX	FOREMAN					_		4, 1	995	5:20 P M	
214-07-1904	102	s. lest birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS	s. /	NOTE OF BIRTH	892	Countr	PLACE (State or Foreign Y L A N D		
9e. FACILITY NAME (If not institution, give s			9b. CITY,	TOWN C	R LOCATION OF			V	UNTY OF D	EATH		
SACRED HEART HO			CU	MBE	RLAND	_		ALLEGANY				
10a. STATE 10b. COUNTY	R LOCAT	ION					10d. INSIDE CITY					
MARYLAND ALI	C	JMBE							1 X YES 2 NO			
726 GEPHART DRIVE 21502 U.S.A.												
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	lf lf	yee, spe	ocify Cuben, Mex	dcan,	ORIGIN? (Specify Yes Puerto Rican, etc.)	e or No-	Black	E.— American Indian, k, White, atc.	
3 X Widowed 4 Divorced	IF TES, GIVE W	AR OR DATES		'	☐ YES	2 X NO Spi	ecify:			Specif	WHITE	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a	Give kind of	vork done di	CUPATIC	ON st of working		16b. KIND OF BU				
Elementary/Secondary (0-12)	College (1-4 or 5 +		ille. Do NOT us		7	Maria					100	
17, FATHER'S NAME (First, Middle, Last)			IC.Pr	1001	Cal	Nurse		Nursi				
FRANK A. SHOBER	2							First, Middle, Maiden		C		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			ite Number, City or Tow				
RAYMOND V. FORE	MAN							AVALE,		215	02	
20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remote A Donation 5 Other (Specify)	eval from State	cemetery	CE AND DATE	ther place)			2	10-10-		- Cify or To		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	ISS.	PETER			CEM.	FACIL	173 C	OMBI	: KLA	ND, MD	
Mondy D.	Lochus	cho		GE 20:	ORG 2 G	E-UPCH REENE	TUF ST	CH FUNE ., CUMBE	RAL RLAI	MOH M. DV	E, P.A. D 21502	
23. PART I. Enter the diseases, or cahock, or heart failure.	omplications the	ceused the	deeth. Do r	ot enter t	he mo	de of dying, s	uch :	s cerdiec or resp	iratory a	rrest,	Approximata	
IMMEDIATE CAUSE (Fine)	ciot only one cou	Z	/		,						Interval Between Onset and Death	
disease or condition resulting in death)	as	bin	ah's	DU		TOIS	21	(Mo mi	2		4-1800	
	OUE TO	DR AS A CON	SEQUENCE OF	7:		0					1 100	
Sequentially list conditions,	CRU	Jus	bru	2/4	5.	Thor	2	24ce	an	24	>21604	
if any, leading to immediate	DUE TO	OR AS A CON	ISEOUENCE OF	7;	-	- /	1-	. 1	1		1	
cause. Enter UNDERLYING CAUSE (Disease or injury	Due vol	1000	two		1-	red	YC	y ou	69			
that initiated events resulting in death) LAST	- 0	10	THE COURSE OF					0	1			
	0		4	1							-	
PART II. Other aignificant condition	contributing to	death but n	ot resulting I	n the uno	lerlying	ceuse given	in Pa			24b.	WERE AUTOPSY FINDINGS	
mula	H-	IDI	2140	In.	50	24		PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
	(-	1							110	- 1	OF DEATH?	
DID TOBACCO USE CONTE	RIBUTE TO CA	USE OF D	EATH YE	S N	IO R	UNCERTA	AIN	- 1			- L 120 1 M 110	
25. WAS CASE REFERRED TO MEDICAL			LACE OF DEAT	H (Check or	nly one)							
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHER:		5 - Residence	ce 6	Other (Specify)				
27. MANNER OF DEATH	26e. DATE OF (Month, De		26b. TIM	_	28c. INJU	JRY AT	-	Bd. DESCRIBE HOW I	NJURY OC	CURED		
1 Netural 5 Pending 2 Accident Investigation	į į	,, 1021/	,,,,,	M	1 🗌 Y							
3 Suicide 6 Could not ba	28e. PLACE Of building.	F INJURY A	t home, ferm, s	treet, fecto	ry, office)	2	Bf. LOCATION (Street a	and Numbe	r or Rural A	loute Number,	
4 Homicide determined								City or Town, State)				
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge	, death occurre	d at the tin	na, data	and place, and d	due to	the cause(a) and mar	ner as ste	ited.		
) and manner as stated.	
196. SIGNATURE AND TITLE OF CENTIFIER	111)				29c. LICENSE N	NUMBE	A	29d. DAT	TE SIGNED	(Month, Day, Year)	
1 2 11.0	1/0/	1 0	W12000-824		- 1	D 1.	1	F 2 (- 1000	



9000	등	è
N	att	9
~	6	
CA	13	3
	Sp	3
Z	2	90
BALTIMORE, MARYLAND 2121	the	da
$\overline{}$	3	2
ď	2	Ä
⋖	ë	Ž
>	e de	60
_	8	9
Ш	À	200
Œ.	Ē	×
0	9	ž
≥	age	dig
	0	100
	Æ	2
4	8	+
n	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	ad by the attending physician and completely filled in by the funeral director name is change he described for use as
	60	£
	ă	-5
	-	je
	N	9
	FE.	dela
2	3	Š
~	8	2
ğ	5	Ž
URDS, P.O. BOX 68/60	8	30
3	2	Jan
×	92	Ť
4	22	É
5	를	8
	2	Pe
-	att	all.
ń	9	9
2	the	4
Y	100	3

1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH AEG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR VA July
T. Date of Birth
(Month, Day, Yay) 1995 2:00 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR JF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign permit. Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Salisbury Nursing & Rehab. DIRECTOR Ctr Salisbury, MD 21801 Wicomico RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY ICOMIC D 1 YES 2 NO FUNERAL IO. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2/80/ the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 TANO Specify: BY 3 Widowed 4 Divorced 20-AMERICAN 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION early only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) LERK UNKNOWN FATHER'S NAME (First, Middle, MOTHER'S NAME (First notified at BE 2 pe 20b, PLACE AND DATE OF DISPOSITION (No 200 METHOD OF DISPOSITION must wriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) examiner FUNERAL SERVICE LICIINSEE 22. NAME AND ADDRESS OF FACILITY medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heert failure. List only one cause on each line. interval Between ŏ IMMEDIATE CAUSE (Fine) Onset and Death the cremation, disease or condition_ 157 resulting in death) shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING 9 CAUSE (Disease or injury been signed by the attending phy it. of Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMEO? MEDICAL 1 YES 2 NO OF DEATH? DIVISION OF VITAL REC 05+ 1 TES 2 NO DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH PHYSICIAN: YES INO I UNCERTAIN I has be Dept. 23 HOSPITAL DR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) DIRECTOR: After this certificate hours after death with the State HOSPITAL 1 YES 2 NO OTHER: Inputient 2 - ER/Outpatien 3 - DOA 4 Nursing Nome 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 80 COMPLETED 8 Could not be 4 Nomicide 28 determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIER WITHIN 72 M IMPORTANT: If II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Gay, Year) BE 25/95 D-39813 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) MICHAEL ATKINS, M.D., 1104 HEALTHWAY DR., SALISBURY, MD 21801 32 MEGISTRAR'S SIGNATURE 28 1995

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89

_	
	Ì
	1
9	
-	-
∞	1
Φ	1
×	1
P.O. BOX 68760	and Court has annual and middle
m	444
	q
0	1
	i
٠,	4
10	-
2	!
	1
Œ.	7
0	7
RECORDS	-
Ш	-
\mathbf{r}	
FVITAL	i
d	-
	f
-	-
>	
	Š
0	2
_	č
Z	5
0	ĉ
70	i
DIVISION	On ATTENDED DUNCHESS. The San Asset the Asset
>	,
5	Š
	LOCOCOTES!
	Š
	5

		1 - STATE O	F MARYLAND				EALTH AND DEATH	MENT	AL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last)						MON			3. TIME OF DEATH
		Joyce Marlene Thom 4. Social Security Number 5. Sex	6. AGE (In yrs. In	kner	IF UNDER	1 VEAR	IF UNDER 24 HRS		Ly 29		16:20 BIRTHPLACE (State or Foreign
9		214-32-1583 1□ м 2⊀□	KF 61		MONTHS	DAYS	HOURS MIN.	(Moi	c.27		Maryland
3 should	E I	96. FACILITY NAME (If not institution, give street end number Dorchester General		L			r LOCATION DF			9c. COUNTY	
1, 2,	СТОВ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY									
it. Pages	DIRE	Maryland Dorcheste:	r		mbr.						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ssit permit.	FUNERAL	100. STREET AND NUMBER 123 Choptank Avenue				101.	ZIP CODE 21613				OF WHAT COUNTRY?
-AND 21215-UU2U the hospital or attending physician. detached for use as the burial-transit once.	BY FUN	1 Never Married 2 Married FDRCES?	EDENT EVER IN U.S. AI 1 YES 2 VE WAR OR DATES	RMED	1	t yes, spe	ENDENT OF HISF city Cuben, Mex 2 NO Spe	cen, Puerto			RACE — American Indian, Black, White, etc. Specify: White
or use as	8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4.	(0	ECEDENT'S L Give kind of w	USUAL Of rork done (e retired.)	CUPATIO	N t of working	16	b. KIND OF BUS	SINESS/INDUST	RY
Spital bed to	IP.	Elementary/Secondary (0-12) College (1-4		Iomein	ake	r					
the hospit detached	COMPLET	17. FATHER'S NAME (First, Middle, Last)							, Middle, Malden		
8 6 5 Z	BE	Albert G. Thomas, S							C. T		
MA retain 5 sho	2	Sharon Myers	19	123	Cho	pta:	nd Number or Run nk Ave	al Route Nul	mber, City or Tow Cambri	dge,	Md. 21613
Page 6 may be a director, page		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State	cemetery, cre	AND DATE O ematory or oth	her plece)		ne of Au	1.1,04	1 9 9 30 c. LO	CATION — City	or Town, State
Page of direct		4 Donation 6 Other (Specify)	I Stev	Verisv	22.	NAME AN	D ADDRESS OF	V	Iste	vensv	tille, Md.
BALIIMOR Ber death. Page 6 ma the funeral director, pari.	3. 1	· Kink of Hel	Lenfer		[10	6 S	hamrod	ck Ro	d., Ch	nester	omes, P.A.
filled in by on, or remo		23. PART I. Enter the disease, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition	csuse on each line	e.					rdiac or reapi	Iratory srrest	Interval Betwee
ted within completely ial, cremati		resulting in death) a. OU	ESPIRA E TO (DR AS A CONSE		•	- H	ILUK	E			3 mont
certificate be executing physician and regione prior to bur other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
구 를 들 등	CER	d								-	
that the shape of by	EDICAL	PART II. Other significant conditiona contribution Hyperlipide M19	g to death but not	reaulting is	n the un	derlying	cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
been been of sh	2	DID TOBACCO USE CONTRIBUTE TO	CAUSE OF DEA	ATH YES	SZY	10 🗆	UNCERTA	JIN 🔲			1 TES 2 NO
The The ate D	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		CE DF DEATI	H (Check o						
SICIAN: The Certificate the State	IXSI	1 YES 2 NO 1 Inpetient	2 ER/Outpatient 3	3 DOA	4 🗆 Nun	ing Home	5 Residenc	7			
F signature	BY Ph		E DF INJURY ith, Day, Year)	26b. TIME INJU		28c. INJU WOI 1 Y	PRY AT PRK? ES 2 NO	28d. O	EŞCRIBE HOW II	NJURY OCCURI	:D
TTENDI TTOR: A after de	ETED E	3 Suicide a Could and b. 28e. PLA	CE OF INJURY — At he ding, etc. (Specify)	ome, term, st	treet, fact	ory, office	-		CATION (Street of y or Town, State)		lural Route Number,
AL DIR	MPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the being medical examiner: On the beels									suse(s) and manner as stated
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	8	29b. SIGNATURE AND TITUE OF CERTIFIEII					29c. LICENSE N				GNED (Month, Day, Year)
TO THE HOSPIT TO THE FUNER be filed within 7	TO BE	Jack 1. 8kg D.	0,				04	45	32	> 7/	29/85
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED Jack L. Snitzer				St	., Can	bri	dae.Mo	1.2161	3
			TRAR'S SIGNATURE	- Lain			· , oun		. 5 . 7		

pital	ed fo	
Pos	tach	JCe.
y the	De de	10
d pe	Din.	60
etair	sho	E S
2	age 5	De 7
may	or. p	181
9 96	irect	E
Pa.	rai	alle
death	fune	жащ
ther	the the	183
NUTS 3	In by	edi
4 PG	filled on.	E I
hin.	matic	1, #
d wil	mple	even
cute	od co	tle
e exe	an ar	E
ate b	ysici	E
rtific	ng ph	the
th Ce	endir Hvc	10
dea	e att	un,
it the	by th	E
s tha	ned atth a	an
quire	n sig	OWS
W re	bee of	3 84
he la	e De	E 2
I.N.	Stat	<u>=</u>
SICIA	cert	1, 01
PHY	this	rke
HNG	After	E
TEND	DR:	80
R AT	RECT JIS 3	E 2
N D	I DI	E e
SPIT	VERA	H.
J.	E TO	RTA
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled In by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Deut, of Health and Mental Hollene prior to burial, cremaple, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
F	F 3	=

The state of Maryland / Department of Health and Mental Hygiene Registrar

1. Decedent's Name (First, Middle, Last)

FREDERICK R. FRYER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH DAY
THE MONTH DAY
TO DAY
TO DAY
THE MONTH DAY
TO DAY
THE MONTH DAY
TO DAY
THE MONTH DAY
TO DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE MONTH DAY
THE M

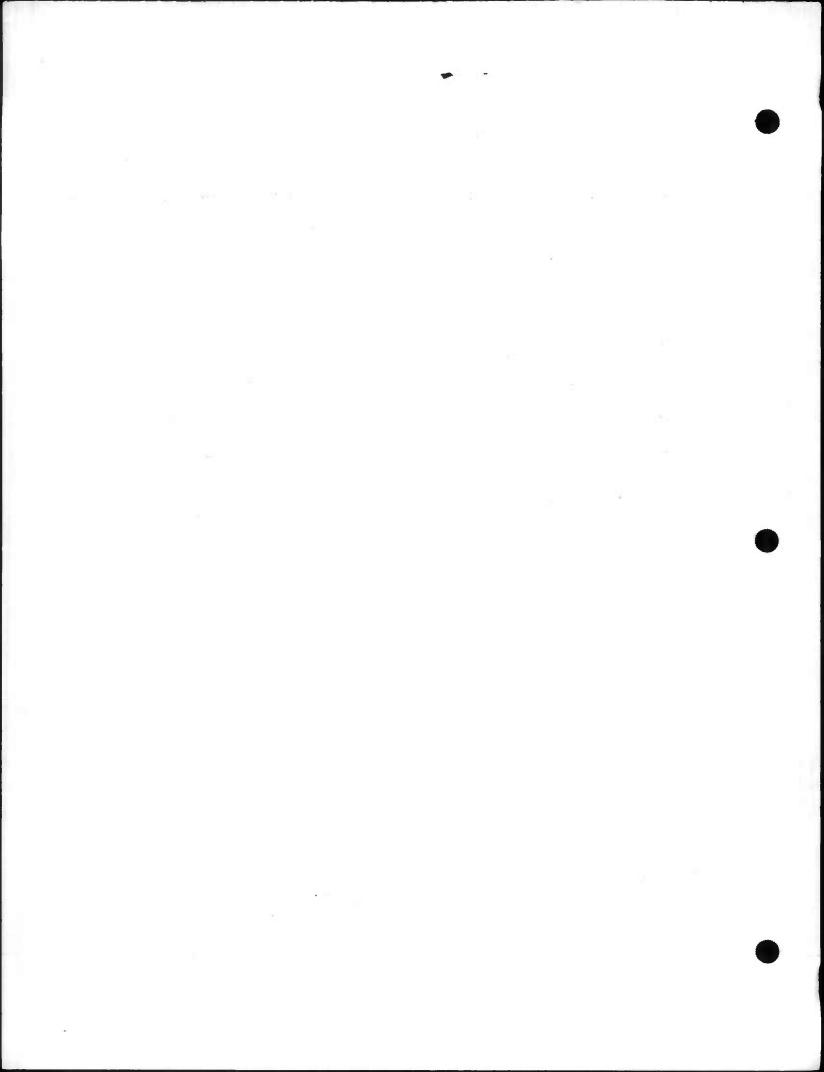
	1. DECEDENT'S NAME (First, Middle, Last)	FREDERICK	R. FRYE	R		ATE OF DEATH DA	1 0	3. TIME OF DEATH
ì		5. SEX 6. AGE (In yrs. In	MONTH	ER 1 YEAR IF UNDER	NAME (A	ATE OF BIRTH Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	184-05-6895 9a. FACILITY NAME (If not institution, give stre	1 (X M 2 🗆 F 78	YRS.	TY, TOWN OR LOCATE		RCH 14,1		PHILADELPHIA, PA
DIRECTOR	ATLANTIC GENERAL		96. 0	BERLIN, M	ARYLANI	21811	WOR	CESTER
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN					10d, INSIDE CITY
	DELAWARE SUS	SEX	FRANKFO					LIMITS?
FUNERAL	# 6 CLAYTON AVE	NUE		19945				N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 Tyes 2 IF YES, GIVE WAR OR DATES	RMED 1:	3. WAS DECENDENT (It yes, specify Cube 1 YES 2 NO	n, Mexican, Pus	IIGIN? (Specify Yee into Rican, atc.)	or No 14	. RACE — American Indian, Black, White, atc. Specify: WHITE
LED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18e. C	ECEDENT'S USUAL	OCCUPATION of during TYPERTO	ne l	16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 12 YEARS	Conege (1-4 or 3 +)		ED INS.CO			INSUR	ANCE
E COA	17. FATHER'S NAME (First, Middle, Last) JOHN FRYER			111	HER'S NAME (FI	rst, Middle, Maiden : ESS	Sumeme)	
TO BE	19e. INFORMANT'S NAME (Type/Print)			SS (Street and Number				
F	MRS. MARGIE HUDSO						_	DE 19945
	20e. METHOD OF DISPOSITION 1 XBurtel 2 Commetton 3 Remove 4 Denetion 5 Other Special	RED C	MENS CEM		7/23/			y or Town, State LE, DELAWARE
	21, SIGNATURE OF PURESTAL/SURVICE LICE	N. C.	2:	MELSON F				D.
	23. PART V Egaer the diseases, or co	Wood		FRANKFOR	-			
	IMMEDIATE CAUSE (First	et only ona cause on sech lin	na.	inferci		cardiec or respi	atory arree	Interval Between Onset and Death
NO	Sequentielly list conditions, b.							
CATI	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):					
빙	PART ii. Other eignificant conditions	contributing to death but not	regulting in the	underiving naves	riven in Deet i	i. 24a, WAS AN	ALLMONOV	
MEDICAL	The state of the s	source and to destin but not	resulting in the t	anderlying codes	given in reit i	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ÆD			-			1 _ YE\$ 2	THO	OF DEATH?
	DID TOBACCO USE CONTRI	BUTE TO CAUSE OF DE	ATH YES 🗗	NO UNC	ERTAIN []		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL/	ACE OF DEATH (Chec					
S		1 🗂 Inpetient 2 🗆 ER/Outpetient	3 DOA 4 N	ursing Home 5 🗆 Ra				
			28b. TIME OF	28c. INJURY AT	204	DESCRIBE HOW IN	IJURY OCCUP	RED
	27. MANNER OF DEATH 1	28e. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?				
BY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. PLACE OF INJURY (Morith, Dey. Year) 28e. PLACE OF INJURY — At the building, etc. (Specify)	INJURY	WORK?	NO 281. I		nd Number or	Rural Route Number,
BY	27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER 1 PERTIFYING PURSICIO	(Month, Dey, Year) 28e. PLACE OF INJURY — At houliding, etc. (Specify)	INJURY M Horne, ferm, street, fa	WORK? 1 YES 2	NO 28f. I	LOCATION (Street e. City or Yown, Stete)		N N N N
BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	(Month, Day, Year) 28e. PLACE OF INJURY — At h	INJURY M ome, ferm, street, fa	WORK? 1 YES 2 ctory, office	NO 28f. I	LOCATION (Street e City or Town, Stete)	ner se stated.	
BE COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	(Month, Dey, Year) 28e. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, d	INJURY M ome, ferm, street, fa	WORK? 1 YES 2 ctory, office time, date end place opinion, death occur	NO 28f. I	LOCATION (Street e City or Town, Stete)	ner se stated.	
E COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Dey, Year) 28e. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, of Cn tha besis of exemination end/or	INJURY M some, ferm, street, fa leath occurred at the r investigation, in my	WORK? 1 YES 2 ctory, office time, date end placa r opinion, death occur 29c. LICI	and due to the red at the time, of the NUMBER	COCATION (Street e City or Yown, Stete) cause(e) end man date end place, end	ner se stated. If due to the c	ause(e) end menner as stated.
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO PLANTED AND ADDRESS OF PERSON WH	(Month, Dey, Year) 28e. PLACE OF INJURY — At h building, etc. (Specify) AN: To the best of my knowledge, of Cn tha besis of exemination end/or	INJURY M Mome, ferm, street, fa leath occurred at the r Investigation, in my	WORK? 1 YES 2 ctory, office time, date end place opinion, death occur	and due to the red at the time, of the NUMBER	COCATION (Street e City or Yown, Stete) cause(e) end man date end place, end	ner se stated.	ause(e) end menner as stated.

and maked the first

R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the State permit of Health and Mental Humane prior to burial cremation or removal	im 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this of the filed within 72 hours after death with	IMPORTANT: If Item 28 is marked,

STATE OF MARYEND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF M	ARYLAND	/ DEPARTM	MENT OF H	EALTH AND M	MENTAL HYGIEN		
-	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	JOHN J GROSSI					JULY 23	199	5 12:35 am
	4. SOCIAL SECURITY NUMBER 5. SEX 1X M 2 F	6. AGE (In yrs. I	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. E	DIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	4	7 YRS.					node Island
DIRECTOR	Malcolm Grow U.S.A.F. Med	ical Cr			R LOCATION OF DEA	orce Base	9c. COUNTY	George's
EC	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d, INSIDE CITY
	Rhode Island Providence		Pro	vidence	2			LIMITS?
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
NE	912 Manton Avenue:				02908			S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XXDivorced 12. WAS DECEOENT FORCES? 1 IF YES, GIVE W 1967 t	YES 2 TR OR DATES	NO	If yes, sp	ENDENT OF HISPANI ocify Cuban, Maxican, 2 NO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a, C	DECEDENT'S USI	JAL OCCUPATIO	IN et of working	16b. KIND OF BU	SINESS/INDUST	
	Elementary/Secondary (0-12) College (1-4 or 5+)	-#	te. Do NOT use re	tired.)	at or working	Casin	_	
ME	17. FATHER'S NAME (First, Middle, Last)	1500	Jarrey	Guara	44 4407115010 11414			
	Virgil Grossi				Rose P	NE (First, Middle, Maiden Perri	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	1				oute Number, City or Tow		(e)
유	Laura Grossi		12 Ost	end St	reet, Joh	inston, R.	I. 029	919
	20s. METHOO OF DISPOSITION 1 To Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cemetery, c	E AND DATE OF D	place)			CATION — City	
	21. SPONATION OF FUNERAL SERVICE LICENSEE	ISt Ar	m's Ce	metery 22. NAME A	08-	01-95 Cra	nston.	R.I.
	194	ton)					me, inc.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	EQUENCE OF):	enter tha mo	de of dying, such	ss cardiac or resp	fratory arrest,	Approximats Interval Batwean Onset and Daath	
ᇤ	resulting in death) LAST							
AL C	PART II. Other algorificant conditions contributing to	seath but not	resulting in t	hs undsrlying	cause given in P	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PERFOR		AMILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC								OF DEATH? 1 YES 2 NO
ÿ	DID TOBACCO USE CONTRIBUTE TO CAL				UNCERTAIN			
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF DEATH (Check only one) THER:				
14S	1 ☐ YES 2 ☐ NO		3 DOA 4 (5 Realdence 6	28d. DESCRIBE HOW I	N IIIBY OCCUPE	2
BY PI	1 Natural 5 Pending (Month, Date 2 Accident Investigation	y, Year)	INJURY	wo	ES 2 NO	200. DESCRIBE HOW I	NJOH! OCCORE	
G	3 Suicida 6 Could not be detarmined 28s. PLACE OF building, a	t, factory, office		281. LOCATION (Street : City or Town, State)		ural Route Number,		
COMPLET	29s. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of r MEDICAL EXAMINER: Dn the bests of axis							use(s) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUME			NED (Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON THE COMPLETED CAUSE	OF DEATH AT	EM 27) (Type Prin	n) MAT CO	MD17816		23 J	ULY 95
	BRYAN C. SHARPE, MAJ, US	AF, MC			WS AFB MD			LEK
	31. DATE FILED (Month, Day, Year) 1995. 32. REGISTRAF		Rardall					



DHMH-16 Rev 1/89

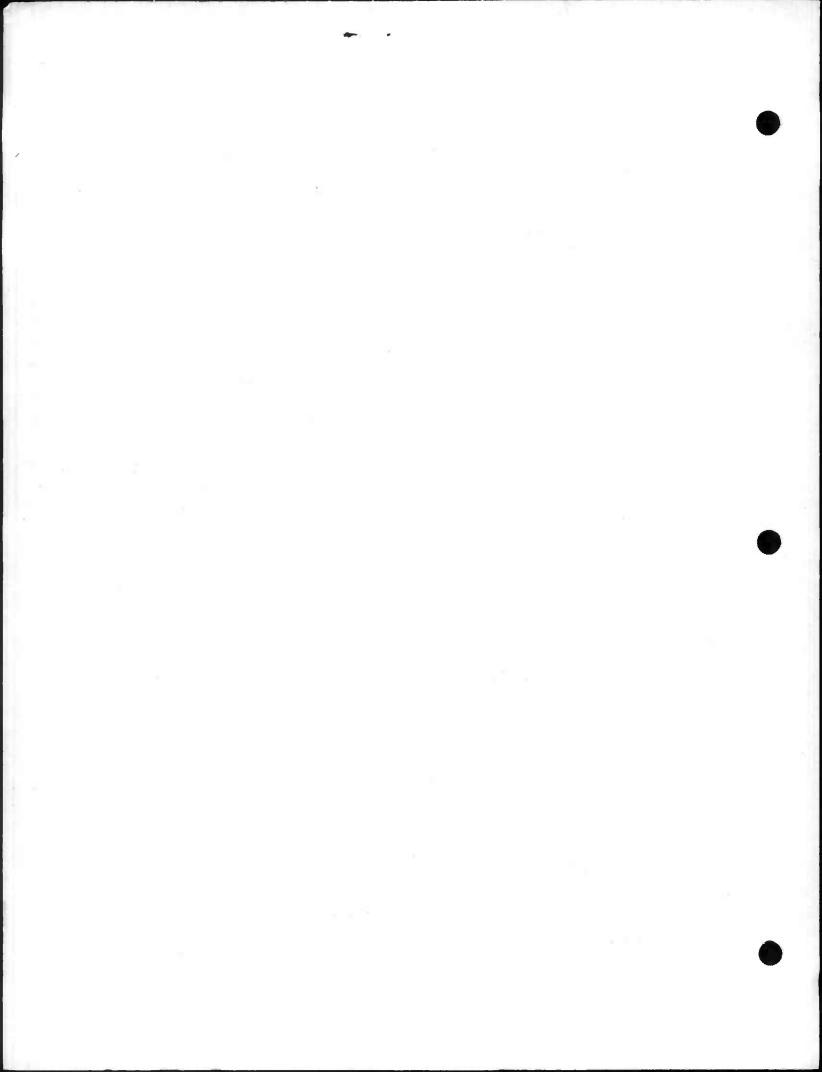
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

1 - FOR STATE REGISTRAR

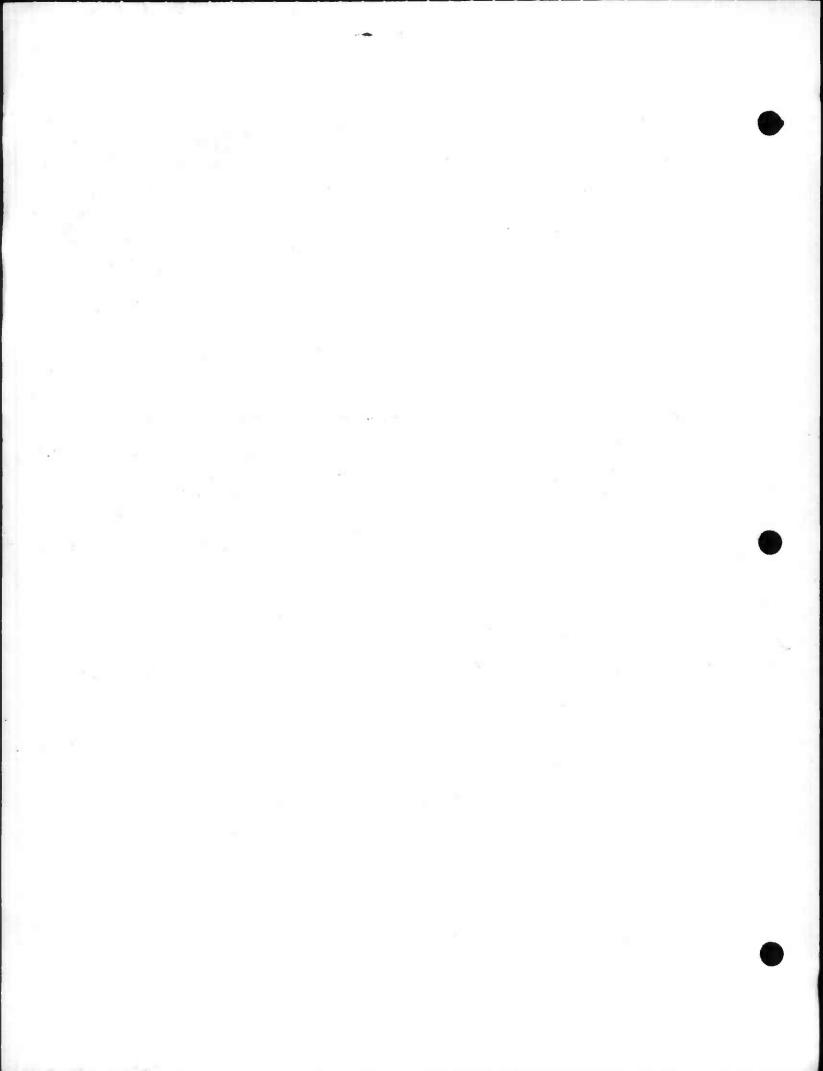
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICALE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	ETHEL MAY (GARVER				JULY 29	1995	5:00 A M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	217-10-3023	1 🗆 M 2 🔀 F	81 yrs.	MONTHS DAYS	HOURS MIN.	Sept. 13,		Country) Maryland
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
Œ	Williamsport Nu				amsport			shington
I 유	RESIDENCE OF DECEDENT	SING NOME		WITTI	amsport		Wai	SHIHELOH
DIRECTOR	10a. STATE 10b. COUNT	γ'	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
	Maryland Washi	ington	1	Hagersto	wn			LIMITS?
	10e. STREET AND NUMBER	U		0	of, ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
FUNERAL	116 North Cannon	Avenue			21740			J.S.A.
Z	11. MARITAL STATUS	12. WAS DECEDENT EVE	D IN II C ADMED	40 1400 00				
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 X NO	If yes, s	pecify Cuban, Maxic	NIC ORIGIN? (Specify Yes	s or No- 14.	. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 🗌 YE	S 2 TH NO Specif	fy:		Specify:
ا ي	15. DECEDENT'S EDU	CATION	16a DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU		white
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done during n	lost of working	168. KIND OF BU	SIMESS/INDUS	THY
12	Elementary/Secondary (0-12) 0-11	College (1-4 or 5 +)		orer			factor	ries
×	17. FATHER'S NAME (First, Middle, Last)							
		L. Shepley				AME (First, Middle, Melden Carrie May	,	r
H		H. Direptey						
2	19a. INFORMANT'S NAME (Type/Print) Mrs. Donna Settle		19b, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Co	Monard - 1
'			120	NOTEH C	annon Av	enue, Hage	rstown	Maryland ₁₇₄₀
	20a. METHOD OF DISPOSITION 1XC Burial 2 Cremation 3 Rem		20b. PLACE AND DATE cemetery, cremetory or c		lame of	1		or Town, Stata
	4 Donation 5 Other (Specify)		Mt. View	Cemeter		7-31-95 R	inggold	d, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	GENSEE O .		22. NAME	ND ADDRESS OF FA	WILLTY Minnicl	n Funer	ral Home
	+ James 7.	Spicer		415 E	ast Wilso	on Blvd., I	Hagerst	town, MD 21740
	23. PART I. Enter the diseasea, or	complications that cau	and the death. Do					
1 1	shock, or heart feilure.	Liet only one cause or	each line.	not enter the m	ode of dying, auc	on as cardiac or respi	ratory arrest	Approximata interval Between
1 1	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in death)	UROSEPSI						6 DAYS
		DUE TO (OR A	S A CONSEQUENCE O	F):				
N	Sequentially list conditions,	b						
CERTIFICATION	if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):				
3	CAUSE (Disease or Injury	c						
ᄩ	thet initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	F):				
EH	resulting in duality CAST	d						
	PART II. Other algnificent condition	s contributing to deet	but not resulting	in the underlyis	o cours alves in	Bart I as was an	ALITONOU	
EDICAL	ISCHEMIC CARDI		at not resulting	are anomy	ng cause given in	Pert I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
اق						1 🗆 YES 2	NO P	COMPLETION OF CAUSE OF DEATH?
Σ	SEVERE CONGEST							1 - YES 2 - NO
z l	DID TOBACCO USE CONT	RIBUTE TO CAUSE				N 🗆		
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEA)			
S	1 TYES 2 NO	1 Inpatient 2 ER/O	utpatient 3 DOA	OTHER: 4 XNursing Ho	ne 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJUR (Month, Day, Yea		E OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
	1 Natural 5 Pending	(Morkin, Day, rea	"		ORK? YES 2 NO			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJU	RY — At home, farm,	street, factory, offi	ce .	28f. LOCATION (Street)	and Number or F	Rural Route Number,
W I	4 Homicida datermined	building, etc. (S	pecify)			City or Town, State)		and the second second
"	29e. CERTIFIER			N 1- 1 1 1 1 1 1				
₹		CIAN: To the best of my kn						
COMPLET			mon and/or investigation	m, in my opinion,	seath occured at the	time, data and placa, en	d due to the ca	suse(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIED	R			29c. LICENSE NUI	54.575	29d. DATE SI	GNED (Month, Day, Year)
ᇤ	(I/UDCHAR	NAT			D 3370	0	▶ JUL	Y 29, 1995
0	/CHOVC.							
TO BE	30. NAME AND ADDRESS OF PERSON WH							
0	30. NAME AND ADDRESS OF PERSON WH TED E. HOWE, MD				LLIAMSPO	RT, MD 217	95	
0			RTIZAN ST		LLIAMSPO	RT, MD 217	95	, 1124



0	a talan
02	4
BALTIMORE, MARYLAND 21215-0020	Parts & may be catained by the bossies or estate and and
<u></u>	3
ND	bonnien
2	9
>	ž
MAR	paning
RE,	may he
Ō	4
Ž	Dane
ALI	re ofter death
m	offer
	2

		1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF	HEALTH AND	MENTAL	HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C		VE. 1	3. TIME OF DEATH
		William NMN GUBERM	AN	_			JU	V 3/	1995	0150 M
pp		066-01-6242	SEX 6. AGE (In yrs. 86	(ast birthday)	IF UNDER 1 YEA		7. DATE O (Month, Apri	F MIRTH (19), Year) 1 13,190	Coun	HPLACE (State or Foreign try) mania
2. 3 should	TOR	99. FACILITY NAME (If not institution, give street Washington County RESIDENCE OF DECEDENT				N OR LOCATION OF I	DEATH		Washii	
. Pages 1.	DIRECTOR	100. STATE 10b. COUNTY Maryland Washing	gton	10c. CIT	Y, TOWN OR LO					10d, INSIDE CITY LIMITS? 1 X YES 2 NO
nsit permit.	ERAL	100. STREET AND NUMBER 241 S. Prospect Str	reet			10f. ZIP CODE 2174	0	10g.	CITIZEN OF	WHAT COUNTRY?
5-UUZU nding physician. as the burial-transit	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2X IF YES, GIVE WAR OR OATES	ARMED NO	If yes,	Specify Cuban, Maxic ES 2 NO Speci	en, Puerto Ri		Spec	E — American Indian, ik, White, etc.
al or atte	LETED		pleted) oflege (1-4 or 5+)	(Give kind of v iife. Do NOT us		most of working	16b. I	(IND OF BUSINES:	S/INDUSTRY	WILLE
ANU ZI he hospital or detached for u	COMPL	12 0		owner	and op				ndry	
# 84	BE CO	unknown				unkn	own	ddle, Maiden Surnar		
retained 5 should notified	2	190. INFORMANT'S NAME (Type/Print) Ron Guberman				et end Number or Rure. n Green D)90
6 may be ector, page		20e. METHOD OF DISPOSITION 1 Suriel 2 X Cremation 3 Removal 4 Donation 5 Other (Specify)		E AND DATE (of DISPOSITION	(Name of	-1-95	20c. LOCATION	N — City or To	
ath. Page ineral din		21. SIGNATURE OF EUNERAL SERVICE LICENS			22. NAME	AND ADDRESS OF F	ACILITY		Scown,	naryrand
the noval.		23. PART I. Enter the diseases, or com	, ,			E.Wilson				
ted within 24 hours after completely filled in by th ial, cremation, or remove event, the medical		ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on each if	ti	Heu	Aul Dis			/ arrest,	Approximats Interval Between Onset and Death Chronic
ertificate be executed ing physician and comgiene prior to burial, other traumatic en	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	OUE TO (OR AS A CONS							
L 5 5 0	CEF	d								
e law requires that the dea has been signed by the att Dept. of Health and Menta 123 shows any Injury,	EDICAL	PART II. Other algorificent conditions of	ontributing to death but not		n the underly	ing cause given in		PERFORMED?		WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
law required bept. of P	Σ	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DE	ATH YE	S 🗆 NO	UNCERTA	NΠ			1 YES 2 NO
E 88 E	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ACE OF DEAT	H (Check only or OTHER:	· .		Preside		
F # # F	у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIMI	E OF 28c. I	NJURY AT WORK?	_	RIBE HOW INJURY	OCCURED	
TTENDI TTENDI After do	ED B	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, s			261. LOCAT City or	ION (Street and Nui Town, State)	mber or Rural I	Route Number,
BO GR	COMPLET		: To the best of my knowledge,							
HOSPITAL FUNERAL Within 72 TANT: If		29b. SIGNATURE AND TITLE OF CERTIFIER	n the basis of examination end/o	or investigation	n, in my opinion					
TO THE HOSPITAL TO THE FUNERAL De filed within 72 I	TO BE	30. NAME AND AODRESS OF PERSON WHO	MOI ETED DAILSE DE DEATH (T	TEM 97 (5-	Onlast)	D24	523	•	DATE SIGNED	(Month, Dey, Year)
		31. DATE FILEO (Month, Day, Young,	YOUMI 91	1	(110)	rediap	1A	MM R	DAD	DO DO
		ALIG 9 1995	2. REGISTRAB'S SIGNATURE	Part II				J		

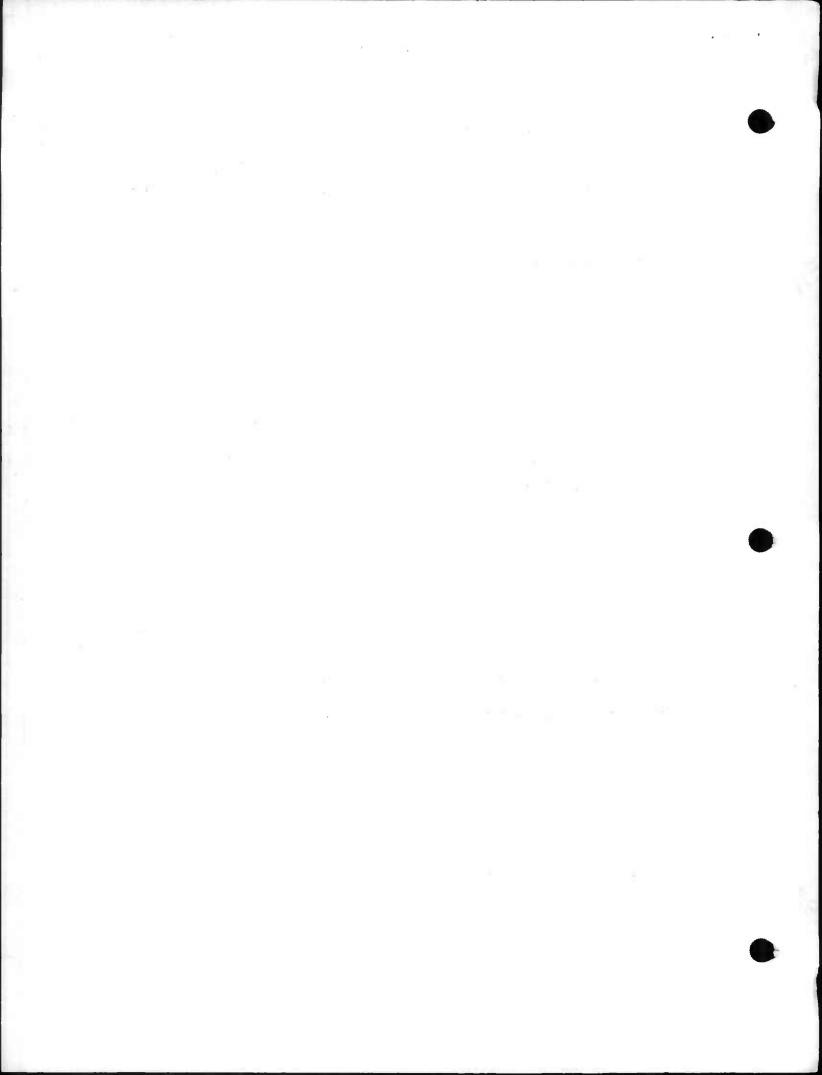


DIVISION OF VITAL BECORDS DO BOX 68760

_	\$	ŝ
≥	85	5
-	2	96
Ш	ay.	B
	E	ö,
)	9	ğ
≥	30	iệ.
_	9.	Te
,	E.	ě
7	Jea	Ž
DALIMORE, MA	J.	2
	afte	y th
	100	Q E
	9	P
		100
		×
7	碧	ete
2	*	ğ
-	8	0.0
0	Cut	d c
9	exe.	S
<	9	an
)	e b	Sici
	Cat	È
:	Tife	0.0
ڔ	Cer	Jil.
L	=	He H
2	ea	aff
()	9	9
1	£	y I
	hat	D D
ڔ	S	1
)	ire	Sign
Ц	D de	E
	7	ě
4	8	53
1	2	22
-	E	ate
>	AN	tific
	2	100
5	33	S
_	F	£
	9	ě
)	ā	A
5	E	8
ž	F	E
	œ	#
	0	
DIVISION OF WITHE RECORDS, F.O. BOX 00760.	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with fours after death. Page 6 may be reta	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st
	n	OC.

OR TATE	STATE OF MARYLAND / DEPARTMENT DF HEALTH AND	MENTAL HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.
DENT'S NAME (First, Middle, Last)		2 DATE OF DEATH

		1 - STATE OF	MARYLAND	/ DEPAR	TMENT DF I	IEALTH AND I	MENTAL HYGIEN	E			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
			atto, Jr.	•			July 30		10:15 p. M		
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)		
P		215-76-0675 1 M M 2 🗆	34	YRS.			Feb. 28, 1		ryland		
3 should	œ	9s. FACILITY NAME (If not institution, give street and number)				OR LOCATION OF DE	ATH	9c. COUNTY OF			
5,	2	5451 Glen Arm Road Glen Arm Baltimore									
sages	DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
J. P		Maryland Baltimor	9	G.	len Arm				1 TYES 2 NO		
physician. burial-transit permit. Pages	RAL	5451 Glen Arm Road			10	f, ZIP CODE			WHAT COUNTRY?		
physician. burial-tran	FUNER		ENT EVER IN U.S. A	ARMED	13. WAS DEC	21057	IIC ORIGIN? (Specify Yes	U.S.	E — American Indian.		
		IF YES GIV	1 YES 2 TE WAR OR DATES	NO	If yes, sp		n, Puerto Ricen, atc.)	Blac	ck, White, atc.		
attending se as the	р Вү	3 Widowed 4 Divorced						W	nite		
_ =	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	- 5	DECEDENT'S (Give kind of vite. Do NOT us	USUAL OCCUPATION Work done during motion retired.)	ON ost of working	16b. KINO OF BUS	SINESS/INDUSTRY			
	P	Elementary/Secondary (0-12) College (1-4 o	5+)		er progr	ammer	Automok	oile dea	lershin		
the hospital detached fo	Ö	17. FATHER'S NAME (First, Middle, Last)		ompace	JI progr		ME (First, Middle, Maiden		ICISIIP		
क देव	ш	Samuel G. Gatto				Car	ol F. Dull				
retained 5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)					Poute Number, City or Town		04.070		
. 2 2 0		Mrs. Carol F. Gatto					Havre de G				
age 6 may director, pa		1 G Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			of disposition (Na ther place) Cemeter			CATION — City or 1			
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	I MC.	E1 111	22. NAME A	ND ADDRESS OF FA					
death. Pag funeral di		by Mary Dall H	0 714		Tarr	ing-Carg	o Funeral , Maryla	Home, P.	A.		
h 22 m		23. PART I. Enter the disesses, or complications	thet caused the c	death. Do n					Approximata		
DO DO E		shock, or Heart failure. List only one	cause on each lin	na.		,,,,,,,	aa aarataa ar taapi	inatory arreat,	Interval Between Onset and Death		
ety filled nation, o			TO (OR AS A CON	EN	bolim	\sim			minutes		
d with omplete I, crem.		I. Control of the con		Charles and Cal					Intakas		
	N N	Sequantially list conditions, b. DRO	TO (OR AS A CONS	w 7	hombo	Sis			hors		
e be execut sician and c nior to buri traumatic	ERTIFICATION	ii willy, ladding to illilliodiate							wonths		
in poly	H.		TO (OR AS A CONS								
E H	ER	resulting in death) LAST	er extre	mly	paraly	ris	_	years			
e 4 2 4	AL C	PART II. Other algnificant conditions contributing	to death but not	rasulting i	In the underlyin	g cause given in	Part I. 24a, WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
that that than	DICA	Spinal Cord injury	letero	topic	m	i cation	PERFOR	THE COL	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
sign Heal	MEC	0 0							OF DEATH? 1 □ YES 2 NO		
law requast been bept. of 23 sho		DID TOBACCO USE CONTRIBUT	E TO CAU	SE OF	DEATH Y	ES NO					
The ate the	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:	LACE OF DEATH (Ch					
Centification of	HYS		OF INJURY	3 DOA		ne 5 Pesidence	8 Other (Specify) 28d. OESCRIBE HOW II	N HIDY OCCUPED			
NG PHYS fter this eath with marked	ما	1 Netural 5 Pending (Mont	n, Day, Year)		URY WO	YES 2 NO	200. VEŞCHIBE HOW II	NJUNI OCCURED			
D 4 D W	р ву	3 Suicide 8 Could not be	E OF INJURY — AI I	home, farm, a	street, factory, offic	•	28f. LOCATION (Street a	and Number or Rural	Route Number,		
OR ATTEN DIRECTOR: nours after tem 28 I	TED	4 Homicide datarmined	rigi, etc. (Opeciny)				City or Town, State)				
	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, o	death occurre	ed at the time, date	and place, and due	to the cause(a) and mar	nner as stated,			
HOSPITAL FUNERAL Within 72 TANT: If	Š	One) 2 MEDICAL EXAMINER: On the besie	f axamination end/o	r Investigatio	n, in my opinion, o	leath occured at the	time, data and placa, an	d dua to the cause	(a) and manner as stated.		
TO THE HOSPIT TO THE FUNERA De filed within ?	BE (29h. SIGNATURE AND TITLE OF CENTIFIER	m	No		29c. LICENSE NUI	The same of the sa	29d, DATE SIGNE	O (Month, Day, Year)		
5 5 3 M	70	30 NAME AND ADDRESS OF BEDSON WHO COMPLETED	AUGE OF BEATH	CH AD C	(Perfect)	D 501	10	1/3	1172		
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF SPOR	560			a BIV	o Ralt	mone.	MD 21239		
		31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE		707	, -, -,	-				
		AUG 03 1995 Juli	Davidson 1	Cardall							



BALTIMORE, MARYLAND 21215-0020

423		
VDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page :	
E m	300	
200	direc	
H.	eral	
deat	É	
after	y the	-
2	u p	-
ğ	B	9
74	-	ion
hin	rtely	2000
¥	du	000
ted	00	ini
900	D.	į
日	an o	400
e p	Sici	Spin
fical fi	Ē	900
erti	Bu	die
5	pua	1
dea	att	m made
the	#	4 64
Jat	3	0
l Si	Jue	abb
Inire	Sig	S.
9	Jee	300
No.	as i	Sand Sand
The	9	4
ž	lica1	C
S	erti	tha
3	is c	40
ď.	E	4
SING	Afte	danh
닞		ì

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	GRUDIS, HI	ELEN						9	5 2	4494
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN				IEALTH AND DEATH		GIENE		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DI	EATH DAY	YEAR 3.	TIME OF DEATH
	HELEN		GRUDIS	,			July	26 1	995	8:19 A M
	4. SOCIAL SECURITY NUMBER 167-32-0484	5. SEX 6. AGE (In)	rrs. lest birthday)	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	RTH Year)	8. BIRTHPL/ Country)	ACE (State or Foreign
			YRS.				March			inois
DIRECTOR	9a. FACILITY NAME (If not institution, give at Salisbury Nursing Mesidence of Decedent		. Ctr.			Sbury,			OMICO	
E E	10a. STATE 10b. COUNTY			ry, town	OR LOCAT	TION		· · · · · · · · · · · · · · · · · · ·	10	d. INSIDE CITY
둡	Ohio L	ucas		Tol	edo				1	LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE		10g. CIT	IZEN OF WHA	
EB	2202 Greenlawn 1	Dr.				43614		1	JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specifi	an, Puarto Rican,		Specify:	American Indian, /hita, atc.
	16. DECEDENT'S EDUC	ATION 16	a. DECEDENT'S	USUAL O	CCUPATIO	ON	16b, KIND	OF BUSINESS/INI	Whit	e
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	st of working				
립	6	doings (1 4 di 6 1)	Homema	ker						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle,	Malden Surname)		
BE	Joseph	Adams				Mary		Marky	vitch	
0	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRES	S (Street a	nd Number or Rural	Route Number, Cit	y or Town, State, Zij	Code)	
	Ben E. Grudis		229	Can	al P	ark Dr.,	Salisb	ury,MD	2 180 1	
	20a. METHOD OF DISPOSITION 1 (XBurial 2	rval from State Cemeter	ACE AND DATE ry, crematory or o llvary	Ceme	tery		8/1	zoc. Location — Toledo		
	21. SIGNATURE OF FUNERAL SURVICE LIC	► W K Hellun 50						ome Salisbu	ırv M	n 21801
ERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximately a shock or heart fellure. List only one cause on each line.								Approximate Interval Between Onset and Daeth	
CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE O	F):						
MEDICAL	PART II. Other algrificant condition	a contributing to deeth but	not resulting	in the ur	rill	cade given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED? YES 2 NO	CO	RE AUTOPSY FINDINGS NEABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	DID TOBACCO USE CONTR	IBUTE TO CAUSE OF I	DEATH YE	ES 🗹 i	NO 🗆	UNCERTAIL	NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF DEA							
2	1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatie	int 3 🗆 DOA	4 Nur		e 5 🗆 Residence	6 Other (Spec	ify)		
BY PH	27, MANNER OF BEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Morth, Dey, Year)	28b. TIM	IE OF JURY M	WO	INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK? YES 2 NO				
ETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, fact	tory, office		26f. LOCATION City or Town	(Street and Number n, State)	or Rural Route	Number,
COMPLE		IAN: To the best of my knowledg								d menner se stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	5 Myo				29c. LICENSE NUN D-3981		29d. DAT	E SIGNED (Mo	nth, Days Year)
¥ I	30. NAME AND ADDRESS OF PERSON WHO		define on the	0.6.4					-	()

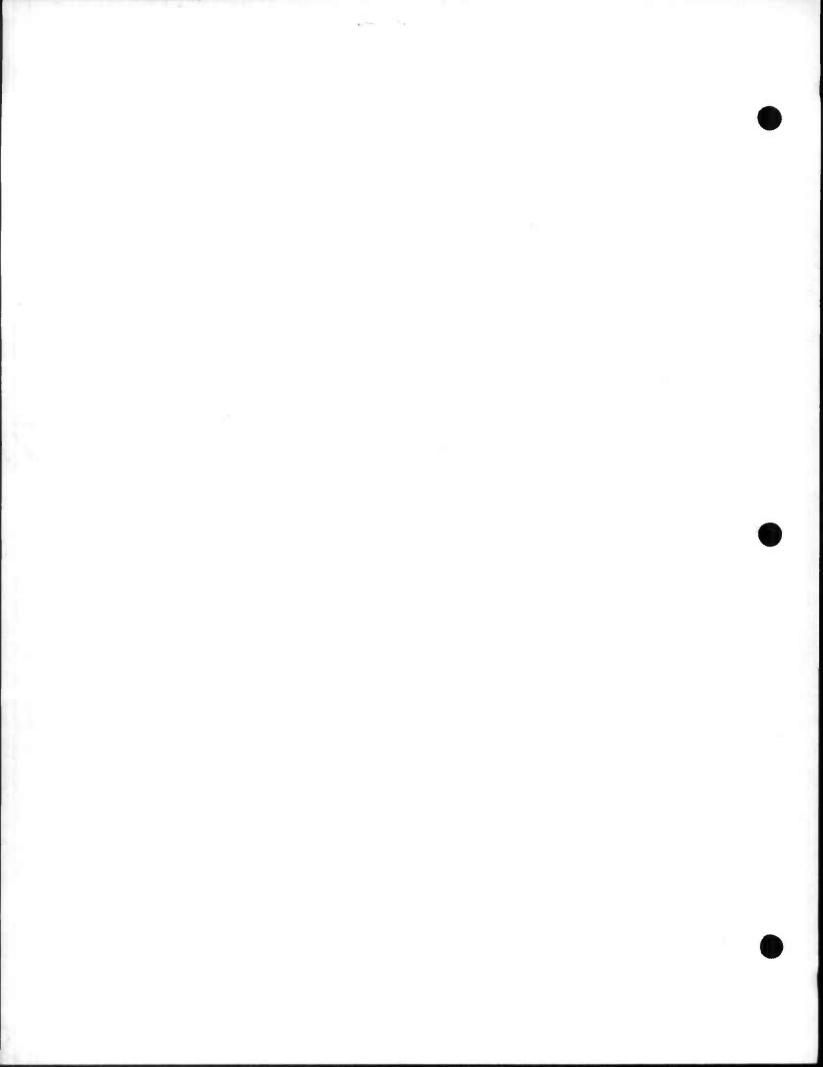
M.D., 1104 HEALTHWAY DR., SALISBURY, MD 21801
32. REGISTRAR'S SIGNATURE
Julia Davilson Rardall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MICHAEL ATKINS,

281995

31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

	FOR	
1 -	STATE	

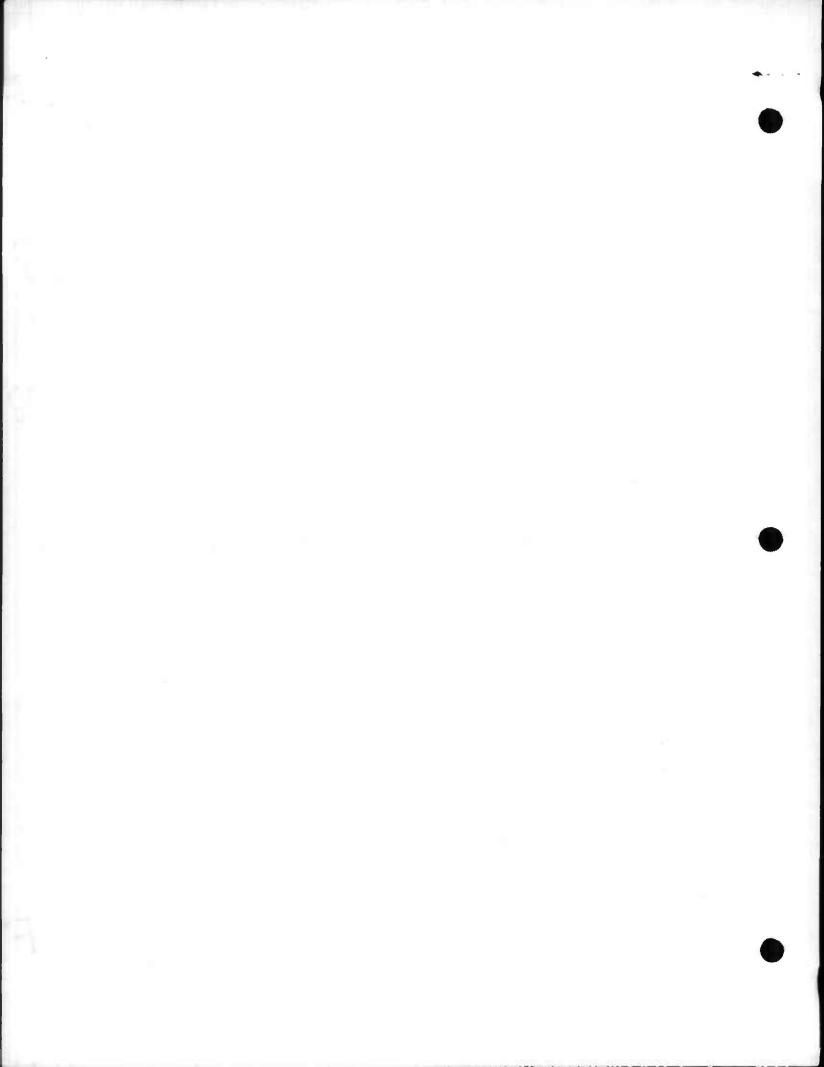
	1. DECEDENT'S NAME (First Middle Leet)		_		CALE	OF DEATH	REG. NO	J.		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YE									
	Ethel Mae G	arrison					July 18		6:40 A	
	4. SOCIAL SECURITY NUMBER 219-05-8389	1 🗆 M 2 🙀 F	AGE (In yr	3. last birthday) YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/05/19		BIRTHPLACE (State or Foreign Country) Maryland	
R	9a. FACILITY NAME (If not institution, give str		CENTO	משח		WN OR LOCATION OF D			Y OF DEATH	
5	SALISBURY NURSING & REHAB CENTER SALISBURY, MARYLAND WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
10-	Maryland Wico	mico			sbury	OCATION			10d. INSIDE CITY LIMITS? D(X) YES 2 ND	
FUNERAL	522 Winder Street,	Apartmen	t 53			101. ZIP CODE 21801			SA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 F YES, GIVE WAR	YES 2	ND	If ye	B DECENDENT OF HISPAI s, specify Cuban, Mexica YES 2 X NO Specifi	in, Puerto Ricen, etc.)		4. RACE — American Indian, Black, Whita, etc. Specify: African America	
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	164	DECEDENT'S U	ork done durir	PATION ig most of working	16b. KIND OF BU			
COMPLET	6th grade	College (1-4 or 5+)	1	aborer	retired.)		Poultry	Co. &	domestic	
- 11	17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, I									
# F	Arthur Farrington 19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (St	reet and Number or Rurat	er Dashield		ordal	
٩	Mrs. Elizabeth Tull					ola Road, T				
	20e. METHOD OF DISPOSITION 1) Duriel 2 □ Cremation 3 □ Remo	val from State	DATE 20c 14	CATION - C	by or Town State					
10-	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	askin, I	Maryland							
	Patricia (1	anelo	11		4	LEY MEMO			oad, Salisbury, - MD 21801	
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST	Due to los eller	R AS A COR	NSEQUENCE OF	E	Ped ;	failu	ne	yes.	
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORM							RMED7	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE	
¥	DID TOBACCO USE CONTR	IBUTE TO CAUS	SE OF D	EATH YES	S □ NO	☐ UNCERTAIN	— T⊕ YES	X _{wo}	OF DEATH?	
SICIAN:		HOSPITAL:		LACE OF DEATH	(Check only QT/HER:	Orne)				
> 11	1 YES 2 NO	28a, DATE OF IN.	JURY	28b. TIME	Muraing	Home 5 - Residence	8 Describe How	BURRAN OCCUR	nero.	
BY PI	1 Destural 3 Pending Investigation	(Month, Day,	Moor)	INJU	MY ,	WORK?				
ETED	Suicide & Could not be determined	38s. PLACE OF II building, etc.	(Specify)	t home, turns, sti	reet, factory,	affice	281. LOCATION (Street City or Reen, State	and Number or	Rurel Route Number	
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC (Check only one) 2 MEDICAL EXAMINER								ause(a) and manner as stated.	
BEC	196. SIGNATURE AND THE OF CENTER OF	4/		_		29c, LICENSE NUM D-29349		29d. DATE S	IGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
۵ آ	III. DATE FILED (Month, Day, Year)		EALTE	WAY DR		SBURY, MD.	21801	/	/	

objective.

DIVISION OF VITAL RECORDS, P.O. BOX 68760

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermin. Planes 1.2 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / D CEF	EPARTMENT OF H	EALTH AND M	ENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) JANE	Bearhair	+		2. DATE OF DEATH	25 YEAR	1122P		
	29-42-7305 1 m	54	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) DEC. 9, 19	Ge	ENNSYLVANIA		
TOR	9a. FACILITY NAME (If not institution, give street and in CARROLL COUNTY GENERAL RESIDENCE OF DECEMENT		96. CITY, TOWN O	NR LOCATION OF DEAT NSTER	TN	9c. COUNTY O			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND CARROLL	1	10c. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 K NO		
FUNERAL	100. STREET AND NUMBER 3824 TANEYTOWN ROAD			ZIP CODE 21787		10g. CITIZEN O	F WHAT COUNTRY?		
B	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S. ARME ICES? 1 YES 2 NO ES, GIVE WAR OR DATES	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yea o Puerto Ricen, etc.)	S _i	ACE — American Indian, leck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College 12 th	(Give iiii) (Give iiii) (Oi)	DENT'S USUAL OCCUPATION IN THE PROPERTY OF MOST USE RETIRED.)	S USUAL OCCUPATION work done during most of working use retired.) 16b. KIND OF BUSINESS/INDUSTRY					
OM	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME	E (First, Middle, Maiden Su				
BE C	LESTER	EHRMAN		GRACE	EC	CKARD			
0	19a. INFORMANT'S NAME (Type/Print)		HAILING ADDRESS (Street a						
	JOHN GILBERT GEARHART		324 TANEYTOW		ANEYTOWN,				
	294, METHOD OF DISPOSITION 1 Å Burlel 2 ☐ Cremetion 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)	State 200. PLACE AND CHIMMAN, CYGNAS MYD TOX	DOATE OF DISPOSITION (No.		E	THON — City or			
	21. SIGNATURE OF FUMERAL SERVICE LICENSEE	m. in	The second name of the second na	D ADDRESS OF FACE	JTY		E, MARYLAND		
	1. Kevin	uder	CVII	DC DUNTEDA			IMORE STREET N, MD 21787		
CERTIFICATION	23. PART I. Enter the diseases, or complications flat caused the death. Do not whiter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)								
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	-5074:51751						
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED 1 VES 2 100								
PHYSICIAN:	DID TOBACCO USE CONTRIBUTE			UNCERTAIN			- 08.50		
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINENT HOSP 1 Input	ITAL:	OF DEATH (Check only one) OTHER:		na wowa wasani				
HYS		otient 2 SER/Outpatient 3 D	Sh. TIME OF 25c. INJ.	RY AT 2	Other (Tipecity) aid, DESCRIBE HOW INJ	URY OCCURED			
ВУ Р	1 Pending Pending Investigation	(Minth, Dey, Hear)	INJURY WOR	NK7		on occured			
	3 Suicide S Could not be 4 Mamicide determined	2	BE LOCATION (Street and Dity or Town, State)	f Number or Flui	al Route Number				
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To 1 (Chack Strip) 2 HANDICAL EXAMINES: Opens	he best of my knowledge, death leads of examination ondrive infe	occurred at the time, date	and place, and due to	The cause(x) and manners, date and place, and c	or an absted. Due Spette coun	e(x) and manner as stated.		
TO BE	296. SIGNATURE AND TIPLE OF DESTRUCTION 30. NAME AND ADDRESS OF PERSON WHY COMPLE	ETED CAUSE OF DEATH (ITEM 2)	T) (Yepu, Print)	Des 90	35	MAL DATE SIGN	eg B		
	RICHARD A. JONES, M.		USEL DRIVE	WESTMIN	STER, MARY	LAND :	2157		
		veleor Revealett							



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou roval.	tal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH
- 1	George	Bruce	GLO	TFELTY						Augus	DA		YEAR	8:00 A M
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. I	ast birthday)	IF UNDER	R t YEAR	IF UNDER	R 24 HRS.	7 DATE OF B	HOTH			IPLACE (State or Foreign
	220-30-872		1 📉 M 2 🗌 F	94	YRS.	MONTHS	Mar. 3, 1901 Maryl				yland			
œ	90. FACILITY NAME (If not in					9b. CITY			ON OF DE	ATN		9c. COU	NTY OF D	EATH
0	721 North		Road			McHenry Garrett					ett			
EC	10a. STATE	10b. COUNTY	,		10c. CI7	IC. CITY, TOWN OR LOCATION					10d. INSIDE CITY			
DIRECTOR	MD Garrett					LIM					LIMITS? 1 YES 2 NO			
₹	10e. STREET AND NUMBER						101	. ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?
FUNERAL	721 North	Ridge I							215	41			USA	
	11. MARITAL STATUS 1 X Never Merried 2	Morried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.A	RMED	RMED 13. WAS DECENDENT OF NISPANIC NO If yee, specify Cuban, Mexicon, F				IC ORIGIN? (Sp n, Puerto Ricen	etc.)	or No-	14. RACE Black	E — American Indian, c, White, etc.
ВУ	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES		1 TES 2 NO Specify: Specify:					White			
60	15. DEC	EDENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. KINI	D OF BUS	INESS/INC	USTRY	***************************************
Fi	Elementery/Secondary (6		College (1-4 or 5	- 46	Give kind of le. Do NOT u	work done se retired.)	during mo	st of worki	ng					
MPL	8				Fa	rmer					F	armi	ng	
COMPLETED	17. FATNER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NAM	AE (First, Middle	, Meiden S	Surneme)		
BE (Samue1		Glo	felty					da	Mae			enbal	ker
2	190. INFORMANT'S NAME (7			1	9b. MAILING	ADDRES	S (Street e	nd Number	r or Rural R	loute Number, C	ity or Town	, Stete, Zip	Code)	
-	Wayne Gloti				721	Nort	h Ri	dge :	Road	, McHei	nry,	Mar	ylan	d 21541
	20e. METNOD OF DISPOSIT	n 3 🗆 Remo	oval from State	20b. PLACE Cerpetery, ca	AND DATE	of DISPOS	SITION (Na	ime of				CATION —	•	
	4 Donetion 8 Other 21. SIGNATURE OF FUNERA		ENGE	Thay	ervil		_			8/4	0ak	land	, Ma	ryland
	II. SIGNAL CONTROL	A	AA (1					FILT 61	al Hor	me			
	310/1	en Oh.	Deliver				32 S	. Se	cond	St., (Dakla			21550
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fir	asrt failure. I	oniplications tha List only one cau	t caused the d	e.	not anter	the mo	da of dy	Ing, such	ss cardisc	or respir	ratory sm	est,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	→	METAS	TATIC CA	ARCIN	OMA	ов т	HE C	ΔT.T.R1	LADDER				6 months
i	resulting in daarn)	,		(OR AS A CONS			01 1	1112 0.		DINDULK				o monens
N N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if sny, lasding to imma- cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONS	EOUENCE O	F):								
윤	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONS	EQUENCE O	F):				-				
E	reaulting in death) LAS	Т										*		İ
2														
MEDICAL	PART II. Other significa	nt condition	s contributing to	death but not	resuiting	in the ur	nderlyin	g cause g	givan in I	Part i, 24e.	WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										10	YES 2	X NO		OF DEATH?
ME										_				1 YES 2 NO
ž														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE	R:			ck only one)				
ΙŁ	1 YES 2 X ND		1 [] Inpatient 2			4 🗆 Nur	sing Hom		sidencs (8 C Other (Spe	,,			
	1 X Netural 5	Pending Investigation	26e, DATE OF (Month, D		26b. TIM	E OF URY M		URY AT PRK? YES 2	NO	28d. DESCRIB	E NOW IN	IJURY OC	CURED	
BY	2 Outstand	Could not be	28e. PLACE O	F INJURY — At h	ome, ferm,	street, fec	tory, offic			281. LOCATION	(Street as	nd Number	or Rural F	loute Number,
Ë		determined	building,	etc. (Specify)						City or Tox	vn, Stete)			
٦	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN To the best of	my knowledge, d	eath occurr	ed at the t	lme, date	end plece	and due t	to the course(s)	and man	ner es stet	ad	
COMPLETED) end menner es stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	lung	em		MP)	29c. LICI	D257			29d. DATI		(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)	· .							,,,,,
	Dr. Walter	K. Nau	mann, Ce	metery	Road	Acc	ide	nt, 1	Mary1	and 2	21520)		
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	A'S SIGNATURE	-					-				
	AUG - 7	1995	Julia dike	ichor Ran	lath									

Webler

or K. N.

ELLICAT CITY MD ZIOYZ

nding physician.	is the burial-transit permit. Pages 1, 2, 3 should			
leath. Page 6 may be retained by the hospital or at	funeral director, page 5 should be detached for use		xaminer must be notified at once.	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 hours after death. Page 6 may be retained by the hospital or attending physician,	ufter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the state Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TAL OR ATTENDING PHYSICIAN: The law requires that t	AL DIRECTOR: After this certificate has been signed by	nied within 72 hours after death with the State Dept. of Health and	MPORTANT: If item 28 is marked, or item 23 shows any I	
TO THE HOSP	TO THE FUNE	De nied within	IMPORTANT	

	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.		. 4 7 0			
	1. DECEOENT'S NAME (First, Middle, Last)	I. HUGHE	S		2. DATE OF DEATH MONTH DE		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 235-46-4451			birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPL/						
TOR R	HOWARD COU	98. FACILITY NAME (If not institution, give strivet and number) 98. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH COLUMBIA HOWARD								
DIRECTOR	10e. STATE 10b. COUNTY	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
	100. STREET AND NUMBER	OWARD	Co	LUMBIA 101. ZIP CODE			1 YES 2 NO			
FUNERAL		AGE HOUSE	LAME		45	10g. CITIZEN OF	WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ABMEO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specif	en, Puerto Rican, etc.)	or No — 14, RAC	€ — American Indian, k, White, etc.			
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION 16s	DECEDENT'S USUAL	ne during most of working	16b. KIND OF BUS	I NESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use retire	CHER	PRIVA	TE SO	CHOOLS			
	17. FATHER'S NAME (First, Middle, Lest) JEREMIAH	NOU	10		AME (First, Middle, Meiden ENCE		<i>E 1</i>			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)				
Ε.	20a. METHOD OF DISPOSITION	AMM 200 BL	9186 C	ARRIAGE			mg12420			
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cemetery	r, crematory or other pla は M	ARDENS CE	m7/31/9- A	CATION — City or To RLING-7	TON, VA,			
19	21. SIGNATURE OF SUNERAL SERVICE LIC	ENGER LINE		22. NAME AND ADDRESS OF FA JOSEPH LE 567 DEEK H	E CANE)	L.F.C	74 21784			
	23. PART 1. Enter the diseases, or chock, or heart failure.	complications that caused the	desth. Do not en	ter the mode of dying, suc	th ss cardisc or respi	ratory arrest,	Approximate interval Between			
	manager of access on	· ·					Onset and Death			
	onest and Death onest and Death onest and Death onest and Death onest and Death onest and Death Onest and Death Onest and Death									
LION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):									
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Acute Re	NAL H	911URE			12 HOURS			
CERTIFICATION	resulting in death) LAST	PERITON					30 Hours			
AL	PART II. Other significent condition HVDERTEN	contributing to death but n	ot resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC	- Hyperten	21011			1 YES 2	™ NO	OF DEATH? 1 YES 2 NO			
AN: N	DID TOBACCO USE CONTE				N 🗆		1 123 202 10			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 12 YES 2 NO	26. P HOSPITAL: 1)程 Inpatient 2 □ ER/Outpatien	PLACE OF DEATH (Che		0 Char (Parella)					
PHY	27. MANNER OF OEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED				
BY	2 Accident Investigation	280. PLACE OF INJURY — A	it home, farm, street, i	1 YES 2 NO	28f. LOCATION (Street a	nd Number or Rurel R	Prutte Mumber			
ETEL	4 Homicide 6 Could not be detarmined	building, atc. (Specify)			City or Town, State)		Note Purises,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge R: On the basis of examination and	, death occurred at th	e time, data and place, and due	to the cause(e) and man	ner as stated.				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		Patrick	29c. LICENSE NUI		29d. DATE SIGNEO				
TO B	yonathan So	Miler III)	Leputy ME	10417	11/031773	> JULY	26,1995			
	30. NAME AND ADDRESS OF PERSON WHO JONATHAN SA	FREN MD 4	(ITEM 27) (Tybo, Print)	Sey HALL DRIV	re#140 El	licatt Cit	, MARYLAND			
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATURE THE DRIVELSON ROS			-		21042			
	PATRYCE A TOTE,	(A	*	M COUNTY 4	SGT HEMLOX	IF CONF W	OHMH-16 Rev 1/89			
	1000		1	/	FLUCTIC	TY MD 7				

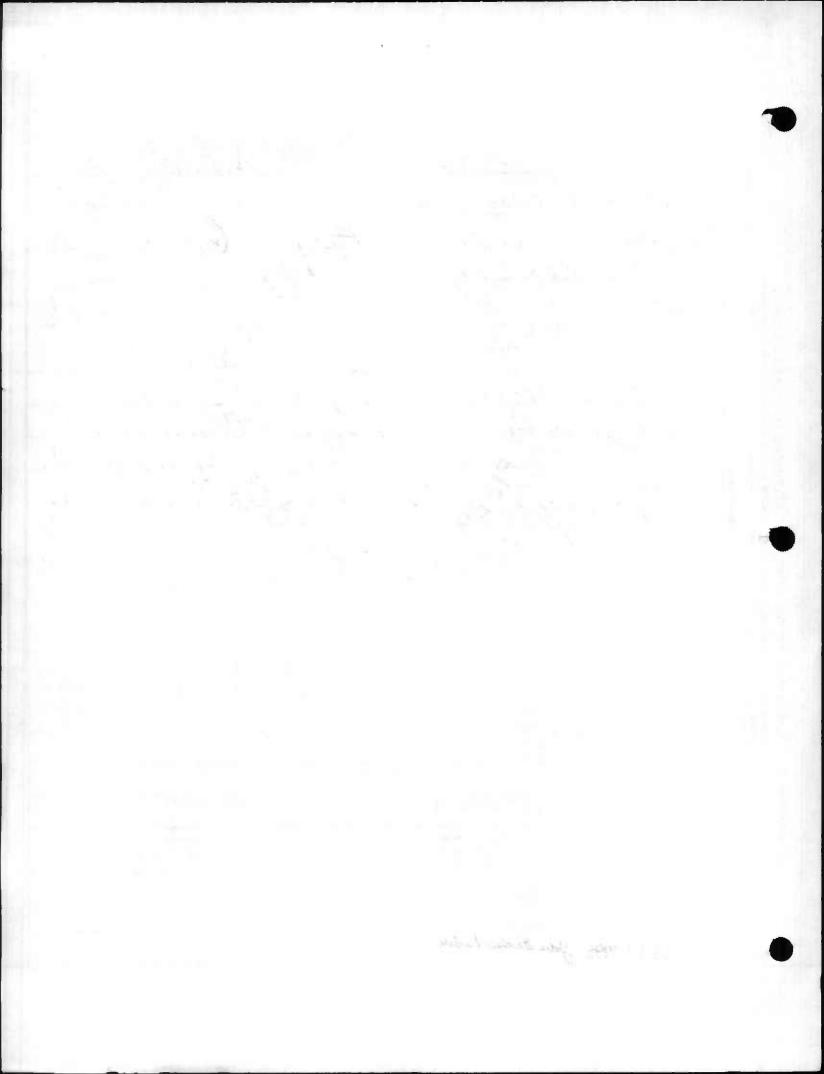
21215-0020	
212	
ND	
YLA	
MARYLAND	
RE,	i
9	
Ē	-
3ALTIMORE ,	

1 -

BA	
)	•
P.O. BOX 68760,	
. BO)	
3, P.O	
RECORDS, P	
VITAL	-
OF	
DIVISION OF VITAL	

FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD Sarah Horsey OF 15D A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8 BIRTHPI ACE /St 216-18-2860 1 M 2 1 YRS. use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not in 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT DIRECTOR 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? attending physician. 12 WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 700 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cubser Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etgi 1 Never Married 2 Married IF YES. GIVE WAR OR DATES BY 3 Widowed 4 Divorced IAC COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use refired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Sp hospital or (0-12) detached for College (1-4 or 5+) 8MESTIC. AborKY 10 once. 17. FATHER'S NAME (First, Midgle, Last) 18. MOTHER'S NAME (First Middle å funeral director, page 5 should be notified at 6> 3 BE 19b. MAILING ADDRESS (Street 2 2 must be 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION HomE 4 Donation 5 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY OUE nding physician and completely filled in by the 'Hygiene prior to burial, cremation, or removal. executed within 24 hours after 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) TO (OR AS A CONSEQUENCE OF): traumatic event, ialector mellitus senden CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEDUENCE OF) been signed by the attending physician of, of Health and Mental Hygiene prior to certificate be DUE TO (DR AS A CONSEQUENCE OF): CAUSE (Disease or injury injury, or other DUE TO that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? that Item 23 shows any I YES 2 WHO requires 1 YES 2 ND PHYSICIAN: certificate has bee the State Dept. o AMP. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF OEATN (Check only one) The EXAMINER? certificate HOSPITAL: OTHER: T YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ie 5 - Rasidence 8 - Other (Specify) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b, TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE NOW INJURY OCCURED With this INJUR 1 Natural 5 Pending 1 YES 2 NO BY After death 2 Accident Investigation ATTENDING 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)) THE HOSPITAL OR ATTENDIN) THE FUNERAL DIRECTOR: AI ! filed within 72 hours after de 28 is | 6 Could not be determined COMPLETED 4 Homicide Hem 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29b. DIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day 23 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M ber 32 REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year) July 3 1 1995



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centrace be second with 24 hours the death. Figs 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computery filed in by the flower death. The property of the principle o BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760

FOR

	1 - STATE REGISTRAR		C		ICATE O				REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH									3. TIME OF D	3. TIME OF DEATH			
	MARCUS HUTCHISON			ON				JULY 24,1995				15:3	1 D M	
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	HTRIE	1 - 2 .		IPLACE (State of		
	585-62-3909	1 € M 2 🗆 F	41	YRS.	MONTHS DAYS	HOURS	MITTE,	March		19	Counti	(14)		
1	Sa. FACILITY NAME (If not institution, give str	set and number)	71		9b. CITY, TOWN	OR LOCATION	ON OF DE		1 24	v -	UNTY OF D	E		
E	NODTU ADIMDET I	IOCD T TO A T	מים							1				
읝	NORTH ARUNDEL HOSPITAL ER GLEN BURNIE ANNE ARUNDEL													
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE C	ITY	
ā	MD Anne	Arundel		Gle	en Bur	nie					1	LIMITS?	V NO	
¥	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF				11	
E	200 Seventh Ave.					21061				11.	C A			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DI	13. WAS DECENDENT OF HISPANIC ORIGIN				USA IN7 (Specify Yes or No.— 14, RAC			CE — American Indian,	
	1 Never Married 2 Married	FORCES? 1 X	YES 2 1	10	if yes,	If yes, specify Cuban, Mexican, Puerto Rican, etc					Black, White, etc.			
B	3 Widowed 4 V Divorced								w. White					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL OCCUPAT	ION		16b. KIN	D OF BUS	SINESS/IN	DUSTRY	WILLIE		
<u>=</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	Do NOT us	se retired.)	nost or workin	g							
AP		2	Di	spat	cher			Mo	vin	e Ci	0 .			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First, Middl			•			
BE (Richard Cornist	Hutchi	son			Nat	ali	e San	o d e					
2	19a. INFORMANT'S NAME (Type/Print)			b. MAJLING	ADDRESS (Street	and Number	or Rural F	Poute Number, C	City or Town	n, State, Zi	ip Gode)			
F	Susan Cline			610	Cente:	r Dri	ve	Sever	na	Parl	k MD	2114	6	
- 1	20a. METHOD OF DISPOSITION 1 Security Burlal 2 Cremation 3 Remove			ANDDATE	OF DISPOSITION (DATE	_		City or To			
	4 Donation 5 Other (Specify)		cemetery, cre		ther place)		7	128	0			e MD		
- 1	21. SIGNATURE OF TUNERAL SERVICE MCP	FISEE		4-6-6-2		NO ADDRES						- /		
	X /Al / Al.	<_			m							chie Hwy.		
\neg	22 BAGTA	Nissa	-									na Pa	rkMD	
- 1	23. PART V Entar the diseases, or co ahock, or heart failure. Li	ist only one cause	on each iins	ath. Do n	ot anter tha m	oda of dyl	ng, auch	n as cardiac	or reapl	ratory ar	reat,	Approxi	mate Between	
- 1	IMMEDIATE CAUSE (Final disease or condition												nd Death	
	resulting in death)	DISSECT				JRYSM	[
		DUE TO (OF	R AS A CONSE	DUENCE OF	F):									
CERTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
F	if any, laading to immediate cause. Enter UNDERLYING	00E 10 (0F	AS A CONSE	JOENCE OF	7:									
윤	CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSE	DUENCE OF	n,									
Ē	resulting in daeth) LAST				,							į		
B	d.											-		
DICAL	PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24s. WAS AN AUTO								24b.	WERE AUTOPSY				
S 1								17/	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ᇦᆘ								- A	, , , , ,			OF DEATH? 1 X YES 2 □ NO		
-	DID TOBACCO USE CONTRI	BUTE TO CAUS	SE OF DEA	TH YE	S I NO I	7 UNC	FRTAIN	J PAY				. W ico z [,	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
38		HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:	me 5 🗆 Bar	sidence	8 Other (So	ec/h/l					
£	27. MANNER OF DEATH	28a. DATE OF IN.		28b. TIME	E OF 28c. II	JURY AT		26d. DESCRIE		JURY OC	CUREO			
BY P	1X Natural 5 Pending	(Month, Day,	198r)	INJ		YES 2	NO						1	
- 18	2 Culate - 280 PLACE OF IN HIPV - At home from etaset feature, attles								r or Rural A	ural Route Number				
Ä	4 Homicide datermined building, atc. (Specify) Success of Could not be datermined Specify Success of City or Town, State) State Sta													
<u>"</u>	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of my	knowledge de											
₹ I	(Check only													
Solution of the datermined building, stc. (Specify) 29a. CERTIFIER (Check only one) 29b. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated. 29c. CERTIFIER (Check only one) 29c. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and menner as stated.) and menner as	stated.		
BE	296. SIGNATURE AND THE OF CERTIFIER	29b. SIGNATURE AND THELE-OF CERTIFIER			29c.			29c. LICENSE NUMBER		29d. DATE SIGNED (Month, Day, Year)				
2		7/				0	CME			J	JULY	25,19	95	
	30. NAME AND ADDRESS OF PERSON WHO													
	DAVID R. FOWLER	111 Pe	nn St	reet	, Balt	imor	e,	Maryl	and	212	201			
	31. DATE FILED (Month, Day, Yber)	32. REGISTRAR'S	_								_			
	<u>JUL 31 1995</u>	Juli Sta	volen Re	rdall										
		0										рими	16 Rev 1/89	

